

Long-Term Disability Prior Coverage Verification

WAITING PERIOD WILL BE WAIVED AFTER THIS FORM IS
RECEIVED AND PROCESSED BY GW BENEFITS

GW Benefits
benefits@gwu.edu
(571) 553-8382

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

In order to have the one-year waiting period for Long-Term Disability (LTD) waived, prior coverage must be within 12 months preceding your employment with the George Washington University (GW). Please complete the top section of this form, and forward it to your former employer for completion. Once the completed form has been returned to you, please submit it to GW Benefits for processing.

Note to GW Employee: This completed form must be submitted to GW Benefits within 30 calendar days of your hire date in order for the one-year LTD waiting period to be waived.

1. Employee Authorization

Name _____ Other name used, if applicable _____

GWID _____ Hire Date _____ Email address _____

Mailing address _____

Former employer _____

I authorize my former employer to supply GW with the information requested below, and for my former employer to respond to any follow-up requests from GW regarding the information provided.

Signed _____ Date _____

2. Prior Employer Verification

The individual listed above is a former employee of your organization, and has signed this form authorizing you to verify the following information. The information that you provide will be used solely to determine eligibility to have the one-year waiting period for Long-Term Disability waived. Please return this completed form to your former employee at his/her mailing or email address listed above. If you have any questions, please contact GW Benefits at benefits@gwu.edu or (571) 553-8382.

The employee listed above was employed by _____

from _____ to _____ Date LTD coverage ended _____

Signed _____ Title _____ Date _____

Contact phone number _____ Email address _____

How to Submit Your Completed Form

Please attach a copy of the LTD plan summary from your prior employer. Failure to provide a copy of your prior LTD plan summary may affect the processing of LTD claims submitted in the future.

Please submit this completed form to GW Benefits via email at benefits@gwu.edu, or fax to (571) 553-8385.