



(NEW HIRES ONLY)

**GROUP LONG-TERM DISABILITY INSURANCE  
CERTIFICATION OF PREVIOUS COVERAGE**

Full-time faculty, staff, or bargaining unit members are automatically covered by long-term disability insurance on the first day of the month following one year of continuous service with JHU, provided you are at work the day you become eligible.

**NOTE: The one-year waiting period is waived if you come to JHU within three (3) months of leaving employment at an organization where you have been covered under a similar group plan for at least one year.**

**(PLEASE PRINT OR TYPE)**

➤ **JHU Employee Information**

\_\_\_\_\_  
Employee's Name (last, first, middle initial)

\_\_\_\_\_  
Employee's Social Security Number

➤ **JHU Employee Certification – REQUIRED – MUST BE COMPLETED**

I hereby certify that I was previously employed by the institution named below and was covered under their staff benefit for Group Long-Term Disability Insurance (providing income benefits for a minimum of five years of disability due to illness).

\_\_\_\_\_  
Name of Previous Employer

\_\_\_\_\_  
Effective Date of LTD Coverage

\_\_\_\_\_  
Date LTD Coverage Terminated

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

➤ **Return completed form by mail, email, or fax to:**

Johns Hopkins University  
Benefits Service Center  
1101 East 33rd Street, Suite D-100  
Baltimore, MD 21218  
Phone: 410-516-2000  
Fax: 443-997-5820  
Email: [benefits@jhu.edu](mailto:benefits@jhu.edu)