



Date: \_\_\_\_\_

To whom it may concern:

New employees who have satisfied a one-year waiting or enrollment period under a prior employer's Long Term Disability (LTD) plan are immediately eligible to participate in the Wittenberg University LTD plan. We are writing to ask for your assistance in determining the eligibility of one of your former employees.

Please provide the following information and return to Wittenberg Human Resources department via fax at 937-327-7420 or scan and email to [dsullivan@wittenberg.edu](mailto:dsullivan@wittenberg.edu).

<p>Name of former employee: _____</p> <p>Name of former employer: _____</p> <p>Did you offer a Long Term Disability plan? (yes/no) _____</p> <p>If yes, was the above named employee a participant in the Long Term Disability plan? (yes/no) _____</p> <p>If yes, please indicate the beginning and ending dates they satisfied a waiting period _____ and/or dates they were enrolled _____.</p>
<p>Name if individual completing this form: _____</p> <p>Title: _____</p> <p>Signature: _____</p> <p>Telephone: _____</p>

Thank you for your assistance with this administrative matter. If you have questions, please contact me at 937-327-7519 or [dsullivan@wittenberg.edu](mailto:dsullivan@wittenberg.edu).

DeAnna Sullivan  
Assistant Director, Human Resources