

Short Term Disability

August 2011 Open Enrollment

Evidence of Insurability Instructions

To complete the Evidence of Insurability, you will need to include the following Plan Sponsor Information:

Control Number: 620368

Suffix: 7/14 Plan is 21; 14/21 Plan is 22

Account: 001 for both plans

Plan Sponsor

ATTN: Benefits Office

Name: TUSD

Street: 1010 E. Tenth St.

City/State/Zip: Tucson, AZ 85719

Plan Sponsor Phone: 520-225-6144

Plan Sponsor Email: Benefits@tusd1.org

Aetna will contact TUSD to verify your Date of Hire and Annual Earnings.

Send your form directly to Aetna.

Do NOT submit your Short Term Disability Evidence of Insurability form to Human Resources Benefits Office.

TUSD does NOT have to sign off before you send in your form to Aetna.