# ILLINOIS STATE UNIVERSITY
# HUMAN RESOURCES

## PRUDENTIAL LONG TERM DISABILITY CHANGE FORM
**Group Number: 92821**

## *EMPLOYEE SECTION*

Name _____SSN:_____

Address _____

City _____ State _____ Zip _____

**CANCELLATION of policy:** (Select appropriate option)

☐ Canceling policy only, not employment.

☐ Terminating employment Termination Date: _____

**For Terminating Employees:** (Select appropriate option)

☐ Please cancel my policy under the Prudential LTD program.

**-OR-**

**CONVERSION of Policy:** (**You must have been on program <u>one year</u> to be eligible for conversion**)

☐ I wish to review a conversion packet to decide whether I want to keep my Prudential LTD. I will notify Prudential of my decision within 31 days of my termination of employment. I began LTD program on _____. My birth date is _____.

Signature
of Employee: _____ Date: _____

**Return completed form to Human Resources, Campus Box 1300.**

## *BENEFITS OFFICE ONLY*

***Notice to Prudential***

___ **Given** a conversion packet _____
Date

___ **Sent** a conversion packet _____
Date