

REQUEST FOR GROUP TOTAL DISABILITY BENEFITS INSURANCE

NAME OF EMPLOYEE _____ (Last) _____ (First) _____ (Middle)

DATE OF BIRTH: _____ Male Female

EMPLOYER: _____ ANNUAL SALARY: _____

Position (title): _____ FACULTY ADMIN. OTHER

DATE EMPLOYED: _____ PARTICIPATING IN TIAA-CREF? YES NO

I hereby request the issuance of the insurance to which I am now entitled, or to which I may become entitled, under the terms of the group total disability benefits policy issued to my employer by Teachers Insurance and Annuity Association, and I authorize the proper deductions from my earnings as my contribution, if any, towards the cost of this insurance.

DATE: _____ SIGNATURE OF EMPLOYEE: _____