

Filling out your Evidence of Insurability Form:

Section 1: Employer Section

Section 2: Employee Section

- 2A: Select the check box for “Long Term Disability”
- 2B: Select the check box for “Annual Enrollment”

Section 3: Employee Information

Section 4: Select “no” or “yes” to all six questions on page 1 and all 18 diseases or symptoms on page 2 as they apply to you.

Section 5: Sign and date the form



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