



LONG TERM DISABILITY TAX CHOICE

NAME: _____
(Please Print)

Long-term Disability – Sun Life Financial (select one)

☐ **Pre-tax**

You are deferring the tax liability to the future. Should you receive monies from the LTD Policy, you would have to pay taxes on the full benefit amount.

☐ **After-Tax**

You are paying taxes on the premiums paid by the University now. In the event that you need the benefit, you would not owe any taxes on the monies received from the Long Term Disability Benefit.

Signature: _____ **Date:** ____ / ____ / ____

Received in Human Resources on: _____ By: _____