



PIA SERVICES GROUP  
INSURANCE FUND

# LONG TERM DISABILITY PROGRAM

## INDIVIDUAL CENSUS FORM

This is not an application for insurance.

**PLEASE COMPLETE A SEPARATE CENSUS FORM FOR EACH PERSON REQUESTING A PROPOSAL.**

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ *(Must work at least 30 hours per week to be eligible)*

Date of Birth: \_\_\_\_\_

Elimination Period Options:  90 Days  180 Days

Benefit Periods:  2 Years  5 Years  To Age 65

Gross Annual Income: \$ \_\_\_\_\_ *(This includes any salary, wages, commissions, bonuses, and fees regularly earned for services performed by the insured)*

Monthly Benefit Amount: \$ \_\_\_\_\_  
*(Benefit not to exceed 60% of Gross Annual Income to a maximum of \$8,000 per month)*

### OPTIONAL BENEFITS

COLA (Cost of Living Adjustment) for Basic Benefit:  Yes  No

Monthly Catastrophic Disability: \$ \_\_\_\_\_  
*(Benefit not to exceed 40% of Gross Annual Income to a maximum of \$3,200 per month)*

Administered by:

Lockton Risk Services  
P.O. Box 410679  
Kansas City, MO 64141-0679  
1-800-336-4759  
Fax: 913-652-7599

[www.piatruster.com](http://www.piatruster.com)

Underwritten by:

Unimerica Insurance Company  
Association Administrative Address:  
P.O. Box 17828, Portland, ME 04112-8828