



**OFFICE OF MANAGEMENT AND ENTERPRISE SERVICES  
EMPLOYEES GROUP INSURANCE DIVISION**

Application for Life Premium Waiver for State and Local  
Government Employees with Disability through EGID

Return completed form to:

EGID Disability Liaison  
3545 N.W. 58th St., Ste. 600  
Oklahoma City, OK 73112  
405-717-8701 or 800-543-6044

Waiver of premium for all life coverage available to the current employee and dependents is based upon proof of total disability. Proof of disability will be determined by the HealthChoice Disability TPA and verified by EGID. Premium waiver can be requested at any time after the person has been disabled for 30 consecutive days and if approved, will become effective the first of the month following approval of this application by EGID. Life premiums will continue to be waived for as long as the employee remains disabled. The waiver shall terminate on the earliest of the following events: the employee has been found to be able to return to active duty in any capacity by any provider; the employee returns to any active duty for any period of time; the employee changes in status to former or retired; the employee notifies the EGID in writing that life insurance coverage is to be terminated; the employee is terminated for any reason, including, but not limited to resignation or discharge from his or her position; any termination of life insurance coverage occurs as set forth in Section 260:50-7-1 of the *Administrative Rules*.

Employee Name \_\_\_\_\_ SSN/Member ID \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR EGID USE ONLY**

Has member been deemed disabled by Disability TPA? \_\_\_\_\_ Date verified \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied      Effective Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_