

## Important Information about the Duke Disability Service Waiver

You may be eligible to waive the three-year waiting period for the Duke Disability Plan if you meet the following criteria:

- Your hire date with Duke is within 90 days of your termination date from your immediate previous employer;
- You were enrolled in a Group Employer-Provided/Employer-Paid Long Term Disability Plan; and
- The prior Group Employer-Provided/Employer-Paid Long Term Disability Plan was active within 90 days of your hire date to Duke; and
- The service waiver is received by Duke HR-Benefits within 90 days of your date of hire.

If the service waiver is approved, the Duke Disability Program is effective as of the first day of the month after your hire date.

### Instructions

You can request that your immediate previous employer complete the “Duke Disability Program - Request for Service Requirement Waiver” form. **Within 90 days of your date of hire to Duke, waiver requests must be received in the Duke Benefits Office.**

Your immediate previous employer must complete and send the “Duke Disability Program - Request for Service Requirement Waiver” form to the Duke Human Resources Information Center via email ([hr@duke.edu](mailto:hr@duke.edu)) or fax 919-681-8774 with a subject line of: *“Duke Disability Program Service Waiver”* or regular mail in an official envelope to Duke HR-Benefits at 705 Broad Street, Box 90502, Durham, NC 27705.

The “Duke Disability Program Service Requirement Waiver” has to be reviewed by Duke Benefits to determine if the service waiver will be granted.

### Questions?

If you have questions, please contact Duke Human Resources Information Center via email ([hr@duke.edu](mailto:hr@duke.edu)) or phone at 919-684-5600. For additional information about the Duke University Disability Program including the Summary Plan Description, please visit: <https://hr.duke.edu/benefits/summary-plan-descriptions>.

*Duke Disability Program  
Request for Service Requirement Waiver*

**Section 1 should be completed by Employee**

**Sections 2 and 3 must be completed by the Employee's immediate prior employer**

**Section 1: EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Duke Unique ID: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Section 2: PRIOR EMPLOYER INFORMATION**

**Please provide the following information:**

1. Name of prior immediate Employer/Organization: \_\_\_\_\_
2. Location: \_\_\_\_\_
3. This person terminated employment on (MM/DD/YYYY): \_\_\_\_\_
4. Was this person enrolled in a Group Employer-Provided/Employer-Paid Long Term Disability Plan?  Yes  No
5. If yes, provide dates of LTD coverage: From: \_\_\_\_\_ To: \_\_\_\_\_

**Section 3: CERTIFICATION**

**I certify the above information is correct.**

_____ Certifier's Signature	_____ Email Address
_____ Printed Name and Title	_____ Telephone Number
_____ Date	

**Instructions for your prior immediate employer -**

**Please return completed form to:**

Email  
Duke Human Resources Information Center  
HR@duke.edu  
Subject line: "Duke Disability Program Service Waiver"

**OR**

Mail in organization's official envelope  
Duke HR-Benefits  
705 Broad Street, Box 90502  
Durham, NC 27705

If you have questions, please contact Duke Benefits Office at 919-684-5600.

**FOR DUKE'S INTERNAL USE ONLY**

Work Schedule: \_\_\_\_\_ DOH/Benefit Eligibility Date: \_\_\_\_\_  
Entity: \_\_\_\_\_ SubArea: \_\_\_\_\_ Approved:  Denied:  Reason: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SAP</b>	<b>LOG</b>	<b>Notify Email</b>
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