

BEST EMPLOYERS FOR INCOME PROTECTION



EMPLOYER NOMINATION FORM

CDIA MEMBER & NOMINEE COMPANY INFORMATION

Name of CDIA Member Company Nominating an Employer to be Recognized *(please print or type all information)*

Member Contact Name

Title

Email

Phone

Date of Submission

Name of Nominated Employer Company

DISABILITY BENEFITS OFFERED CHECKLIST

OFFERED DISABILITY PROGRAMS

STD:

Yes No

E.P. _____

Duration _____

% of Income Covered _____

% Employer-Paid _____

Carrier Rating _____

LTD:

Yes No

E.P. _____

Duration _____

% of Income Covered _____

% Employer-Paid _____

Carrier Rating _____

Voluntary or Worksite:

Yes No

E.P. _____

Duration _____

% of Income Covered _____

% Employer-Paid _____

Carrier Rating _____

IDI/GSI

Yes No

E.P. _____

Duration _____

% of Income Covered _____

% Employer-Paid _____

Carrier Rating _____

Name of CDIA Representative Reviewing *(please print)*

Date



Council for
Disability Income
Awareness

To submit your nomination, send the completed form to the CDIA—email to: bherum@disabilitycouncil.org