

# 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 \_\_\_\_\_

**LTD:** Yes  No

E.P. \_\_\_\_\_

Duration \_\_\_\_\_

% of Income Covered \_\_\_\_\_

% Employer-Paid \_\_\_\_\_

**Voluntary or Worksite:** Yes  No

E.P. \_\_\_\_\_

Duration \_\_\_\_\_

% of Income Covered \_\_\_\_\_

% Employer-Paid \_\_\_\_\_

**IDI/GSI** Yes  No

E.P. \_\_\_\_\_

Duration \_\_\_\_\_

% of Income Covered \_\_\_\_\_

% Employer-Paid \_\_\_\_\_

Name of CDIA Representative Reviewing *(please print)*

Date