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 _____

Submission of this form grants the CDIA permission to list your organization on the CDIA website as a Best Employer for Income Protection recipient.

☐ ***Check box*** if you prefer to ***not*** be listed on the CDIA website as a Best Employer for Income Protection recipient.

Name of CDIA Representative Reviewing *(please print)* **Date**

CDIA Council for Disability Income Awareness

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