
Short Term Disability
Voluntary Payroll Deduction Authorization Form

I authorize the University System of New Hampshire to make the necessary payroll deduction for the voluntary short term disability insurance.

Name: _____
Please print

USNH ID: _____

Weekly Benefit Amount: _____

Monthly Premium Amount: _____

Please note that this payroll deduction authorization form is only valid if the application for the short term disability insurance is approved by the vendor's underwriting department. If not approved, this form is null and void.

Employee Signature: _____ Date: _____

Please return the completed voluntary payroll deduction authorization form with your short term disability application to the University System of New Hampshire Human Resources Office at the address listed above.