



**DIOCESE OF SALT LAKE CITY
JEFFERSON PILOT FINANCIAL
GROUP LONG-TERM DISABILITY COVERAGE**

INSTITUTION: _____
PAYROLL MONTH: _____

of covered employees that
terminated during the month

of covered employees **added**
during the month

**Total # of covered employees
during the month**

**Total amount of payroll for the
month**

AUTHORIZED SIGNATURE: _____

DATE: _____

**Please submit this report by the 10th of every month. Lay employees only.
Employees must work 20 hours or more a week to be eligible. Please submit form
even if no employees are eligible.**