

**PEHP Long-Term Disability**  
**Attention: LTD Payments**  
**560 East 200 South**  
**Salt Lake City, UT 84102-2004**  
**801-366-7583, 800-365-7347**

***peHP*** **PEHP LONG-TERM DISABILITY**  
**MONTHLY PREMIUM PAYMENT FORM**

Employer: Please complete this form, print, and mail with your payment to the address above. Please do not combine with any other payment to PEHP or URS. Payment cannot be accepted without an accompanying form. Incomplete forms may delay payment processing.  
Do not pay LTD premiums for Utah Retirement Systems post-retirees or those employees with enough years-of-service to retire.

Participating Employer	Agency Name	Agency Number

Pay Periods & Payment Information	Pay Period Start Date	Pay Period End Date	No. of Employees	Total Salaries (gross amt)	Rate	Subtotal
	Pay Period Start Date	Pay Period End Date	No. of Employees	Total Salaries (gross amt)	Rate	Subtotal
	Pay Period Start Date	Pay Period End Date	No. of Employees	Total Salaries (gross amt)	Rate	Subtotal

☐ Mark box if you pay your employees monthly

TOTAL PAYMENT	
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Special Instructions or Notes From Employer	
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Form Completed By	Name	Email Address	Phone Number

FOR LTD INTERNAL USE ONLY. DO NOT WRITE BELOW THIS LINE

PEHP LTD USE ONLY Audit Documentation	Date	Status	Initials	NOTES: