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## Life and Disability Insurance Plan Selection Forms

Add or change Life and Disability Insurance options by choosing the appropriate form below and sending your completed form to [Larry Smith](#) [1].

### Documents:

 [Coverage Selection Form for groups with 2-9 employees](#) [2]

 [Coverage Selection Form for groups with 10 or more employees](#) [3]

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### Links

[1] <mailto:lsmith@vlct.org?subject=VERB's%20Life%20and%20Disability%20Insurance>

[2] <https://www.vlct.org/sites/default/files/documents/Resource/LifeDisSelectSm.pdf>

[3] <https://www.vlct.org/sites/default/files/documents/Resource/LifeDisSelectLg.pdf>