



Eligible Employee Instructions: Please mark all boxes and complete all sections. Fill out online or use a ball-point pen and print clearly. Send completed form to Standard Insurance Company. Please keep a copy for your records.

Section A Applicant	1. Type of Enrollment <input type="checkbox"/> New – Enrolling for the first time <input type="checkbox"/> Canceling Plan <input type="checkbox"/> Changing Benefit Option																							
	2. Your Soc. Sec. No.		3. Your Name (First, Middle, Last)		4. Date of Birth																			
	5. Your Address			6. City	7. State	8. ZIP																		
	9. Job Title/Occupation				10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female																			
Section B LTD Benefit Options	1. Please select your benefit option below. Then complete item 2.																							
	<input type="checkbox"/> OPTION A – 65% BENEFIT OPTION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Under Age 30</td> <td style="width: 15%;">30-39</td> <td style="width: 15%;">40-49</td> <td style="width: 15%;">50-59</td> <td style="width: 15%;">Over 60</td> </tr> <tr> <td style="text-align: center;">.00030</td> <td style="text-align: center;">.00086</td> <td style="text-align: center;">.00203</td> <td style="text-align: center;">.00408</td> <td style="text-align: center;">.00452</td> </tr> </table> <hr/> <input type="checkbox"/> OPTION B – 55% BENEFIT OPTION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Under Age 30</td> <td style="width: 15%;">30-39</td> <td style="width: 15%;">40-49</td> <td style="width: 15%;">50-59</td> <td style="width: 15%;">Over 60</td> </tr> <tr> <td style="text-align: center;">.00014</td> <td style="text-align: center;">.00043</td> <td style="text-align: center;">.00102</td> <td style="text-align: center;">.00206</td> <td style="text-align: center;">.00229</td> </tr> </table>					Under Age 30	30-39	40-49	50-59	Over 60	.00030	.00086	.00203	.00408	.00452	Under Age 30	30-39	40-49	50-59	Over 60	.00014	.00043	.00102	.00206
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2. Please calculate your monthly premium by using the premium computation formula below.																								
$\frac{\text{Monthly Base Salary}^*}{\text{Factor For Your Age From Options Above}} \times \frac{\text{Factor For Your Age From Options Above}}{\text{Factor For Your Age From Options Above}} + .80 = \text{Monthly Premium}^{**}$																								
* Not to exceed a monthly base salary of \$18,182 for the 55 percent benefit options and \$15,385 for the 65 percent benefit options.																								
** Monthly premium will change if monthly base salary increases or decreases.																								
Section C Signature	I wish to make the choices indicated on this form. If electing coverage above, I authorize deductions from my wages to cover my contribution, toward the cost of insurance. I understand that my deduction amount will change if my monthly base salary, coverage, or costs change. If I elect to cancel coverage in the Group LTD plan, I understand I will not be able to re-enroll until the next open enrollment period.																							
	Employee Signature Required				Date (Mo/Day/Yr)																			

Return completed form to: National Accounts SOC Team
Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204-9805

For questions, please visit
www.standard.com/mybenefits/california.

Standard Insurance Company Privacy Notice

The Group Long Term Disability (LTD) Insurance plan is underwritten by Standard Insurance Company (The Standard). You can read The Standard's privacy policy at www.standard.com/about-standard/legal-privacy.

California Department of Human Resources Privacy Notice on Information Collection

- This notice is provided pursuant to the Information Practices Act of 1977.
- The California Department of Human Resources (CalHR), Benefits Division, is requesting the information specified on this form pursuant to California Government Code sections 19849.11 and 19849.12.
- The information collected will be used for processing your requested enrollment into the Group LTD Insurance plan or making requested changes to your existing coverage and will be disclosed to Standard Insurance Company and the State Controller's Office.
- The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, your enrollment into the Group Long Term Disability Insurance plan or changes to your existing coverage *will not* be processed.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our privacy policy at www.calhr.ca.gov/pages/privacy-policy.aspx.