

**Eligible Employee Instructions: Please mark all boxes and complete sections A, B, and C, either online or use a ball-point pen and print clearly. Send completed form to your Agency Personnel/Payroll Office. Please keep a copy for your records.**

<b>Section A</b> Applicant	1. Type of Enrollment <input type="checkbox"/> New – Enrolling for the first time <input type="checkbox"/> Canceling Plan <input type="checkbox"/> Changing Plan 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	
<b>Section B</b> LTD Plan Options	1. Please select your LTD Plan option below. Then complete item 2.							
	<input type="checkbox"/> <b>OPTION A – 65% MISCELLANEOUS/NON-SAFETY/OASDI EMPLOYEES (075-111)</b> Under Age 30      30-39      40-49      50-59      Over 60 .00084              .00199              .00457              .00980              .01330							
	<input type="checkbox"/> <b>OPTION B – 65% PEACE OFFICERS/FIREFIIGHTERS/SAFETY/NON-OASDI EMPLOYEES (075-112)</b> Under Age 30      30-39      40-49      50-59      Over 60 .00117              .00283              .00656              .01405              .01895							
	<input type="checkbox"/> <b>OPTION C – 55% MISCELLANEOUS/NON-SAFETY/OASDI EMPLOYEES (075-119)</b> Under Age 30      30-39      40-49      50-59      Over 60 .00049              .00107              .00253              .00535              .00729							
<input type="checkbox"/> <b>OPTION D – 55% PEACE OFFICERS/FIREFIIGHTERS/SAFETY/NON-OASDI EMPLOYEES (075-120)</b> Under Age 30      30-39      40-49      50-59      Over 60 .00068              .00156              .00360              .00768              .01040								
2. Please calculate your monthly LTD premium by using the formula below.								
Premium Computation  $\frac{\text{Monthly Base Salary} *}{\text{Factor For Your Age From Options Above}} \times \frac{\text{Factor For Your Age From Options Above}}{\text{Factor For Your Age From Options Above}} + .80 = \frac{\text{Monthly LTD Premium}}{\text{Factor For Your Age From Options Above}}$								
* Not to exceed a monthly base salary of \$10,910 for the 55% plan options and \$9,231 for the 65% plan options.								
<b>Section C</b> Signature	I wish to make the choices indicated on this form. If electing to change coverage, 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 coverage or costs change. If I elect to cancel coverage in the LTD Plan, I understand I will not be able to re-enroll again until the next open enrollment period.							
	Employee Signature Required						Date (Mo/Day/Yr)	
<b>Agency Personnel/Payroll Office: VERIFY EMPLOYEE'S PREMIUM COMPUTATION</b>								
<b>Section D</b> Agency Use Only	1. Deduction Code <b>075</b>	2. Organization Code		3. Deduction Amount	4. Agency Name			
	5. Effective Date			6. CBID		7. Agency Code	8. Rept. Unit	
	9. <b>AUTHORIZED AGENCY SIGNATURE</b> I certify that authorization for payroll deductions signed by this employee and appointing the above-named company or organization as his/her agent is on file in this office.  SIGNATURE _____							
	10. Remarks/Eligibility date for "newly eligible employees" (beginning and ending date)						11. Telephone number	
						12. Date received in employing office		

**Agency Distribution List:** Original and 1 copy TO SCO  
 1 copy TO EMPLOYEE  
 1 copy TO EMPLOYEE'S PERSONNEL FILE