

Standard Insurance Company
State of California, Group No. 643146
Group Long Term Disability (LTD)

Enrollment and Change Form

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

Type of Enrollment <input type="checkbox"/> New – Enrolling for the first time <input type="checkbox"/> Changing Benefit Option <input type="checkbox"/> Canceling Coverage			
Name (First, Middle, Last)			
Address		City	State ZIP
Date of Birth	Social Security Number		Gender
Email	Phone Number		
Job Title/Occupation	Monthly Base Salary		
Basic Allowance for Housing (BAH) Amount (if applicable)		Basic Allowance for Subsistence (BAS) Amount (if applicable)	

Group LTD Benefit Options*

1. Select your benefit option below and then complete item 2.

☐ **Option A – 65% Benefit Option (075-111)**

Premium Rate Factors				
Under Age 30	30-39	40-49	50-59	60 and over
0.00026	0.00073	0.00173	0.00347	0.00384

☐ **Option B – 55% Benefit Option (075-119)**

Premium Rate Factors				
Under Age 30	30-39	40-49	50-59	60 and over
0.00012	0.00037	0.00087	0.00175	0.00195

2. Calculate your monthly premium by using the formula below. Email Socltforms@standard.com for assistance.

$$\frac{\text{Monthly Base Salary}^1}{\text{(Including BAH + BAS)}} \times \frac{\text{Rate Factor For Your Age From Options Above}}{\text{Rate Factor For Your Age From Options Above}} + 0.80^2 = \text{Monthly Premium}^3$$

¹ Not to exceed a monthly base salary of \$18,182 for the 55 percent benefit and \$15,385 for the 65 percent benefit option.

² Your employer charges an administration fee for coverage.

³ Monthly premiums will change if monthly base salary increases or decreases.

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 cancel coverage in the Group LTD plan, I understand I will not be able to re-enroll until the next open enrollment period.

Member/Employee Signature Required	Date (Mo/Day/Yr)
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AGENCY/HUMAN RESOURCES: Verify employee's premium computation by emailing Socltforms@standard.com.

AUTHORIZED AGENCY SIGNATURE

I certify that authorization for payroll deductions signed by this employee is on file in this office.

Signature _____

Remarks/Eligibility date for "newly eligible employees" (beginning and end date)	Phone Number
	Date received in employing office

Agency/Human Resources Form Distribution List: ☐ 1 copy to employee ☐ 1 copy to employee's personnel file ☐ 1 copy to Socltforms@standard.com

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 standard.com/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, CalHR *will not* be able to process your requested enrollment into the Group LTD Insurance plan or make the requested changes to your existing coverage.

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 calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information

The CalHR Privacy Officer is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact:

CalHR Privacy Officer
1515 S Street, 400N
Sacramento CA 95811
916.324.0455
CalHRPrivacy@calhr.ca.gov

* Premium rate factors calculated by dividing monthly premium rates by 100. The Group LTD policy includes exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or terminated. Please contact The Standard for additional information, including costs and complete details of coverage.