

Standard Insurance Company  
**State of California, Group No. 643146**  
**Group Long Term Disability**

**Enrollment and Change Form**

*Eligible Employee Instructions: Please complete sections A, B and C. Fill out 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 Applicant</b>	Type of Enrollment <input type="checkbox"/> New – Enrolling for the first time <input type="checkbox"/> Changing Benefit Option <input type="checkbox"/> Canceling Plan													
	Name (First, Middle, Last)													
	Address		City	State	ZIP									
	Date of Birth		Job Title/Occupation											
	Gender		Social Security Number											
Email		Phone Number												
<b>Section B LTD Benefit Options*</b>	1. Please select your benefit option below and then complete item 2.													
	<input type="checkbox"/> <b>Option A – 65% Benefit Option (075-111)</b> <b>Premium Rate Factors</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Under Age 30</td> <td style="text-align: center;">30-39</td> <td style="text-align: center;">40-49</td> <td style="text-align: center;">50-59</td> <td style="text-align: center;">60 and over</td> </tr> <tr> <td style="text-align: center;">0.00026</td> <td style="text-align: center;">0.00073</td> <td style="text-align: center;">0.00173</td> <td style="text-align: center;">0.00347</td> <td style="text-align: center;">0.00384</td> </tr> </table>				Under Age 30	30-39	40-49	50-59	60 and over	0.00026	0.00073	0.00173	0.00347	0.00384
	Under Age 30	30-39	40-49	50-59	60 and over									
0.00026	0.00073	0.00173	0.00347	0.00384										
<input type="checkbox"/> <b>Option B – 55% Benefit Option (075-119)</b> <b>Premium Rate Factors</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Under Age 30</td> <td style="text-align: center;">30-39</td> <td style="text-align: center;">40-49</td> <td style="text-align: center;">50-59</td> <td style="text-align: center;">60 and over</td> </tr> <tr> <td style="text-align: center;">0.00012</td> <td style="text-align: center;">0.00037</td> <td style="text-align: center;">0.00087</td> <td style="text-align: center;">0.00175</td> <td style="text-align: center;">0.00195</td> </tr> </table>				Under Age 30	30-39	40-49	50-59	60 and over	0.00012	0.00037	0.00087	0.00175	0.00195	
Under Age 30	30-39	40-49	50-59	60 and over										
0.00012	0.00037	0.00087	0.00175	0.00195										
2. Please calculate your monthly premium by using the premium computation formula below.														
$\frac{\text{Monthly Base Salary}^1}{\text{Rate Factor For Your Age From Options Above}} \times \text{Rate Factor For Your Age From Options Above} + 0.80 = \text{Monthly Premium}^2$														
<small><sup>1</sup> Not to exceed a monthly base salary of \$18,182 for the 55 percent benefit and \$15,385 for the 65 percent benefit option.  <sup>2</sup> Monthly premiums will change if monthly base salary increases or decreases.</small>														
<b>Section C Signature</b>	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.													
	Member/Employee Signature Required			Date (Mo/Day/Yr)										

**AGENCY/HUMAN RESOURCES:** Verify employee’s premium computation by emailing [Soctldforms@standard.com](mailto:Soctldforms@standard.com).

<b>Section D Agency Use Only</b>	Deduction Code <b>075</b>	Organization Code	Deduction Amount	Agency Name <input type="checkbox"/> CAL Fairs <input type="checkbox"/> CAL Expo
	Effective Date	CBID	Agency Code	Rept. Unit
	<b>AUTHORIZED AGENCY SIGNATURE</b> I certify that authorization for payroll deductions signed by this employee and appointing the above-named department as his/her agent 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 [Soctldforms@standard.com](mailto:Soctldforms@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](http://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](http://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](mailto: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.