



**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.**

<b>Section A</b> <b>Applicant</b>	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
<b>Section B</b> <b>LTD Plan Options</b>	5. Your Address		6. City	7. State
	9. Job Title/Occupation		10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Section B</b> <b>LTD Plan Options</b>	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 .00030      .00086      .00203      .00408      .00452			
	<input type="checkbox"/> <b>OPTION B – 65% PEACE OFFICERS/FIREFIGHTERS/SAFETY/NON-OASDI EMPLOYEES (075-112)</b> Under Age 30      30-39      40-49      50-59      Over 60 .00036      .00101      .00244      .00539      .00609			
	<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 .00014      .00043      .00102      .00206      .00229			
<b>Section B</b> <b>LTD Plan Options</b>	<input type="checkbox"/> <b>OPTION D – 55% PEACE OFFICERS/FIREFIGHTERS/SAFETY/NON-OASDI EMPLOYEES (075-120)</b> Under Age 30      30-39      40-49      50-59      Over 60 .00020      .00058      .00137      .00296      .00332			
	2. Please calculate your monthly LTD premium by using the premium computation formula below.			
	$\frac{\text{Monthly Base Salary}^*}{\text{Factor For Your Age From Options Above}} \times \frac{\text{Factor For Your Age From Options Above}}{\text{Factor For Your Age From Options Above}} + .80 = \text{Monthly LTD Premium}^{**}$			
	* Not to exceed a monthly base salary of \$18,182 for the 55 percent plan options and \$15,385 for the 65 percent plan options. ** Monthly LTD premium will change if monthly base salary increases or decreases.			
<b>Section C</b> <b>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 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](http://www.standard.com/mybenefits/california).

## **Standard Insurance Company Privacy Notice**

The Long Term Disability 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](http://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 Long Term Disability 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 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](http://www.calhr.ca.gov/pages/privacy-policy.aspx).