



## Long-term Disability Insurance Enrollment Form

Name - Last, First:	Social Security #:
Date of Birth:	Monthly Salary:
Complete mailing address:	Daytime phone number: E-mail address:

You have the excellent opportunity to enroll in the CASE Sponsored Voluntary Long-Term Disability and Supplemental Life plans.

### Long Term Disability Insurance:

CASE will offer you a choice of a Long-term Disability plan with either a Benefit of 50% or 60% of your earnings up to a maximum of \$10,000 per month. You also have the choice of when benefits will be payable. Benefits will begin after either a **90 or 180 day Elimination Period**. Benefits will be coordinated with any state disability plan and/or any other benefits for disability.

These plans are Member-paid with Post Tax Dollars. Benefits are 100% tax-free.

Rates are per \$100 of monthly covered salary. There is a 2 year rate guarantee from 10-01-05.

#### Plan 1 - 50% to a maximum of \$10,000 per month with a 90 Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$0.190	\$ .200	\$ .255	\$ .340	\$ .590	\$ .955	\$1.420	\$1.650	\$1.400	\$ .875

#### Plan 2 - 50% to a maximum of \$10,000 per month with 180 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$ .155	\$ .145	\$ .185	\$ .260	\$ .480	\$ .850	\$1.280	\$1.590	\$1.525	\$1.345

#### Plan 3 - 60% to a maximum of \$10,000 per month with a 90 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$ .270	\$ .280	\$ .365	\$ .500	\$ .850	\$1.360	\$2.015	\$2.365	\$2.080	\$1.485

#### Plan 4 - 60% to a maximum of \$10,000 per month with a 180 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$ .215	\$ .205	\$ .260	\$ .375	\$ .680	\$1.190	\$1.775	\$2.210	\$2.140	\$1.940

#### Example

(Example age is 44 electing Plan 4 - 60% and a 180 day elimination period)

$$\frac{\$7,334}{\text{Monthly Salary}} \div 100 = 73.34 \quad \times \quad \frac{\$.680}{\text{Rate}} = \frac{\$49.87}{\text{Your Monthly Cost}^*}$$

#### Your calculation:

$$\frac{\text{Monthly Salary}}{\text{Monthly Salary}} \div 100 = \text{_____} \quad \times \quad \frac{\text{Rate}}{\text{Rate}} = \frac{\text{Your Monthly Cost}^*}{\text{Your Monthly Cost}^*}$$

\*Each January your premium may change if you jump into a new age category.

- I elect to **enroll** in the LongTerm Disability **Plan 1** at the monthly cost above.\*
- I elect to **enroll** in the LongTerm Disability **Plan 2** at the monthly cost above.\*
- I elect to **enroll** in the LongTerm Disability **Plan 3** at the monthly cost above.\*
- I elect to **enroll** in the LongTerm Disability **Plan 4** at the monthly cost above.\*
- I elect to **decline** the LongTerm Disability plan.

I authorize the State Controller to deduct from my salary and transmit as designated the appropriate payroll deductions from my wages on a post-tax basis. I am not currently disabled and I am performing all the duties of my occupation on a full-time basis. I am aware that if participation requirements are not met, this plan will not be implemented and the coverages elected will not be in force. The requirement is 25% of eligible CASE active members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of membership if new CASE member: \_\_\_\_\_

If you have questions or need assistance with this form, please contact: Nancy Bond Insurance Services Toll Free 866/899-8559

Fax 626/599-8579 or by email to [Nancy@NBondInsurance.com](mailto:Nancy@NBondInsurance.com) Mail to NBIS - 201 West Lemon Ave., Monrovia, CA 91016