



NATIONAL GUARD ASSOCIATION OF THE UNITED STATES OPEN ENROLLMENT FORM



| | | | | | | | |
|----------------------------------|--|-------------------|------------------|---|---------------|--|----------------------------------|
| Name (First, MI, Last) | | | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | | Tech <input type="checkbox"/> AGR <input type="checkbox"/> State EE <input type="checkbox"/> | |
| Address | | | City | ST. | Zip | Age | Date of Birth Mo. / Day / Yr. |
| Phone Number (WK) | | Phone Number (HM) | | SS# | | Date of Employment Mo. / Day / Yr. | |
| Location of Paying Office/Number | | | Employing Office | | Annual Salary | | Job Duty |
| Enroller Code | | | | | | | |

LONG TERM DISABILITY INSURANCE

Check the box for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. Rates are based on bi-weekly deductions.

| SALARY UNDER \$18,000 | Your Age | | | SALARY \$28,000 - \$31,999 | Your Age | | |
|---|-----------------|---------|---------|---|-----------------|---------|---------|
| | Under 40 | 40-49 | 50-59 | | Under 40 | 40-49 | 50-59 |
| MONTHLY BENEFITS | | | | MONTHLY BENEFITS | | | |
| <input type="checkbox"/> Basic - \$500 | \$ 2.00 | \$ 5.40 | \$14.95 | <input type="checkbox"/> Basic - \$700 | \$ 3.00 | \$ 8.10 | \$21.65 |
| <input type="checkbox"/> Supplemental - \$400 | \$.80 | \$ 1.80 | \$ 4.60 | <input type="checkbox"/> Supplemental - \$700 | \$ 2.00 | \$ 4.50 | \$ 9.90 |
| <input type="checkbox"/> Basic + Supplemental - \$900 | \$ 2.80 | \$ 7.20 | \$19.55 | <input type="checkbox"/> Basic + Supplemental - \$1,400 | \$ 5.00 | \$12.60 | \$31.55 |
| SALARY \$18,000 - \$19,999 | Your Age | | | SALARY \$32,000 - \$39,999 | Your Age | | |
| | Under 40 | 40-49 | 50-59 | | Under 40 | 40-49 | 50-59 |
| MONTHLY BENEFITS | | | | MONTHLY BENEFITS | | | |
| <input type="checkbox"/> Basic - \$600 | \$ 2.50 | \$ 6.75 | \$18.30 | <input type="checkbox"/> Basic - \$800 | \$ 3.20 | \$ 9.20 | \$24.80 |
| <input type="checkbox"/> Supplemental - \$400 | \$.80 | \$ 1.80 | \$ 4.60 | <input type="checkbox"/> Supplemental - \$800 | \$ 2.40 | \$ 5.40 | \$13.80 |
| <input type="checkbox"/> Basic + Supplemental - \$1,000 | \$ 3.30 | \$ 8.55 | \$22.90 | <input type="checkbox"/> Basic + Supplemental - \$1,600 | \$ 5.60 | \$14.60 | \$38.60 |
| SALARY \$20,000 - \$23,999 | Your Age | | | SALARY \$40,000 - \$49,999 | Your Age | | |
| | Under 40 | 40-49 | 50-59 | | Under 40 | 40-49 | 50-59 |
| MONTHLY BENEFITS | | | | MONTHLY BENEFITS | | | |
| <input type="checkbox"/> Basic - \$600 | \$ 2.50 | \$ 6.75 | \$18.30 | <input type="checkbox"/> Basic - \$1,000 | \$ 4.40 | \$11.70 | \$31.20 |
| <input type="checkbox"/> Supplemental - \$500 | \$ 1.20 | \$ 2.70 | \$ 6.90 | <input type="checkbox"/> Supplemental - \$1,000 | \$ 3.00 | \$ 7.00 | \$17.50 |
| <input type="checkbox"/> Basic + Supplemental - \$1,100 | \$ 3.70 | \$ 9.45 | \$25.20 | <input type="checkbox"/> Basic + Supplemental - \$2,000 | \$ 7.40 | \$18.70 | \$48.70 |
| SALARY \$24,000 - \$25,999 | Your Age | | | SALARY \$50,000 and Over | Your Age | | |
| | Under 40 | 40-49 | 50-59 | | Under 40 | 40-49 | 50-59 |
| MONTHLY BENEFITS | | | | MONTHLY BENEFITS | | | |
| <input type="checkbox"/> Basic - \$600 | \$ 2.50 | \$ 6.75 | \$18.30 | <input type="checkbox"/> Basic - \$1,100 | \$ 4.95 | \$13.20 | \$34.65 |
| <input type="checkbox"/> Supplemental - \$600 | \$ 1.60 | \$ 3.60 | \$ 9.20 | <input type="checkbox"/> Supplemental - \$1,400 | \$ 4.90 | \$10.50 | \$25.20 |
| <input type="checkbox"/> Basic + Supplemental - \$1,200 | \$ 4.10 | \$10.35 | \$27.50 | <input type="checkbox"/> Basic + Supplemental - \$2,500 | \$ 9.85 | \$23.70 | \$59.85 |
| SALARY \$26,000 - \$27,999 | Your Age | | | | | | |
| | Under 40 | 40-49 | 50-59 | | Under 40 | 40-49 | 50-59 |
| MONTHLY BENEFITS | | | | | | | |
| <input type="checkbox"/> Basic - \$600 | \$ 2.50 | \$ 6.75 | \$18.30 | | | | |
| <input type="checkbox"/> Supplemental - \$700 | \$ 2.00 | \$ 4.50 | \$ 9.90 | | | | |
| <input type="checkbox"/> Basic + Supplemental - \$1,300 | \$ 4.50 | \$11.25 | \$28.20 | | | | |

TERM LIFE INSURANCE

Check the box for the coverage you want based on your age. Rates are based on bi-weekly deductions.

| Age | Benefit | Rate | Check Here | Benefit | Rate | Check Here | Age | Benefit | Rate | Check Here | Benefit | Rate | Check Here |
|----------|----------|--------|--------------------------|----------|--------|--------------------------|---------|----------|---------|--------------------------|----------|---------|--------------------------|
| Under 30 | \$25,000 | \$1.50 | <input type="checkbox"/> | \$50,000 | \$3.00 | <input type="checkbox"/> | 45 - 49 | \$25,000 | \$5.25 | <input type="checkbox"/> | \$50,000 | \$10.50 | <input type="checkbox"/> |
| 30 - 34 | \$25,000 | \$2.00 | <input type="checkbox"/> | \$50,000 | \$4.00 | <input type="checkbox"/> | 50 - 54 | \$25,000 | \$8.00 | <input type="checkbox"/> | \$50,000 | \$16.00 | <input type="checkbox"/> |
| 35 - 39 | \$25,000 | \$2.50 | <input type="checkbox"/> | \$50,000 | \$5.00 | <input type="checkbox"/> | 55 - 59 | \$25,000 | \$12.00 | <input type="checkbox"/> | \$50,000 | \$24.00 | <input type="checkbox"/> |
| 40 - 44 | \$25,000 | \$3.25 | <input type="checkbox"/> | \$50,000 | \$6.50 | <input type="checkbox"/> | | | | | | | |

Children's coverage - \$5,000 per child (\$0.70) Children's coverage - \$10,000 per child (\$1.40)

Beneficiary Designation for Term Life Insurance

Name: _____ SS# _____
Address: _____ Relationship to the applicant _____
Beneficiary of the children's coverage will be the insured parent.

I request participation in the insurance plan offered by ReliaStar Life Insurance Company. I understand that, upon issuance of such insurance, I will become a Member of the NGAUS Insurance Trust. I understand that my employer, as a service performed for me, will make regular payroll deductions for the premiums. I direct that all experience credits declared as a result of my participation in the NGAUS Insurance Trust, after payment of Trust expenses, shall be paid to the National Guard Association of the United States or The National Guard Educational Foundation, as determined by the NGAUS Insurance Trust. No obligation shall be incurred because of information furnished unless and until coverage is approved by ReliaStar Life Insurance Company and the first premium is paid in full.

You must be actively at work for the National Guard at the time you enroll, not already insured in the Plan you are enrolling for (you can add Supplemental Disability Coverage if you are currently enrolled in Basic Disability), and you must not have previously been denied coverage by ReliaStar Life. Payroll deduction for your selected coverage must begin by the 2nd pay period after the open enrollment period ends. For all details of this Insurance Program, see the Technician booklet at your HRO.

Signature of Applicant _____ Date _____ Mo. / Day / Yr.

Optional Benefits Are you interested in additional Group Term Life coverage for yourself? Yes No
Are you interested in Group Term Life coverage for your spouse? Yes No

FOR OFFICE USE ONLY Deduction amount for above coverages: New Coverage Additional

| | | | |
|------------------|------------------|-----------------------|------------------------|
| Basic LTD | Supplemental LTD | | |
| Deduction Amount | Effective Date | 1st Payroll Deduction | Transmittal Number HRO |
| | | | Consec. Number |