SUBMIT COMPLETED FORM TO:
ARAG®, 500 Grand Ave, Suite 100,
Des Moines, IA 50309-2405 | FAX: 515-246-8816
Do not send to CalHR

State of California RETIREE
GROUP LEGAL SERVICES INSURANCE PLAN

Enrollment Authorization

Print

Underwritten by ARAG® Insurance Company, Des Moines, IA.

Reset

Group Legal Services Insurance Plan

SECTION A. Please type or complete in ballpoint pen. See privacy notice on back side.

1. Type of Action (Check one)

a. ☐ NEW ENROLLMENT – Complete sections A (1-7) and B (1-4)

b. ☐ CHANGE COVERAGE – Complete sections A (1-7) and B (1-4)

c. ☐ CANCEL COVERAGE – Complete sections A (1-6) and B (4)

2. Social Security Number

3. Date of Birth

Month | Day | Year

4. Name in Full

First | Middle Initial | Last

5. Mailing Address

Number and Street

City | State | ZIP Code

6. Daytime Telephone Number

– – ext.

7. Primary Email Address (Optional)

SECTION B. Please check appropriate box, read, and sign.

1. ☐ **I authorize deductions to be made from my retirement warrant by the retirement system to cover my share of enrollment in the state's Retiree Group Legal Services Insurance Plan as it is now or as it may be in the future.**

2. I am a member of:

a. ☐ California Public Employees' Retirement System **(CalPERS)**

b. ☐ Judges' Retirement System I **(JRSI)**

c. ☐ Judges' Retirement System II **(JRSII)**

d. ☐ Legislators' Retirement System **(LRS)**

3. Please check ONE type of coverage to be elected and monthly premium amount.

a. ☐ **Individual $10.19/month**

or

b. ☐ **Family $17.74/month**

If you selected Family coverage, please list spouse/domestic partner and unmarried eligible dependent children up to age 26 below.

Name	Relationship	Date of Birth (Month / Day / Year)	Name	Relationship	Date of Birth (Month / Day / Year)
Name	Relationship	Date of Birth (Month / Day / Year)	Name	Relationship	Date of Birth (Month / Day / Year)

4. Please read and sign.

Enrollment is hereby made for coverage as indicated above, for all persons listed hereon, subject to all terms and conditions of the contract for which enrollment is made. I understand that my effective date of coverage will begin on the first day of the pay period following my first payroll deduction. I certify that all information entered is true. I fully understand the waiting periods and limitations of the plan coverage.

In connection with my enrollment for benefits through ARAG Insurance Company, I hereby authorize the above monthly premium deduction be made from my retirement warrant by my retirement system which also includes a monthly administrative fee payable to the state. I further understand the premiums shown above include an administrative cost incurred by the state, which may be increased without prior notice.

If cancelling legal coverage, I understand I will not be able to re-enroll again until the next open enrollment period.

Signature ✗ _____ Date ✗ Month / Day / Year _____

SECTION C. IMPORTANT: If you are a new Retiree enrolling outside of Open Enrollment, you must have your agency personnel office complete this section.

1. Enter Deduction Amount

2. Separation Date
Month / Day / Year

3. Agency Name

4. Remarks

Retirement Date: _____

5. Agency Telephone Number
( ) -

6. Date of Agency Signature
Month / Day / Year

7. Authorized Agency Signature

I am authorized to make this certification; that the employee named herein is eligible for enrollment in the Retiree Group Legal Services Insurance Plan.

Signature | Authorized Agency

One Copy to Vendor
Rev. 06/2019

One Copy to Retiree/Annuitant

Group Number: **17642**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the state's plan administrator and the California Public Employees' Retirement System (CalPERS), Judges' and Legislatures' Retirement System (JRS/LRS), and the California State Teachers' Retirement System (CalSTRS) for the purposes of identification and document processing.

It is mandatory to furnish all information requested on this form, except for marital status, which may be furnished on a voluntary basis and is used by the plan administrator for statistical purposes. Failure to provide the mandatory information may result in Group Legal Services Insurance Plan enrollment elections not being processed or being processed incorrectly.

The state's contracted plan administrator and the CalPERS/JRS/LRS/CalSTRS require retiree's/annuitants Social Security Number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act.

A printed copy of this form will be mailed to the plan administrator. Copies of the Retiree Group Legal Services Insurance Plan Enrollment Authorization are maintained in confidential files of the plan administrator and with CalPERS/JRS/LRS/CalSTRS for five years. Employees have the right of access to copies of their Enrollment Authorization forms upon request.

Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

If you have specific questions regarding the Plan or if you need assistance in completing the enrollment form, please contact an ARAG Customer Care Specialist toll-free at 800-511-4007 (or for TTY 800-383-4184).