

EMPLOYEE ACTION:

Submit Completed Form to
Your Department Personnel Office.

Do not send to CalHR.
Do not send to State Controller's Office.

State of California GROUP LEGAL SERVICES INSURANCE PLAN

Enrollment Authorization for Permanent Intermittent, Limited Term, TAU and Direct Pay Agencies*

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

SECTION A. REQUIRED | 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 (1-6) and B (1 & 2)
- b. CHANGE OF COVERAGE – Complete sections A (1-6) and B (1 & 2)
- c. CANCEL COVERAGE – Complete sections A (1-6) and B (2)

2. Social Security Number

6. Primary Email Address

3. Name in Full

First	Middle Initial	Last
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4. Mailing Address

City	State	ZIP Code
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5. Daytime Telephone Number

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

1. I authorize deductions to be made from my salary to cover my share of enrollment in the state's Group Legal Services Insurance Plan as it is now or as it may be in the future with coverage as shown below:

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

- Individual \$10.19/month Family \$17.74/month

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

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

2. 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 month following my first payroll deduction. I certify that all information entered is true. I fully understand the 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 salary which also

includes a monthly administrative fee payable to the state via payroll deduction. 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 **X** Date **X** Month / Day / Year

PERSONNEL OFFICE ACTION:

Send or Fax Completed and Signed forms to:

ARAG, 500 Grand Ave., Suite 100

Des Moines, IA 50309-2405

Fax: 515-246-8816

SECTION C. Agency personnel office: must complete and submit signed form to ARAG by mail or fax.

1. Please Check if:

- Permanent Intermittent Employee
- Limited Term Employee
- TAU
- California Exposition & State Fairs*
- California Fair Services Authority*
- Legislative Analyst's Office*

2. Permitting Event Date

Month / Day / Year

3. Effective Date of Coverage

Month / Day / Year

4. Agency Name

5. Authorized Agency Signature

Authorized Signature

Date

Agency Email Address

Agency Telephone Number

Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977 and California Insurance Code Sec. 791.04. ARAG is committed to the privacy of your personal information. All relevant and information we collect is governed by the State of California Information Practices Act of 1977 (Civil Code § 1798-1798.78), Government Code § 11015.5, Government code § 11019.9, and the California Public Records Act (Government Code Section 6250 et seq.).

Legal Authority for Collection and Use of Information

California Government Code Sections 19816.18 and 19849.11 give the State of California the authority to offer employee benefit programs, and contract out with third party vendors for these programs. The information collected will be used for the enrollment in the State of California Group Legal Services Insurance Plan. Individuals should not provide any personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, ARAG may not be able to process your enrollment which could make you ineligible for the insurance plan.

Disclosure and Sharing

Personal information may not be disclosed, made available, or otherwise used for a purpose other than those specified below.

You give us permission and we have your consent to share your personal information under the following circumstances:

1. Personal information may be collected from persons other than you.
2. We may release information to a third party consistent with our Privacy Notice without authorization.

Group Legal Privacy Policy

The information collected by ARAG 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, read our Privacy Policy at araglegal.com or, contact us to receive a copy of our Privacy Policy and Notice of Personal Information Practices using the information below.

Access to Your Information

ARAG is responsible for maintaining collected records. You have a right to access and correct records containing your personal information we maintain. To request access or correction, contact:

Privacy Administration
Attention: Legal Department
ARAG North America, Inc.
500 Grand Avenue, Suite 100
Des Moines, IA 50309
or email us at legal@ARAGlegal.com.

The Effective Date of this Privacy Policy is February 1, 2020.

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 866-762-0972 (or for TTY 800-383-4184), or 711 to reach a relay operator.