State of California RETIREE GROUP LEGAL SERVICES INSURANCE PLAN

Enrollment Authorization

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

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ENROLL ONLINE at ARAGlegal.com/SOCretiree	SUBMIT COMPLETED OR ARAG, 500 Grand A Des Moines, IA		nd Ave., Suite 100	OR	FAX: 515-246-8816
Do not send to CalHR or to the State Controller's Office. See above for submission instructions.					
SECTION A. REQUIRED Please type or complete in ballpoint pen. See privacy notice on back side.					
			3. Name in Full		
		First	Middle Initial	Last	
NEW ENROLLMENT — Complete sections A (1-6					
CHANGE OF COVERAGE – Complete sections A		4. Mailing Address Number and Street			
CANCEL COVERAGE — Complete sections A (1-6					
2. Social Security Number		City	State	ZIP Code	
			5. Telephone Number		
6. Primary Email Address		1			ext.
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. 3. Please check ONE type of coverage to be elected and monthly premium amount. a. 0. Judges' Retirement System I (JRSI) a. Individual \$10.19/month 0. Judges' Retirement System II (JRSII) or 0. Legislators' Retirement System (IRS) b.					
or as it may be in the future. d. Legislators' Retirement System (LRS) b. 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.					
If you selected Family coverage, please list inform	Relationship	Date of Birth	ed eligible dependent childrer	n up to age 26 below.	Relationship Date of Birth
		Month Day Year			Month Day Year
Name	Relationship	Date of Birth	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 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 retirement warrant 					
Signature X 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 Amount2. Separation Date			3. Agency Name		
	Month D	Day Year			
4. Remarks	5. Agency Telephone () 6. Date of Agency Sig	- gnature	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.		
Retirement Date:	Month / D	Day Year	Signature		Authorized Agency
Rev. Date: 4/2020 Please keep a copy for your records. Group Number: 17642					

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 Retiree 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 <u>araglegal.com</u> 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 800-511-4007 (or for TTY 800-383-4184), or 711 to reach a relay operator.