State of California RETIREE GROUP LEGAL SERVICES INSURANCE PLAN

Enrollment Authorization

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

ENROLL ONLINE at ARAGlegal.com/SOCretiree

OR

SUBMIT COMPLETED FORM BY MAIL: ARAG, 500 Grand Ave., Suite 100 Des Moines, IA 50309-2405

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) and B (1-84)		A Marillan Address	
		4. Mailing Address Number and Street	
CANCEL COVERAGE — Complete sections A (1-6) and B (4)			
2. Social Security Number		City State	ZIP Code
		5. Telephone Number	
6. Primary Email Address	l		ext.
SECTION B. Please check appropriate box, read, and sign.			
from my retirement warrant by the		Please check ONE type of coverage to be elected and monthly premium amount.	
retirement system to cover my share of enrollment in the state's Retiree Group a. California Public Employees' Retirement System (CalPERS) b. Judges' Retirement System I (JRSI) a. Individual \$10.19/month			
Legal Services Insurance Plan as it is	s now C. Judges' Retireme	ent System II (JRSII)	or
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.			
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.	red above for all persons listed bereon subject	t hv mv retirement system which also includes :	a monthly administrative fee navable to the state
Enrollment is hereby made for coverage as indicated above, for all persons listed hereon, subject 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			
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		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 3. Agency Name			
	Month Day Year		
	/ /		
4. Remarks	5. Agency Telephone Number	7. Authorized Agency Signature I am authorized to make this certification; that the employee named herein is eliqible for enrollment in the Retiree Group Legal Services	
	6. Date of Agency Signature	Insurance Plan.	a recent to engine for enformment in the nethree group regal pervices
Retirement Date:	Month / Day / Year	Signature	Authorized Agency

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 araquegal.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 800-511-4007 (or for TTY 800-383-4184), or 711 to reach a relay operator.

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