



Long-term Disability Insurance Enrollment Form

Name - Last, First:	Social Security #:
Date of Birth:	Monthly Salary:
Complete mailing address:	Cell or daytime phone:
	E-mail address:

You have the excellent opportunity to enroll in one of the CASE Sponsored Voluntary Long-Term Disability plans.

Long Term Disability Insurance:

CASE will offer you a choice of a Long-term Disability plan with either a Benefit of 50%, 60% or 65% of your earnings up to a maximum payment of \$10,000 per month. You also have the choice of when benefits will be payable. Benefits will begin after either a **90 or 180 day Elimination Period**. Benefits will be coordinated with any state disability plan and/or any other benefits for disability.

These plans are Member-paid with Post Tax Dollars. Benefits are 100% tax-free. Rates are per \$100 of monthly covered salary.

Plan 1 - 50% to a maximum of \$10,000 per month with a 90 Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$0.182	\$.192	\$.245	\$.326	\$.566	\$.917	\$1.363	\$1.584	\$1.344	\$.840

Plan 2 - 50% to a maximum of \$10,000 per month with 180 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$.149	\$.139	\$.178	\$.250	\$.461	\$.816	\$1.229	\$1.526	\$1.464	\$1.291

Plan 3 - 60% to a maximum of \$10,000 per month with a 90 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$.259	\$.269	\$.350	\$.480	\$.816	\$1.306	\$1.934	\$2.270	\$1.997	\$1.426

Plan 4 - 60% to a maximum of \$10,000 per month with a 180 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$.206	\$.197	\$.250	\$.360	\$.653	\$1.142	\$1.704	\$2.122	\$2.054	\$1.862

Plan 5 - 65% to a maximum of \$10,000 per month with a 90 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$.311	\$.323	\$.420	\$.576	\$.979	\$1.567	\$2.321	\$2.724	\$2.396	\$1.711

Plan 6 - 65% to a maximum of \$10,000 per month with a 180 day Elimination Period

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate	\$.247	\$.236	\$.300	\$.432	\$.784	\$1.370	\$2.045	\$2.546	\$1.918	\$1.369

Example (Example age is 44 electing Plan 4 - 60% and a 180 day elimination period)

$$\frac{\$7,334}{\text{Monthly Salary}} \div 100 = \frac{73.34}{\text{Rate}} \times \frac{\$.653}{\text{Rate}} = \frac{\$47.89}{\text{Your Monthly Cost}^*}$$

Your calculation:

$$\frac{\text{Monthly Salary}}{\text{Monthly Salary}} \div 100 = \frac{\text{Rate}}{\text{Rate}} \times \frac{\text{Rate}}{\text{Rate}} = \frac{\text{Your Monthly Cost}^*}{\text{Your Monthly Cost}^*}$$

*Each January your premium may change if you jump into a new age category.

- I elect to **enroll** in the Long Term Disability **Plan 1** at the monthly cost above.*
- I elect to **enroll** in the Long Term Disability **Plan 2** at the monthly cost above.*
- I elect to **enroll** in the Long Term Disability **Plan 3** at the monthly cost above.*
- I elect to **enroll** in the Long Term Disability **Plan 4** at the monthly cost above.*
- I elect to **enroll** in the Long Term Disability **Plan 5** at the monthly cost above.*
- I elect to **enroll** in the Long Term Disability **Plan 6** at the monthly cost above.*
- I elect to **decline** the Long Term Disability plan.

I authorize the State Controller to deduct from my salary and transmit as designated the appropriate payroll deductions from my wages on a post-tax basis. I am not currently disabled and I am performing all the duties of my occupation on a full-time basis.

Signature: _____

Date: _____

Date of membership if new CASE member: _____

If you have questions or need assistance with this form, please contact: **Nancy Bond Insurance Services** Toll Free 800/685-4519

Fax 626/599-8579 or by email to Nancy@NancyBondInsurance.com **OR Mail to**

NBIS - 201 West Lemon Ave., Monrovia, CA 91016

All forms and copies of policies will be posted at www.NancyBondInsurance.com under Member Benefits, CASE