



# NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

## OPEN ENROLLMENT FORM

### (Oregon Residents)



Name (First, MI, Last)				Sex <input type="checkbox"/> M <input type="checkbox"/> F		Tech <input type="checkbox"/> AGR <input type="checkbox"/> State EE <input type="checkbox"/>							
Address				City		ST		ZIP		Age		Date of Birth Mo. / Day / Yr.	
Phone Number (WK)			Phone Number (HM)			SS#			Date of Employment Mo. / Day / Yr.				
Location of Paying Office/Number			Employing Office			Annual Salary			Job Duty		Enroller Code		

<input checked="" type="checkbox"/> <b>LONG TERM DISABILITY INSURANCE</b>												
Check the box for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. Rates are based on bi-weekly deductions.												
<b>SALARY UNDER \$18,000</b>						<b>SALARY \$28,000 - \$31,999</b>						
<b>MONTHLY BENEFITS</b>						<b>MONTHLY BENEFITS</b>						
<input type="checkbox"/> Basic - \$500						<input type="checkbox"/> Basic - \$700						
<input type="checkbox"/> Supplemental - \$400						<input type="checkbox"/> Supplemental - \$700						
<input type="checkbox"/> Basic + Supplemental - \$900						<input type="checkbox"/> Basic + Supplemental - \$1,400						
<b>SALARY \$18,000 - \$19,999</b>						<b>SALARY \$32,000 - \$39,999</b>						
<b>MONTHLY BENEFITS</b>						<b>MONTHLY BENEFITS</b>						
<input type="checkbox"/> Basic - \$600						<input type="checkbox"/> Basic - \$800						
<input type="checkbox"/> Supplemental - \$400						<input type="checkbox"/> Supplemental - \$800						
<input type="checkbox"/> Basic + Supplemental - \$1,000						<input type="checkbox"/> Basic + Supplemental - \$1,600						
<b>SALARY \$20,000 - \$23,999</b>						<b>SALARY \$40,000 - \$49,999</b>						
<b>MONTHLY BENEFITS</b>						<b>MONTHLY BENEFITS</b>						
<input type="checkbox"/> Basic - \$600						<input type="checkbox"/> Basic - \$1,000						
<input type="checkbox"/> Supplemental - \$500						<input type="checkbox"/> Supplemental - \$1,000						
<input type="checkbox"/> Basic + Supplemental - \$1,100						<input type="checkbox"/> Basic + Supplemental - \$2,000						
<b>SALARY \$24,000 - \$25,999</b>						<b>SALARY \$50,000 and Over</b>						
<b>MONTHLY BENEFITS</b>						<b>MONTHLY BENEFITS</b>						
<input type="checkbox"/> Basic - \$600						<input type="checkbox"/> Basic - \$1,100						
<input type="checkbox"/> Supplemental - \$600						<input type="checkbox"/> Supplemental - \$1,400						
<input type="checkbox"/> Basic + Supplemental - \$1,200						<input type="checkbox"/> Basic + Supplemental - \$2,500						
<b>SALARY \$26,000 - \$27,999</b>												
<b>MONTHLY BENEFITS</b>												
<input type="checkbox"/> Basic - \$600												
<input type="checkbox"/> Supplemental - \$700												
<input type="checkbox"/> Basic + Supplemental - \$1,300												

<input checked="" type="checkbox"/> <b>TERM LIFE INSURANCE</b>													
Check the box for the coverage you want based on your age. Rates are based on bi-weekly deductions.													
Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here
Under 30	\$25,000	\$1.50	<input type="checkbox"/>	\$50,000	\$3.00	<input type="checkbox"/>	45 - 49	\$25,000	\$5.25	<input type="checkbox"/>	\$50,000	\$10.50	<input type="checkbox"/>
30 - 34	\$25,000	\$2.00	<input type="checkbox"/>	\$50,000	\$4.00	<input type="checkbox"/>	50 - 54	\$25,000	\$8.00	<input type="checkbox"/>	\$50,000	\$16.00	<input type="checkbox"/>
35 - 39	\$25,000	\$2.50	<input type="checkbox"/>	\$50,000	\$5.00	<input type="checkbox"/>	55 - 59	\$25,000	\$12.00	<input type="checkbox"/>	\$50,000	\$24.00	<input type="checkbox"/>
40 - 44	\$25,000	\$3.25	<input type="checkbox"/>	\$50,000	\$6.50	<input type="checkbox"/>							

Children's coverage - \$5,000 per child (\$70)     Children's coverage - \$10,000 per child (\$1.40)

<b>Beneficiary Designation for Term Life Insurance</b>	
Name: _____	SS# _____
Address: _____	Relationship to the applicant _____
Beneficiary of the children's coverage will be the insured parent.	

I request participation in the insurance plan offered by ReliaStar Life Insurance Company. I understand that my employer, as a service performed for me, will make regular payroll deductions for the premiums. I direct that all experience credits declared as a result of my participation in the plan, shall be paid to the National Guard Association of the United States or The National Guard Educational Foundation, as determined by the NGAUS Insurance Trust. No obligation shall be incurred because of information furnished unless and until coverage is approved by ReliaStar Life Insurance Company and the first premium is paid in full.

You must be actively at work for the National Guard at the time you enroll, not already insured in the Plan you are enrolling for (you can add Supplemental Disability Coverage if you are currently enrolled in Basic Disability), and you must not have previously been denied coverage by ReliaStar Life. Payroll deduction for your selected coverage must begin by the 2nd pay period after the open enrollment period ends. For all details of this Insurance Program, see the Technician booklet at your HRO.

Signature of Applicant  \_\_\_\_\_ Date \_\_\_\_\_ Mo. / Day / Yr.

<b>OPTIONAL BENEFITS</b>	
Are you interested in additional Group Term Life coverage for yourself? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in additional Group Term Life coverage for your spouse? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FOR OFFICE USE ONLY</b>	
Deduction amount for above coverages: <input type="checkbox"/> New Coverage <input type="checkbox"/> Additional	
Basic LTD	Supplemental LTD
Deduction Amount	Effective Date
1st Payroll Deduction	Transmittal Number HRO
Consec. Number	