



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		<input type="checkbox"/> Tech <input type="checkbox"/> AGR <input type="checkbox"/> State EE	
Address			City	ST.	ZIP	Age	Birth Date <small>month / day / year</small>	
Work Phone Number <small>() ()</small>		Home Phone Number <small>() ()</small>		SSN		Date of Employment <small>month / day / year</small>		
Location of Paying Office/Number		Employing Office			Annual Salary \$		Job Duty	Enroller Code

LONG TERM DISABILITY INSURANCE

Check the box for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. Rates are based on bi-weekly deductions.

<p>SALARY \$24,000 - \$25,999</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Your Age</td> <td style="text-align: center;">Under 40</td> <td style="text-align: center;">40-49</td> <td style="text-align: center;">50-64</td> </tr> <tr> <td>MONTHLY BENEFITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basic - \$600</td> <td style="text-align: right;">\$2.50</td> <td style="text-align: right;">\$6.75</td> <td style="text-align: right;">\$18.30</td> </tr> <tr> <td><input type="checkbox"/> Basic + Supplemental - \$1,200</td> <td style="text-align: right;">\$4.10</td> <td style="text-align: right;">\$10.35</td> <td style="text-align: right;">\$27.50</td> </tr> </table>	Your Age	Under 40	40-49	50-64	MONTHLY BENEFITS				<input type="checkbox"/> Basic - \$600	\$2.50	\$6.75	\$18.30	<input type="checkbox"/> Basic + Supplemental - \$1,200	\$4.10	\$10.35	\$27.50	<p>SALARY \$40,000 - \$49,999</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Your Age</td> <td style="text-align: center;">Under 40</td> <td style="text-align: center;">40-49</td> <td style="text-align: center;">50-64</td> </tr> <tr> <td>MONTHLY BENEFITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basic - \$1,000</td> <td style="text-align: right;">\$4.40</td> <td style="text-align: right;">\$11.70</td> <td style="text-align: right;">\$31.20</td> </tr> <tr> <td><input type="checkbox"/> Basic + Supplemental - \$2,000</td> <td style="text-align: right;">\$7.40</td> <td style="text-align: right;">\$18.70</td> <td style="text-align: right;">\$48.70</td> </tr> </table>	Your Age	Under 40	40-49	50-64	MONTHLY BENEFITS				<input type="checkbox"/> Basic - \$1,000	\$4.40	\$11.70	\$31.20	<input type="checkbox"/> Basic + Supplemental - \$2,000	\$7.40	\$18.70	\$48.70
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TERM LIFE INSURANCE

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 (\$0.70) Children's coverage - \$10,000 per child (\$1.40)

Beneficiary Designation for Term Life Insurance

Name _____ SSN _____

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.

Applicant Signature _____ Date _____
month / day / year

OPTIONAL BENEFITS

Are you interested in additional Group Term Life coverage for yourself? Yes No

Are you interested in Group Term Life coverage for your spouse? Yes No

FOR OFFICE USE ONLY Deduction amount for above coverages: <input type="checkbox"/> New Coverage <input type="checkbox"/> Additional				
Basic LTD	Supplemental LTD	Life		
Deduction Amount \$	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number