



# NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

## OPEN ENROLLMENT FORM

### (PUERTO RICO RESIDENTS)



Plan#12454-1

Name (First, MI, Last)				Sex: <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Title 32 <input type="checkbox"/> Title 5		
Address			City		ST.	ZIP	Age	Birth Date month / day / year
Work Phone Number ( ) ( )		Home Phone Number ( ) ( )		SSN		Date of Employment month / day / year		
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><b>SALARY UNDER \$18,000</b></p> <table style="width: 100%;"> <tr> <td></td> <th colspan="3">Your Age</th> </tr> <tr> <td></td> <th>Under 40</th> <th>40-49</th> <th>50-64</th> </tr> <tr> <td>MONTHLY BENEFITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basic - \$500</td> <td>\$ 2.00</td> <td>\$ 5.40</td> <td>\$14.95</td> </tr> <tr> <td><input type="checkbox"/> Supplemental - \$400</td> <td>\$ .80</td> <td>\$ 1.80</td> <td>\$ 4.60</td> </tr> <tr> <td><input type="checkbox"/> Basic + Supplemental - \$900</td> <td>\$ 2.80</td> <td>\$ 7.20</td> <td>\$19.55</td> </tr> </table>		Your Age				Under 40	40-49	50-64	MONTHLY BENEFITS				<input type="checkbox"/> Basic - \$500	\$ 2.00	\$ 5.40	\$14.95	<input type="checkbox"/> Supplemental - \$400	\$ .80	\$ 1.80	\$ 4.60	<input type="checkbox"/> Basic + Supplemental - \$900	\$ 2.80	\$ 7.20	\$19.55	<p><b>SALARY \$32,000 - \$39,999</b></p> <table style="width: 100%;"> <tr> <td></td> <th colspan="3">Your Age</th> </tr> <tr> <td></td> <th>Under 40</th> <th>40-49</th> <th>50-64</th> </tr> <tr> <td>MONTHLY BENEFITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basic - \$800</td> <td>\$ 3.20</td> <td>\$ 9.20</td> <td>\$24.80</td> </tr> <tr> <td><input type="checkbox"/> Supplemental - \$800</td> <td>\$ 2.40</td> <td>\$ 5.40</td> <td>\$ 13.80</td> </tr> <tr> <td><input type="checkbox"/> Basic + Supplemental - \$1,600</td> <td>\$ 5.60</td> <td>\$14.60</td> <td>\$38.60</td> </tr> </table>		Your Age				Under 40	40-49	50-64	MONTHLY BENEFITS				<input type="checkbox"/> Basic - \$800	\$ 3.20	\$ 9.20	\$24.80	<input type="checkbox"/> Supplemental - \$800	\$ 2.40	\$ 5.40	\$ 13.80	<input type="checkbox"/> Basic + Supplemental - \$1,600	\$ 5.60	\$14.60	\$38.60
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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 (\$.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, upon issuance of such insurance, I will become a Member of the NGAUS Insurance Trust. 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 NGAUS Insurance Trust, after payment of Trust expenses, shall be paid to the National Guard Association of the United States or The National Guard Education 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.

**Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.**

 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

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

This application is applicable only for residents of Puerto Rico.

**One Copy to ReliaStar Insurance Co. - One Copy to Payroll Office - One Copy to HRO - One Copy to Retain for your**