NATIONAL GUARD ASSOCIATION OF THE UNITED STATES
OPEN ENROLLMENT FORM
(Oregon Residents)

Name (First, MI, Last)		Sex ❏ M ❏ F	Tech ❏	AGR ❏	State EE ❏

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

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.**

SALARY UNDER $18,000

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $500	$ 2.00	$ 5.40	$14.95
Supplemental - $400	$ .80	$ 1.80	$ 4.60
❏ Basic + Supplemental - $900	$ 2.80	$ 7.20	$19.55

SALARY $18,000 - $19,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $400	$ .80	$ 1.80	$ 4.60
❏ Basic + Supplemental - $1,000	$ 3.30	$ 8.55	$22.90

SALARY $20,000 - $23,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $500	$ 1.20	$ 2.70	$ 6.90
❏ Basic + Supplemental - $1,100	$ 3.70	$ 9.45	$25.20

SALARY $24,000 - $25,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $600	$ 1.60	$ 3.60	$ 9.20
❏ Basic + Supplemental - $1,200	$ 4.10	$10.35	$27.50

SALARY $26,000 - $27,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $600	$ 2.50	$ 6.75	$18.30
Supplemental - $700	$ 2.00	$ 4.50	$ 9.90
❏ Basic + Supplemental - $1,300	$ 4.50	$11.25	$28.20

SALARY $28,000 - $31,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $700	$ 3.00	$ 8.10	$21.65
Supplemental - $700	$ 2.00	$ 4.50	$ 9.90
❏ Basic + Supplemental - $1,400	$ 5.00	$12.60	$31.55

SALARY $32,000 - $39,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $800	$ 3.20	$ 9.20	$24.80
Supplemental - $800	$ 2.40	$ 5.40	$13.80
❏ Basic + Supplemental - $1,600	$ 5.60	$14.60	$38.60

SALARY $40,000 - $49,999

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $1,000	$ 4.40	$11.70	$31.20
Supplemental - $1,000	$ 3.00	$ 7.00	$17.50
❏ Basic + Supplemental - $2,000	$ 7.40	$18.70	$48.70

SALARY $50,000 and Over

MONTHLY BENEFITS	Under 40	40-49	50-59
❏ Basic - $1,100	$ 4.95	$13.20	$34.65
Supplemental - $1,400	$ 4.90	$10.50	$25.20
❏ Basic + Supplemental - $2,500	$ 9.85	$23.70	$59.85

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	❏	$50,000	$3.00	❏	45 - 49	$25,000	$5.25	❏	$50,000	$10.50	❏
30 - 34	$25,000	$2.00	❏	$50,000	$4.00	❏	50 - 54	$25,000	$8.00	❏	$50,000	$16.00	❏
35 - 39	$25,000	$2.50	❏	$50,000	$5.00	❏	55 - 59	$25,000	$12.00	❏	$50,000	$24.00	❏
40 - 44	$25,000	$3.25	❏	$50,000	$6.50	❏							

❏ 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: _____ 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 **X** _____ Date ___ Mo. / Day / Yr.

Optional Benefits   Are you interested in additional Group Term Life coverage for yourself? . . . . ❏ Yes ❏ No

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

FOR OFFICE USE ONLY Deduction amount for above coverages: ❏ New Coverage ❏ Additional

Basic LTD	Supplemental LTD

Deduction Amount	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number