

To Be Completed By Human Resources

Group Number 759487	Division	Billing Category	Date of Employment
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To Be Completed By Applicant

- Apply for Coverage
 Name Change
 Former Name _____
 Add Dependent
 Delete Dependent
 Date of Add/Delete _____
 Reinstatement
 Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer Name City of Santa Rosa	Hours Worked Per Week		
Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
Spouse Full Name			Birth Date

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements. If you choose not to elect any coverage below, in future enrollments, you may be required to provide Evidence of Insurability or be subject to a Late Enrollment penalty.

Basic Life Insurance (Employer Paid)		
<input type="checkbox"/> Unit 2: Firefighters	<input type="checkbox"/> Unit 9: Public Safety Management	<input type="checkbox"/> Unit 14: Police Civilian Technical
<input type="checkbox"/> Unit 3: Maintenance	<input type="checkbox"/> Unit 10: Executive Management	<input type="checkbox"/> Unit 15: City Appointed Officials
<input type="checkbox"/> Unit 4: Support Services	<input type="checkbox"/> Unit 10s: Safety Executive Management	<input type="checkbox"/> Unit 16: Utilities Systems Operators
<input type="checkbox"/> Unit 5: Police Officers	<input type="checkbox"/> Unit 11: Confidential Mid Management	<input type="checkbox"/> Unit 17: Professional Attorneys
<input type="checkbox"/> Unit 6: Professional	<input type="checkbox"/> Unit 12: Confidential	<input type="checkbox"/> Unit 18: Mid Management
<input type="checkbox"/> Unit 7: Technical	<input type="checkbox"/> Unit 13: Mechanics	<input type="checkbox"/> Unit 99: Elected Officials
<input type="checkbox"/> Unit 8: Transit		
Basic AD&D Insurance (Employer Paid)		
<input type="checkbox"/> Unit 9: Public Safety Management	<input type="checkbox"/> Unit 15: City Appointed Officials	
<input type="checkbox"/> Unit 10: Executive Management	<input type="checkbox"/> Unit 17: Professional Attorneys	
<input type="checkbox"/> Unit 11: Confidential Mid Management	<input type="checkbox"/> Unit 18: Mid Management	
<input type="checkbox"/> Unit 12: Confidential	<input type="checkbox"/> Unit 99: Elected Officials	

Your Full Name

Additional Life Insurance (Employee Paid)
You must choose one of the following options for yourself:

Additional Life requested amount \$ _____

Additional Life with AD&D requested amount \$ _____

Decline Additional Life

Dependents Life Insurance (Employee Paid)
You must choose one of the following options for your spouse:

Spouse Life requested amount \$ _____

Spouse Life with AD&D requested amount \$ _____

Decline Additional Life

Short Term Disability Insurance (Employer Paid)

<input type="checkbox"/> Unit 3: Maintenance	<input type="checkbox"/> Unit 12: Confidential
<input type="checkbox"/> Unit 4: Support Services	<input type="checkbox"/> Unit 13: Mechanics
<input type="checkbox"/> Unit 6: Professional	<input type="checkbox"/> Unit 15: City Appointed Officials
<input type="checkbox"/> Unit 7: Technical	<input type="checkbox"/> Unit 16: Utilities Systems Operators
<input type="checkbox"/> Unit 10: Executive Management	<input type="checkbox"/> Unit 17: Professional Attorneys
<input type="checkbox"/> Unit 11: Confidential Mid Management	<input type="checkbox"/> Unit 18: Mid Management

Long Term Disability Insurance (Employer Paid)

<input type="checkbox"/> Unit 3: Maintenance	<input type="checkbox"/> Unit 10s: Safety Executive Management	<input type="checkbox"/> Unit 15: City Appointed Officials
<input type="checkbox"/> Unit 4: Support Services	<input type="checkbox"/> Unit 11: Confidential Mid Management	<input type="checkbox"/> Unit 16: Utilities Systems Operators
<input type="checkbox"/> Unit 6: Professional	<input type="checkbox"/> Unit 12: Confidential	<input type="checkbox"/> Unit 17: Professional Attorneys
<input type="checkbox"/> Unit 7: Technical	<input type="checkbox"/> Unit 13: Mechanics	<input type="checkbox"/> Unit 18: Mid Management
<input type="checkbox"/> Unit 8: Transit	<input type="checkbox"/> Unit 14: Police Civilian Technical	<input type="checkbox"/> Unit 99: Elected Officials
<input type="checkbox"/> Unit 10: Executive Management		

Your Full Name

Beneficiary
This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. This designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*

*Total must equal 100%

Signature
 I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Signature of Applicant (Member/Employee)	Date
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Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 - Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 - If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 - If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.