



NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

OPEN ENROLLMENT FORM

(Ohio, South Carolina, South Dakota and Texas 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"/> 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						SALARY \$28,000 - \$31,999					
			Your Age						Your Age		
			Under 40	40-49	50-59				Under 40	40-49	50-59
MONTHLY BENEFITS						MONTHLY BENEFITS					
<input type="checkbox"/> Basic - \$500		\$ 2.00	\$ 5.40	\$ 14.95	<input type="checkbox"/> Basic - \$700			\$ 3.00	\$ 8.10	\$ 21.65	
<input type="checkbox"/> Supplemental - \$400		\$.80	\$ 1.80	\$ 4.60	<input type="checkbox"/> Supplemental - \$700			\$ 2.00	\$ 4.50	\$ 9.90	
<input type="checkbox"/> Basic + Supplemental - \$900		\$ 2.80	\$ 7.20	\$ 19.55	<input type="checkbox"/> Basic + Supplemental - \$1,400			\$ 5.00	\$ 12.60	\$ 31.55	
SALARY \$18,000 - \$19,999						SALARY \$32,000 - \$39,999					
			Your Age						Your Age		
			Under 40	40-49	50-59				Under 40	40-49	50-59
MONTHLY BENEFITS						MONTHLY BENEFITS					
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$ 18.30	<input type="checkbox"/> Basic - \$800			\$ 3.20	\$ 9.20	\$ 24.80	
<input type="checkbox"/> Supplemental - \$400		\$.80	\$ 1.80	\$ 4.60	<input type="checkbox"/> Supplemental - \$800			\$ 2.40	\$ 5.40	\$ 13.80	
<input type="checkbox"/> Basic + Supplemental - \$1,000		\$ 3.30	\$ 8.55	\$ 22.90	<input type="checkbox"/> Basic + Supplemental - \$1,600			\$ 5.60	\$ 14.60	\$ 38.60	
SALARY \$20,000 - \$23,999						SALARY \$40,000 - \$49,999					
			Your Age						Your Age		
			Under 40	40-49	50-59				Under 40	40-49	50-59
MONTHLY BENEFITS						MONTHLY BENEFITS					
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$ 18.30	<input type="checkbox"/> Basic - \$1,000			\$ 4.40	\$ 11.70	\$ 31.20	
<input type="checkbox"/> Supplemental - \$500		\$ 1.20	\$ 2.70	\$ 6.90	<input type="checkbox"/> Supplemental - \$1,000			\$ 3.00	\$ 7.00	\$ 17.50	
<input type="checkbox"/> Basic + Supplemental - \$1,100		\$ 3.70	\$ 9.45	\$ 25.20	<input type="checkbox"/> Basic + Supplemental - \$2,000			\$ 7.40	\$ 18.70	\$ 48.70	
SALARY \$24,000 - \$25,999						SALARY \$50,000 and Over					
			Your Age						Your Age		
			Under 40	40-49	50-59				Under 40	40-49	50-59
MONTHLY BENEFITS						MONTHLY BENEFITS					
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$ 18.30	<input type="checkbox"/> Basic - \$1,100			\$ 4.95	\$ 13.20	\$ 34.85	
<input type="checkbox"/> Supplemental - \$600		\$ 1.60	\$ 3.60	\$ 9.20	<input type="checkbox"/> Supplemental - \$1,400			\$ 4.90	\$ 10.50	\$ 25.20	
<input type="checkbox"/> Basic + Supplemental - \$1,200		\$ 4.10	\$ 10.35	\$ 27.50	<input type="checkbox"/> Basic + Supplemental - \$2,500			\$ 9.85	\$ 23.70	\$ 59.85	
SALARY \$26,000 - \$27,999											
			Your Age								
			Under 40	40-49	50-59						
MONTHLY BENEFITS											
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$ 18.30							
<input type="checkbox"/> Supplemental - \$700		\$ 2.00	\$ 4.50	\$ 9.90							
<input type="checkbox"/> Basic + Supplemental - \$1,300		\$ 4.50	\$ 11.25	\$ 28.20							

<input checked="" type="checkbox"/> 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: _____	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, 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.

Signature of Applicant _____ Date _____ Mo. / Day / Yr.

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:				
Basic LTD	Supplemental LTD			
Deduction Amount	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number