



**Supplemental Disability
Enrollment For**

<input type="checkbox"/> New <input type="checkbox"/> Change	Certificate #	Agent ID: IHC3	Group #: 05726209
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Employer Information (Please print clearly)

Department (see reverse for codes)	Hire Date:	Position Title:
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For Federal Judiciary Use Only

Circuit:	District of:	Court:	Are you a judge? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employee Information (Please print)

Social Security Number	Name (Last, First, MI)	Mother's Maiden Name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (mm/dd/yyyy)	Email Address	
Home street address	City	State	Zip code
Telephone numbers Home () Work ()	Base annual salary <small>Include locality, availability, and leap pay.</small>		

Coverage Information

<i>Please confirm your eligibility for fedAdvantage Supplemental Disability coverage:</i>	
I am an actively-at-work Employee of the United States Federal Government working at least 20 hours per week. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you covered under the Special Groups Retirement (Law Enforcement, Air Traffic Controller, Fire Fighter)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am paid on a: <input type="checkbox"/> bi-weekly basis (26 pay periods per year) <input type="checkbox"/> monthly basis (12 pay periods per year)	Are you a member of a Professional Association affiliated with the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
Coverage election (see reverse for rates and allotment estimator) <input type="checkbox"/> Basic (S1) <input type="checkbox"/> Premier (30-day elimination) (S2) <input type="checkbox"/> Premier LT (180-day elimination) (S3) <input type="checkbox"/> Premier PLUS (S4)	

I certify that all information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan of Insurance contained in the group policy and summarized in any communication materials provided me and/or the certificate issued to me. I understand that the effective date of insurance for myself is subject to my being actively at work on that date. I request arrangement for the issuance of Group Disability Coverage, underwritten by Standard Insurance Company, for which I am or may become eligible and authorize deductions of the required contributions from my earnings.

MISREPRESENTATION: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

My signature below signifies my agreement with the statements and authorization above.

Employee Signature (Required)	Date
Name (Print)	

10012017S

**Return your completed enrollment form via fax to 512-346-1594
or email agency@thinkabx.com.**

DEPARTMENT NAME <i>Locate your Department and enter the CODE in the applicable box of your application</i>	CODE		
Executive Branch		DC Government	
Department of Agriculture	USDA	DC Government	DCG
Department of Commerce	DOC	DC – Courts	DCC
Department of Defense	DOD	Court Service & Offender Supervision for DC	CSOA
Department of Education	EDU	Other DC	ODC
Department of Energy	DOE	Independent Agencies	
Department of Health & Human Services	HHS	Central Intelligence Agency	CIA
Department of Housing & Urban Development	HUD	Environmental Protection Agency	EPA
Department of Homeland Security	DHS	Equal Opportunity Employer Commission	EEOC
Department of the Interior	DOI	Federal Communications Commission	FCC
Department of Justice	DOJ	Federal Housing Finance Agency	FHFA
Department of Labor	DOL	Federal Labor Relations Agency	FLRA
Department of State	DOS	Government Services Administration	GSA
Department of Transportation	DOT	Merit System Prot. Board	MSPB
Department of the Treasury	DTRS	National Aeronautics & Space Administration	NASA
Department of Veterans Affairs	DVA	National Credit Union Administration	NCUA
White House	WHT	National Labor Relations Board	NLRB
Federal Judiciary	JUD	National Science Foundation	FSF
Legislative Branch		Nuclear Regulatory Commission	NRC
Gov. Accountability Office	GAO	Office of Personnel Management	OPM
Gov. Printing Office	GPO	Other Independent Agency	OIA
Congressional Budget Office	GBO		
Library of Congress	LOC		
Other Legislative	OLB		

RATE AND COST INFORMATION

BASE RATE PER PAY PERIOD				
Age	Basic 30-day	Premier 30 30-day	Premier 180 180-day	Premier Plus 30-day
Under 35	0.0041	0.0047	0.0033	0.0054
35 – 44	0.0062	0.0072	0.0050	0.0082
45 – 49	0.0091	0.0105	0.0074	0.0120
50 – 54	0.0126	0.0146	0.0103	0.0166
55 – 59	0.0161	0.0186	0.0130	0.0212
60+	0.0200	0.0231	0.0163	0.0264

SPECIAL GROUPS RATE PER PAY PERIOD				
Age	Basic 30-day	Premier 30 30-day	Premier 180 180-day	Premier Plus 30-day
Under 35	0.0074	0.0085	0.0061	0.0098
35 – 44	0.0115	0.0133	0.0095	0.0152
45 – 49	0.0175	0.0202	0.0144	0.0231
50 – 54	0.0245	0.0283	0.0202	0.0323
55 – 57	0.0311	0.0359	0.0257	0.0410

Special Groups are defined as Law Enforcement Officers, Fire Fighters, and Air Traffic Controllers covered under the Special Groups Retirement System.

Want to figure out the cost of your benefit?

Here's a calculator worksheet to use as a guide:

This example uses an annual salary of \$50,000 for a non-special groups member in the 35 to 44-year-old age range

		EXAMPLES				
		Basic 30-day	Premier 30 30-day	Premier 180 180-day	Premier Plus 30-day	
1.	Enter your annual salary	\$	\$50,000	\$50,000	\$50,000	
2.	Calculate your bi-weekly salary by dividing Line 1 by 26 (weeks). This amount cannot exceed \$6,923.04		\$1,923.08	\$1,923.08	\$1,923.08	
3.	Multiply Line 2 by the appropriate rate to get your per-pay period cost. Use the rate key above to obtain the rate for your age, occupation and desired benefit option. For the example, cost was determined using rates for a non-law enforcement member age 35 to 44 - Basic (30-day): 0.0062 x \$1,923.08 = - Premier 30 (30 day): 0.0072 x \$1,923.08 = - Premier 180 (180-day): 0.0050 x \$1,923.08 = - Premier Plus (30-day): 0.0082 x \$1,923.08 =		\$11.92	\$13.85	\$9.62	\$15.77
4.	Add administrative fee		\$1.00	\$1.00	\$1.00	\$1.00
5.	Round to the nearest dollar. This is the per-pay period cost.	\$	\$13.00	\$15.00	\$11.00	\$17.00

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