### **EMPLOYEE ACTION:**

Permanent Intermittent, Limited Term, TAU and Direct Pay Agency employees require a signature to enroll. Submit form to your Department Personnel Office.

Active Employees can enroll online or submit a paper enrollment form to ARAG.

# State of California GROUP LEGAL SERVICES INSURANCE PLAN

## **Enrollment Authorization**

Underwritten by ARAG® Insurance Company, Des Moines, IA.

SECTION A. REQUIRED   Please type or complete in ballpoint pen. See privacy notice on back side.					
1. Type of Action (Check one)  3. Name in Full					
	Complete sections A (1-6) and B (1 & 2)		First	Middle Initial	Last
b. CHANGE OF COVERAGE — Complete sections A (1-6) and B (1 & 2)		. Mailing Address			
c. CANCEL COVERAGE — Complete sections A (1-6) and B (2)			Number and Street		
C. CHICLE COVERINGE Complete Sections A (1 o) and b (2)			City	State	ZIP Code
2. Social Security Number 5.			Daytime Telephone Number		
					ext.
6. Primary Email Address					
SECTION B. Please check appropriate box, read, and sign.					
1. I authorize deductions to be made from my salary to cover my share of enrollment in the state's Group Legal Services Insurance Plan as it is now or as it may be in the future with coverage as shown below:					
Please check ONE type of coverage to be elected.					
Individual Family  If you selected Family coverage, please list information for spouse/domestic partner and/or unmarried eligible dependent children up to age 26 below.					
Name	Relationship Month	Date of Birth Day Year	Name	Relationshi	p Date of Birth   Month   Day   Year
Name	Relationship Month	Date of Birth Day Year	Name	Relationship	
Name		Date of Birth Day Year	Name	Relationship	Date of Birth Month Day Year
	monu				moint bay tear
2. Please read and sign.					
Enrollment is hereby made for coverage as indicated above, for all persons listed hereon, subject to all terms and conditions of the contract for which enrollment is made. I understand that my understand the premiums include an administrative cost incurred by the state, which may be increased without prior parties.					
effective date of coverage will begin on the first day of the month following my first payroll deduction. I certify that all information entered is true. I fully understand the limitations of the plan coverage. In connection with my enrollment for benefits through ARAG Insurance Company,					
I hereby authorize the applicable monthly premium deduction be made from my salary which					
V				Mont	th Day Year
Signature				Date	
			rand Ave., Suite 100 Email: forms@ARAGlegal.com IA 50309-2405 Fax: 515-246-8816		
SECTION C. Agency personnel office: Must complete and submit signed form to ARAG by mail or fax.					
1. Please check if:  Permanent Intermittent Employee	2. Permitting Event Date Month	Day Year	5. Authorized Agency Signature		
☐ Limited Term Employee	3 Effective Date of Comment				
☐ TAU☐ California Exposition & State Fairs	<b>3.</b> Effective Date of Coverage Month D.	ay Year	Authorized Signature		Date
☐ California Fair Services Authority☐ Legislative Analyst's Office	4. Agency Name		Agongy Francii Address		Agong Talanhana Niverb
			Agency Email Address		Agency Telephone Number

#### **Privacy Notice on Information Collection**

This notice is provided pursuant to California Insurance Code Sec. 791.04, the 2018 California Consumer Privacy Act and the 2020 California Privacy Rights Act. Information we collect is governed by California Insurance Code Sec. 791.04, the 2018 California Consumer Privacy Act and the 2020 California Privacy Rights Act.

#### **Legal Authority for Collection and Use of Information**

California Government Code Sections 19816.18 and 19849.11 give the State of California the authority to offer employee benefit programs, and contract out with third party vendors for these programs. The information collected will be used for the enrollment in the State of California Group Legal Services Insurance Plan. Individuals should not provide any personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, ARAG may not be able to process your enrollment which could make you ineligible for the insurance plan.

#### Disclosure and Sharing

Personal information may not be disclosed, made available, or otherwise used for a purpose other than those specified below. You give us permission and we have your consent to share your personal information under the following circumstances:

- 1. Personal information may be collected from persons other than you.
- 2. We may release information to a third party consistent with our Privacy Notice without authorization.

#### **Group Legal Privacy Policy**

The information collected by ARAG is subject to the limitations in the 2018 California Consumer Privacy Act and the 2020 California Privacy Rights Act and state policy. For more information on how we care for your personal information, read our Privacy Policy at <u>araglegal.com</u> or, contact us to receive a copy of our Privacy Policy and Notice of Personal Information Practices using the information below.

#### **Access to Your Information**

ARAG is responsible for maintaining collected records. You or your authorized agent have the right to submit a request to know what Information we collect and maintain; the right to obtain a copy of the Information you provided to us in a portable and, to the extent technically feasible, readily usable format; the right to submit a request to delete your Information; and the right to submit a request to correct inaccuracies to the Information we maintain unless we are exempt from honoring your request under law. We will not discriminate against you, nor will you face retaliation for exercising these rights. You may submit your request to ARAG via the following:

Privacy Administration Attention: Legal Department ARAG North America, Inc. 500 Grand Avenue, Suite 100 Des Moines, IA 50309

or email us at <a href="mailto:legal@ARAGlegal.com">legal@ARAGlegal.com</a>, or via our website <a href="mailto:https://www.araglegal.com/">https://www.araglegal.com/</a> using the "Contact Us" tab.

The Effective Date of this Privacy Policy is June 30, 2023.

Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number. If you have specific questions regarding the Plan or if you need assistance in completing the enrollment form, please contact an ARAG Customer Care Specialist toll-free at 866-762-0972.

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