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)			. Name in Full			
a. NEW ENROLLMENT — 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)		4. Mailing Address				
c. CANCEL COVERAGE — Complete sections A (1-6) and B (2)			Number and Street			
- Complete Section 71 (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 appropri	iate 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.						
If you selected Family coverage, p	lease list information for spouse/d Relationship	lomestic partner and/or unma Date of Birth	rried eligible dependent child	ren up to age 26 below.	hip Date of Birt	th
Name	neiationsiip	Month Day Year	Name	neiations	Month Day	Year
Name	Relationship	Date of Birth Month Day Year	Name	Relations	nip Date of Birt	h Year
Name	Relationship	Date of Birth Month Day Year	Name	Relationsl	nip Date of Birt	Year
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						
effective date of coverage will be	increased without prior notice.					
deduction. I certify that all inform plan coverage. In connection with	If canceling legal coverage, I understand I will not be able to re-enroll again until the next open enrollment period.					
I hereby authorize the applicable	monthly premium deduction be	made from my salary which	emonnent penou.			
Signature X				Mo Date	nth Day Year	
- Cymmus V	16: 16 4	ADAC FOO Commi	Aug Cuito 100)		
Send or Fax Completed and Signed form to: ARAG, 500 Grand A Des Moines, IA 503			Fax: 515-746-8816			
SECTION C. Agency personnel office: Must complete and submit signed form to ARAG by mail or fax.						
	2. Permitting Event Date	Month Day Year	5. Authorized Agency Signature			
□ Permanent Intermittent Employee□ Limited Term Employee						
☐ TAU☐ California Exposition & State Fairs	3. Effective Date of Coverage	Month Day Year	Authorized Signature		Date	
☐ California Fair Services Authority ☐ Legislative Analyst's Office	4. Agency Name					
Legisiative Alialyst's Utilice			Agency Email Address		Agency Telephone Numbe	er.

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 <u>legal@ARAGlegal.com</u>, or via our website <u>https://www.araglegal.com/</u> 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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