State of California RETIREE GROUP LEGAL SERVICES INSURANCE PLAN

Enrollment Authorization

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

ENROLL ONLINE at ARAGlegal.com/SOCretiree

OR

SUBMIT COMPLETED FORM BY MAIL: ARAG, 500 Grand Ave., Suite 100 Des Moines, IA 50309-2405

OR

FAX: 515-246-8816

Authorized Agency

	Des monte	3, IN 30307 2403			
Do not send to CalHR or to the State Controller's Office. See above for submission instructions.					
SECTION A. REQUIRED Please type or complete	in ballpoint pen. See privacy notice on	back side.			
1. Type of Action (Check one) NEW ENROLLMENT — Complete sections A (1-6) and B (1 & 4) CHANGE OF COVERAGE — Complete sections A (1-6) and B (1 & 4) CANCEL COVERAGE — Complete sections A (1-6) and B (4) 2. Social Security Number		S. Name in Full			
		First	Middle Initial	Last	
		4. Mailing Address			
		Number and Street	Number and Street		
		City	State	ZIP Code	
		5. Telephone Number			
6. Primary Email Address			ext.		
SECTION B. Please check appropriate box, read, and sign.					
1.					
Name	Relationship Date of Birth Month Day Year	Name		Relationship Date of Bi	Year
4. 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 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, hereby authorize the applicable monthly premium deduction be made from my retirement warrant warrant.					
Signature X Date X					
SECTION C. IMPORTANT: If you are a new Retire	e enrolling outside of Open Enrollment,	vou must have vour agency pe	rsonnel office complete	this section.	
1. Enter Deduction Amount	2. Separation Date	3. Agency Name	·		
4. Remarks	I am authorized to make this certification	7. Authorized Agency Signature Iam authorized to make this certification; that the employee named herein is eligible for enrollment in the Retiree Group Legal Services			
D. diversion & Debe	6. Date of Agency Signature	Insurance Plan.			

Signature

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 Retiree 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 legal@ARAGlegal.com, or via our website https://www.araglegal.com/ 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 800-511-4007.

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