

GROUP BENEFITS

Clayton County Board of Commissioners  
Benefits Enrollment Form



Information About You

Name:	Social Security Number / Employee ID Number:
Date of Birth:	Date of Hire:

Instructions

Please enter all required information clearly so that there will be no question as to your meaning.

- **Step 1:** Please enter and/or check your coverage elections and details. You may only elect – and will be covered for – levels of coverage included in your employer's contract.
- **Step 2:** Please sign, date and return this form to Human Resources by 5:00 pm on 4/13/2012.

Voluntary Long Term Disability Insurance

You have the opportunity to enroll in Voluntary Long Term Disability Insurance. Voluntary Long Term Disability Insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been disabled for a predetermined waiting period, known as the elimination period, of 3 months. This plan provides you with income protection to replace a percentage of your Monthly Salary, to a maximum monthly benefit, shown below. If you enroll during this enrollment period, your coverage is provided to you on a guaranteed issue basis – no medical information is required. If you enroll after this enrollment period, evidence of insurability will be required for all coverage amounts. If you are currently participating and are electing to increase, decrease or continue your current coverage, you may do so without providing evidence of insurability.

**Option 1:**  
40% to a maximum of \$1,000

**Option 3:**  
50% to a maximum of \$1,000

**Option 5:**  
60% to a maximum of \$1,000

**Option 2:**  
40% to a maximum of \$5,000

**Option 4:**  
50% to a maximum of \$5,000

**Option 6:**  
60% to a maximum of \$5,000

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.100	\$0.100	\$0.190	\$0.310	\$0.495	\$0.715	\$0.950	\$1.195	\$1.290	\$1.625	\$1.625	\$1.625

To calculate your Semi-Monthly cost, please use the following formula(s):

	÷ 12 =		My Monthly Salary			
My Annual Salary						
<b>Option 1</b>						
My Monthly Salary	x 40% =	My Monthly Benefit = Maximum \$1,000	÷ 100 =	x	Rate	= My Semi-Monthly Cost
<b>Option 2</b>						
My Monthly Salary	x 40% =	My Monthly Benefit = Maximum \$5,000	÷ 100 =	x	Rate	= My Semi-Monthly Cost
<b>Option 3</b>						
My Monthly Salary	x 50% =	My Monthly Benefit = Maximum \$1,000	÷ 100 =	x	Rate	= My Semi-Monthly Cost

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

Expertise without equal.  
Benefits without burden.

Clayton County Board of Commissioners  
Generic EP  
2/04/2012

Name: \_\_\_\_\_

**Option 4**

$$\frac{\text{My Monthly Salary}}{\text{My Monthly Salary}} \times 50\% = \frac{\text{My Monthly Benefit} = \text{Maximum } \$5,000}{\text{My Monthly Benefit} = \text{Maximum } \$5,000} \div 100 = \frac{\text{Rate}}{\text{Rate}} = \frac{\text{My Semi-Monthly Cost}}{\text{My Semi-Monthly Cost}}$$

**Option 5**

$$\frac{\text{My Monthly Salary}}{\text{My Monthly Salary}} \times 60\% = \frac{\text{My Monthly Benefit} = \text{Maximum } \$1,000}{\text{My Monthly Benefit} = \text{Maximum } \$1,000} \div 100 = \frac{\text{Rate}}{\text{Rate}} = \frac{\text{My Semi-Monthly Cost}}{\text{My Semi-Monthly Cost}}$$

**Option 6**

$$\frac{\text{My Monthly Salary}}{\text{My Monthly Salary}} \times 60\% = \frac{\text{My Monthly Benefit} = \text{Maximum } \$5,000}{\text{My Monthly Benefit} = \text{Maximum } \$5,000} \div 100 = \frac{\text{Rate}}{\text{Rate}} = \frac{\text{My Semi-Monthly Cost}}{\text{My Semi-Monthly Cost}}$$

- I elect to **purchase Option** \_\_\_\_\_ in Long Term Disability coverage.
- I **decline** to purchase Long Term Disability coverage.
- I elect to **continue** my current Long Term Disability coverage.

**Confirmation**

I acknowledge that I have been given the opportunity to enroll in the Disability insurance coverage described in the Benefit Highlight Sheets and offered through Clayton County Board of Commissioners.

I understand and agree that if I decline coverage now, but later decide to enroll, I will be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder (your employer) can fully describe the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit is reduced at a specified age stated in the policy. If I have disability income coverage with The Hartford, I understand and agree that the maximum duration benefits are payable will be limited to a specified period starting at a specified age and that a claim for benefits may not be approved for a pre-existing condition.

I authorize my employer to make the appropriate payroll deductions from my earnings.

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are not met, this policy will not be implemented and the coverage I have elected will not be in force.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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