

Changes to Supplemental Term Life Insurance

Return Original Completed Form to:

Chicago Transit Authority

567 W. Lake Street

Chicago, IL 60661

Attention: HR Benefit Services or Fax: 312-275-8722 or email: benefits@transitchicago.com



EMPLOYER NAME: Chicago Transit Authority

EMPLOYEE INFORMATION

First Name	Middle Initial	Last Name		
Street Address	City		State	Zip Code
Date of Birth (Month/Day/Year)	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Badge #	Home Phone #	Cell Phone #		

Total amount of insurance requested – Contribution rates on reverse side

- One times base annual earnings (non-overtime wages as of January 1st)
- Two times base annual earnings (non-overtime wages as of January 1st)
- Three times base annual earnings (non-overtime wages as of January 1st)
- Four times base annual earnings (non-overtime wages as of January 1st)*
- Five times base annual earnings (non-overtime wages as of January 1st)*
- Six times base annual earnings (non-overtime wages as of January 1st)*

*Health questions required when you enroll. Questionnaire will be mailed to you.

- Cancel Supplemental Life Insurance
 - This election will cancel Supplemental AD&D, Spouse and Dependent coverages.

Please check one of the choices below for CTA Supplemental Accidental Death and Dismemberment (AD&D):

- Coverage will match the Supplemental Life Insurance election.

Employee AD&D Cancel Employee AD&D

Please check one of the choices below for CTA Supplemental Life Insurance for your dependent(s):

Spouse \$50,000 bi-weekly deduction \$5.70 Cancel Spouse Coverage
Child \$10,000 bi-weekly deduction \$0.54 Cancel Child Coverage

Please check one of the choices below for CTA Supplemental Life AD&D Insurance for your dependent(s):

- Spouse \$50,000 bi-weekly deduction \$0.55 Cancel Spouse Coverage
 Child \$10,000 bi-weekly deduction \$0.11 Cancel Child Coverage

AUTHORIZATION

I authorize HR Benefit Services to enroll me in Supplemental Life Insurance. I authorize the Chicago Transit Authority to deduct my Supplemental Life Insurance premiums on a post-tax.

Employee Signature

Date Signed

Please round off your non-overtime wages (as of January 1st) to the next highest thousand.
 For example: \$51,026 would equal \$52,000

Age	Bi-weekly Rate per \$1,000
Under 25	\$0.020
25 – 29	\$0.024
30 – 34	\$0.032
35 – 39	\$0.036
40 – 44	\$0.041
45 – 49	\$0.061
50 – 54	\$0.093
55 – 59	\$0.174
60 – 64	\$0.268
65 – 69	\$0.515
70 and over	\$0.837

Optional AD&D	Bi-weekly Rate per \$1,000
Under 25 – 70+	\$0.024

Calculate your bi-weekly contribution

Base annual earnings (non-overtime wages as of January 1) \$ _____
 Divide by \$1,000 _____
 Multiply by rate from chart (based on your age as of January 1) \$ _____
 Bi-weekly contribution \$ _____

Sample calculation: 48-year-old employee with base annual earnings of \$52,000
 Base annual earnings \$52,000 _____
 Divide by \$1,000 52 _____
 Multiply by rate from chart \$0.061 _____
 Bi-weekly contribution \$3.17 _____