



SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 503

2019 MEMBERSHIP ADVANTAGES



Membership Advantages Directory

WELCOME!

By joining and maintaining your membership with SEIU Local 503, the following benefits are available to you. Details are available inside this booklet.

- **\$2,500 life insurance policy** paid for by your union, SEIU Local 503. This policy is in effect as long as you are a current member. You may designate a beneficiary by completing the Enrollment & Beneficiary Designation form on page 10 of this booklet.
- **Additional life insurance** can be purchased within the first 90 days of new union membership or during an Open Enrollment period. Coverage purchased any other time requires medical underwriting. Details are on page 6 through 9 of this booklet and an enrollment form is on page 10.
- **Short Term Disability insurance** is guaranteed if purchased within the first 90 days of new union membership. Coverage purchased any other time requires approval by medical underwriting. Details are on page 7 through 9 of this booklet and an enrollment form is on page 10.
- **Legal insurance** enrollment is available to purchase within the first 90 days of new union membership or during an Open Enrollment period. Enrollment and eligibility details are available on pages 1 through 3 and an enrollment form is located on page 4.

New member enrollment forms for life, short term disability and legal insurance must be received by the Membership Advantages office within the first 90 days of new union membership.

- **Scholarships** are available to members, their spouse/partners, children and grandchildren. Scholarships are awarded based on financial need and scholastic ability. You must be a member for one year before you can apply. Application opportunities are available mid November through February for the following school year.

Membership Advantages Customer Service

503.576.4440

1.844.503.SEIU (7348)

Email: membershipadvantages@seiu503.org

Again, welcome to our Union!

Membership Advantages

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This Membership Advantages Handbook is a summary and does not fully describe your Membership Advantages options. For more information, contact the SEIU Membership Advantages office or consult your evidence of coverage handbook. In the case of conflict between this summary and the evidence of coverage handbook, the evidence of coverage handbook will prevail.



Legal Insurance from ARAG®

Designed for SEIU Local 503 Members

Legal is everywhere. Protect yourself and your family with legal insurance.

Have you ever stopped to think about how many events in your life have legal aspects to them? There are the joys — like having a baby or buying the house of your dreams — and the challenges — like when true love doesn't work out or your kid gets in trouble with the law.

With UltimateAdvisor® legal insurance from ARAG®:

- Your network attorney fees are **100% paid in full** for a wide variety of covered legal matters.
- Receive access to more than **13,000 attorneys** within ARAG's network with an average of 20 years of experience.
- Address your covered legal situations with a Network Attorney who is only a **phone call away for legal help and representation.**
- Have anytime access to online tools and resources, including DIY Docs® to help you create any of 350+ legally valid documents, including state-specific templates.

What Do I Get for My Money?

In-Office Services: You receive access to a nationwide network of more than **13,000 credentialed attorneys** who can advise and represent you.

Telephone Advice: You can call a Network Attorney for **unlimited legal advice** to help prepare personal documents, letters or a will.

Online Resources: ARAG provides online tools and useful information to learn more about legal issues on your own. Use our **DIY Docs®** to help you create any of 350+ legally valid documents, including state-specific templates.

What Does it Cost?

New rates effective 1/1/2019 are:

Family Coverage: \$21.49 per month

Individual Coverage: \$16.29 per month

For questions or additional plan information

- Call Membership Advantages at 503.576.4440 or 1.844.503.SEIU (7348)
- Visit ARAGLegalCenter.com, Access Code 10540sei
- Call ARAG Customer Care from 7:00 a.m. to 7:00 p.m. Central time, Monday through Friday at 1.800.247.4184

ARAG legal insurance can save you an average of \$2,100 per legal matter.

Tax Services and Identity Theft Protection!

We understand that sometimes financial situations in life can turn complex, especially when you're dealing with personal tax issues. Now you'll have a place to turn whenever you need expert tax advice and related services. Call to receive a one-on-one consultation with an experienced, professional tax specialist. And, don't forget you have Identity Theft Protection. This service can monitor changes to your credit file and online identity and notifies you of suspicious activity.

Legal Insurance from ARAG®

UltimateAdvisor® Legal Insurance Plan Details

Count on a wide range of coverage and services, like the examples shown below, that address the family, legal and financial matters you may encounter in life:

These are just some of the benefits you receive. For a complete list of covered matters, visit ARAGLegalCenter.com, Access Code **10540sei**.

Consumer Issues

- Auto Repair
- Buy/Sell a Car
- Consumer Fraud
- Contractors

Estate Planning

- Wills
- Amendments to Wills
- Living Wills
- Powers of Attorney
- Estate Administration (up to 9 hours)

Debt

- Bankruptcy
- Debt Collection
- Mechanic's Lien
- Student Loan Debt Consolidation

Civil Damage Defense

- Libel/Slander
- Pet-Related Matters

Family

- Adoption
- Alimony
- Child Support
- Child Custody
- Divorce (Contested - up to 15 hours)
- Domestic Violence
- Guardianship/Conservatorship
- Insanity/Infirmity
- Name Change
- Parental Responsibility

Real Estate

- Buy/Sell a Home
- Foreclosure
- Neighbor Disputes
- Real Estate Disputes

Taxes

- IRS Tax Audit
- IRS Tax Collection

Traffic without DUI

- Suspension/Revocation
- Traffic Tickets (1x per year)

Disputes with a Landlord

- Contracts/Lease
- Eviction
- Security Deposit

Criminal Matters

- Extended Employment
- Habeas Corpus
- Juvenile
- Misdemeanors

General Matters

- Promissory Notes
- Deeds

For questions or additional plan information:

- Call Membership Advantages at 503.576.4440 or 1.844.503.SEIU (7348)
- Visit ARAGLegalCenter.com, Access Code 10540sei
- Call ARAG Customer Care from 7:00 a.m. to 7:00 p.m. central time, Monday through Friday at 1.800.247.4184

Legal plan changes effective 1/1/2019 include:

- Addition of plaintiff post decree modification of child custody/visitation.
- Addition of initial child custody/child support agreements.
- Addition of prenuptial agreements.
- Removal of all felony coverage for civil, employment and employment criminal.

For any other non-covered, non-excluded issues, you'll receive a minimum 25% reduced fee on a network attorney's normal rate.

But wait, there's more!

➔ When you select **UltimateAdvisor**, you'll also receive:

- Identity Theft Insurance: Coverage up to \$1 million for expenses associated with restoring your identity.
- Full-Service Identity Restoration: Restoration specialists can work on your behalf to clear your name and restore your identity.
- Lost Wallet Services: Restoration specialists will help you cancel and reissue credit cards, driver's license, etc.
- Single-Bureau Credit Monitoring: Monitors changes to your credit report.
- Internet Surveillance: Monitors websites and other data points to alert you if personal information is being traded and/or sold.
- Child Identity Monitoring: Monitors your minor's identity to alert you if their personal information is being traded and/or sold.
- Change of Address Monitoring
- Financial Education and Counseling Services with guidance and answers from highly-trained financial counselors on a variety of topics.
- Caregiving Hotline provides legal advice from Network Attorneys and caregiving services from Eldercare Specialists to assist you in caring for your parents and grandparents.

"ARAG made the experience of taking care of a legal matter so much easier than doing it alone. I didn't have to search for an attorney or fork out a large sum of money."

Donna, San Francisco, CA

Read reviews from real plan members at ARAGLegalCenter.com

Limited Time to Enroll:

Don't miss your opportunity to enroll in affordable legal protection. Simply complete the enrollment form located on page 4 and return it to:

SEIU Local 503
PO Box 12159
Salem, OR 97309

Family: \$21.49 per month
Individual: \$16.29 per month

UltimateAdvisor® Eligibility

Members of SEIU Local 503 are eligible to enroll in legal insurance within 90 days of becoming a new SEIU Local 503 member or during an Open Enrollment period. Dependents eligible for coverage include your spouse/partner² and all unmarried dependent children of you or your spouse/partner, under the age of 26. You must apply for coverage for yourself to enroll your dependents.

Coverage Termination

Legal insurance coverage ends when the participant fails to make the required monthly premium payment or is no longer a member of SEIU Local 503. Membership in the plan can only be canceled during an Open Enrollment period or if the policy is canceled by the policyholder. Any legal matter for which coverage has already been confirmed will continue to be covered under the plan until that particular matter is completed.

Enrollment Change

Changes to your enrollment status are allowed within 31 days of a qualified status event and if the requested change is consistent with the qualifying event. A qualified status event may include:

- Marriage or divorce
- Birth or adoption
- Last child loses eligibility; for example, child reaches age 26 or marries
- Death of spouse or dependent

You must notify SEIU Local 503 Membership Advantages within 31 days of the qualified status event. If SEIU Local 503 is not notified within 31 days of the qualified status event the next opportunity to change enrollment will be during an open enrollment period.

Retirement

If a plan participant retires, the participant may continue coverage under the plan as a retiree, provided the retiree maintains membership in SEIU Local 503 and makes the

required monthly premium payments.

Pre-Existing Conditions

Any legal matter which occurs or is initiated prior to the effective date of the policy will be considered excluded and no coverage will apply. ARAG® defines "initiated" as the date when the written notice of the legal dispute is sent or filed by you or received by you; or a ticket or citation is issued; or an attorney is hired. If your matter is considered pre-existing, as long as it is not listed under the "Exclusions" in the plan, and so long as you have not hired an attorney, you are able to receive advice from a network attorney under the Telephone Legal Access Services benefit as well as receiving Reduced Fee Legal Services of at least 25% off the Network Attorney's normal hourly rate.

Exclusions

Most personal and consumer related legal matters are covered by the legal insurance plan. UltimateAdvisor does not provide benefits for the following listed items. Any legal matter that occurs or is initiated prior to the member's plan effective date will be considered excluded and no benefits will apply.

1. Matters against ARAG, the policyholder (SEIU Local 503) or an insured against the interests of the named insured under the same Certificate.
2. Legal services arising out of a business interest, investment interests, employment matters, employee benefits, your role as an officer or director of an organization, and patents or copyrights.
3. Legal services in class actions, post judgments, punitive damages, malpractice, appeals, small claims court or equivalent court in your state.
4. Legal services deemed by ARAG to be frivolous or lacking merit, or in actions where you are the plaintiff and the amount ARAG pays for your legal services exceeds the amount in dispute, or in ARAG's reasonable belief you are not actively and reasonably pursuing resolution in your case.

This is a summary of plan provisions related to the policy issued by ARAG® to SEIU Local 503. In the event of a conflict between this summary and the policy or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. The plan may be amended from time to time or terminated in its entirety at any time by SEIU Local 503.

¹ Average attorney rate in the United States of \$343 per hour for attorneys with 11 to 15 years of experience. "The Survey of Law Firm Economics: 2017 Edition." The National Law Journal and ALM Legal Intelligence, October 2017. Average amount saved based upon top ARAG in-office claims and the hours spent by attorneys per 2017 ARAG Claims Data. The hours spent are multiplied by the average attorney rate (less the average annual cost of an ARAG legal plan).

² Your domestic partner is eligible to apply provided your relationship meets the criteria found on the SEIU Local 503 Domestic Partner Affidavit (located on page 16) or you have obtained a Certificate of Domestic Partnership with the State of Oregon. The SEIU Local 503 Domestic Partner Affidavit must be submitted along with the legal insurance enrollment form if you are enrolling your domestic partner.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West 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 1.800.247.4184.

For more information call Membership Advantages at 503.576.4440 or 1.844.503.SEIU (7348) or visit ARAGLegalCenter.com, access code 10540sei.



Legal Insurance Enrollment Form

Important notice: This form replaces all other enrollment forms on file.

Section 1 Member Information

This enrollment is for: New Member Open Enrollment Enrollment Change – Please indicate the reason for change:
 Marriage Death Divorce Other _____ Date of change _____

Name	Date of Birth	Gender <input type="radio"/> M <input type="radio"/> F	E-mail
Social Security Number	Agency Employed	Home/Cell Phone	
Mailing Address	City/State	Zip	Work Phone
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Domestic Partnership (per Certificate of Registered Domestic Partnership) <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Domestic Partner (per Affidavit of Domestic Partnership)* <small>*If enrolling a domestic partner attach a completed SEIU Local 503 Affidavit of Domestic Partnership form.</small>		

Section 2 Coverage Requested (check one)

Individual (\$16.29 per month) Family (\$21.49 per month)

Section 3 Family Plan Designation (please list family members to be insured)

Full Name	Relationship	Date of Birth

Section 4 Signature for Enrollment and Authorization for Payroll Deduction

*I hereby apply for benefits under the SEIU Local 503 group insurance plan issued by ARAG Insurance Company. I authorize my employer to deduct from my salary the amount necessary to cover my contribution for the group coverage (if payroll deduction is available).** The amount of insurance and the premium is subject to change as determined by the master policy agreement between SEIU Local 503 and ARAG® Insurance Company. See reverse for termination of coverage information.*

Signature **Date**

** Please read the information on the back of this form.

MEMBER DATE	CODE	DEDUCTION AMOUNT	AGENCY	EFFECTIVE DATE	Policy # 10540
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Please keep a photocopy for your records and mail this original to: **SEIU Local 503 at P.O. Box 12159, Salem, Oregon 97309, email to membershipadvantages@seiu503.org or fax to (503) 581-1664**

Revised 9/2018

Insurance will become effective the 1st of the month for which payroll deduction is taken. If the deduction is taken on the last day of the month, the insurance will become effective the 1st of the following month. Payroll deduction may not be available through all employers. Contact your payroll department or the SEIU Local 503 Membership Advantages office if you have any questions. If payroll deduction is not available you will be required to self pay your premium.

Benefit Eligibility

To be eligible for coverage under this plan you must maintain your membership with SEIU Local 503. Dependents eligible for coverage include spouse/partner and all unmarried dependent children under age 26.

Enrollment Change

Elections can only be changed or canceled during an open enrollment period or with a qualified status event. You must notify SEIU Local 503 Membership Advantages office within 31 days of the qualified event to be eligible for the enrollment change.

Termination of Coverage

Coverage under the legal plan ends when the participant fails to make the required monthly premium payment and/or is no longer a member of SEIU Local 503.

If a plan participant retires, the participant may continue coverage under the plan as a retiree provided the retiree maintains membership in SEIU Local 503 and makes the required monthly premium payments.

The plan may be amended from time to time or terminated in its entirety at any time by SEIU Local 503.

Pre-Existing Conditions and Continued Coverage

Any legal matter which occurs or is initiated prior to the effective date of the policy will be considered excluded and no benefit will apply. ARAG® defines "initiated" as the date when the written notice of the legal dispute is sent or filed by you or received by you; or a ticket or citation is issued; or an attorney is hired

Any legal matter for which coverage has already been confirmed will continue to be covered under the plan until that particular matter is completed.

Please remember that only the insurance policy can give the actual terms, coverages, amounts, conditions and exclusions.



SEIU Local 503
PO Box 12159
Salem, Oregon 97309-0159

503.576.4440
1.844.503.SEIU (7348)

Term Life Eligibility

If you are a member and work at least 40 hours per month, you are eligible to apply for member Voluntary Term Life.

Dependents

Your Spouse

Your legal spouse is eligible to apply provided you are enrolled for coverage for yourself.

Your Domestic Partner

Your domestic partner is eligible to apply provided you are enrolled for coverage for yourself and your relationship meets the criteria found on the SEIU Local 503 Domestic Partner Affidavit (see page 16) or you have obtained a Certificate of Domestic Partnership from the State of Oregon.

Your Dependent Children

Your child under age 26 is eligible, provided they are unmarried, not in a domestic partnership and who meets any of the following criteria:

1. You or your spouse's natural child, step child, adopted child or a child legally placed with you or your spouse for adoption; or
2. a child for whom you or your spouse have court appointed guardianship; or
3. a child for whom you or your spouse are required to provide coverage by a legal Qualified Medical Support Order.

If your spouse/partner or child cannot perform the normal activities of daily living a person of his or her age and gender on the date coverage would begin, his or her coverage will not begin until he or she is so able.

Member Term Life Insurance

Member Voluntary Term Life Insurance is available in the following amounts: **\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$110,000, \$120,000, \$130,000, \$140,000 or \$150,000**

New Member - If you enroll within 90 days of becoming a SEIU Local 503 member you are guaranteed enrollment for the following amounts: **\$10,000, \$20,000, \$30,000 or \$40,000**

Open Enrollment - If you enrolled as a new member you may "Step-Up" up to a guaranteed maximum of **\$40,000**. If you have never enrolled you are guaranteed enrollment for the following amounts: **\$10,000 or \$20,000**

Enrollment any other time and enrollment for all other amounts requires satisfactory Evidence of Insurability and approval by LifeMap Assurance Company.

Spouse/Partner Term Life Insurance

Spouse /partner Voluntary Term Life Insurance is available in the following amounts: **\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$110,000, \$120,000, \$130,000 or \$140,000, \$150,000**

New Member - If you enroll within 90 days of becoming a SEIU Local 503 member and you elect coverage for yourself your spouse/partner is guaranteed enrollment for the following life amounts: **\$10,000 or \$20,000**

Open Enrollment - If you elect coverage for yourself your spouse/partner life is guaranteed enrollment for the following amount: **\$10,000**

Enrollment any other time and enrollment for all other amounts requires satisfactory Evidence of Insurability and approval by LifeMap Assurance Company.

Child Term Life Insurance

Your children are guaranteed coverage within 90 days of you becoming a member of SEIU Local 503, if you enroll for Voluntary Term Life Insurance.

New Member - If you enroll within 90 days of new SEIU Local 503 membership and you elect coverage for yourself your child(ren) are eligible for the following amounts: **\$5,000 or \$10,000**

Open Enrollment - If you are enrolled your child(ren) are guaranteed enrollment for the following amounts: **\$5,000 or \$10,000**

Enrollment any other time requires satisfactory Evidence of Insurability and approval by LifeMap Assurance Company.

Terminal Illness Benefit

If you are diagnosed by a physician as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for 80% of the coverage amount in force or \$120,000, whichever is less, to be paid to the insured.

Any benefit paid under an Terminal Illness Benefit will reduce the Voluntary Life Insurance death benefit and may be taxable. As with all tax matters, you should consult with a personal tax advisor to assess the impact of this benefit.

Exclusions

Voluntary Term life Insurance will not be paid for death resulting from suicide, intentionally self-inflicted injury, or any attempt to injure oneself, while sane or insane during the first two years of coverage.

Age Increase Adjustments

SEIU Local 503 adjusts the monthly premium amount for you and your dependent term life coverages according to your birth year. The adjustment occurs the first of the month following your advancement to the next age bracket.

Waiver of Premium

If you become totally disabled (as defined by the policy) premium will be waived and Voluntary Term life insurance benefits will continue until the member reaches age 65 provided you remain Totally Disabled.

Conversion Privilege

When you terminate employment, your term life insurance will be continued without cost for 31 days. Within that period, you may convert your Voluntary Term Life Insurance benefit to a guaranteed individual permanent insurance policy. Application for conversion of group coverage must be made within 31 days of employment termination.

Portability Privilege

If you terminate prior to age 65 Voluntary Term Life Insurance benefits can be ported. Spouse/partner and child life can be ported as well. You must apply within 31 days from the date your employment terminated. Coverage is guaranteed.

Short Term Disability Eligibility

If you are a member and work at least 80 hours per month, you are eligible to apply for member Short Term Disability.

Short Term Disability

A weekly benefit will be paid for a maximum of 26 weeks for a covered disability if you are unable to work because of a disabling off-the-job accidental bodily injury or illness. You do not have to be hospitalized or house-confined to be eligible for benefits. You need to be certified by a physician as being unable to work, and under a physician's care. ***You must be actively at work on the effective date of insurance for your coverage to go into effect.***

Disability Benefits

- For an off-the-job **accident**, coverage begins on the 15th day of continuous and total disability. Your disability must be verified by a treating physician who is licensed to practice medicine.
- For an off-the-job **illness**, coverage begins on the 15th day of continuous and total disability. Your disability must be verified by a treating physician who is licensed to practice medicine.

Definition of Disability

You will be considered Disabled if because of injury or sickness you are unable to perform all the material duties of your regular occupation.

New Member - You may enroll for Short Term Disability Insurance within 90 days of becoming a new member without having to supply evidence of insurability.

Open Enrollment - You may enroll for Short Term Disability Insurance during an annual Open Enrollment period.

You may enroll for Short Term Disability Insurance any time by answering the health questions on the Evidence of Insurability form. Coverage will be issued with the Insurance Company's approval. Coverage is effective when the Insurance Company has approved the coverage and premium payment begins.

Short Term Disability Insurance Benefit Amounts

Class 1: If your basic earnings are \$999 or less per month and you work a minimum of 80 hours per month. Your weekly benefit for any week during your disability is \$175.

Class 2: If your basic earnings are \$1,000-\$2,999 per month and you work a minimum of 80 hours per month. Your weekly benefit for any week during your disability is \$225.

Class 3: If your basic earnings are \$3,000-\$3,999 per month and you work a minimum of 80 hours per month. Your weekly benefit for any week during your disability is 66 2/3% of your salary, up to a maximum of \$300.

Class 4: If your basic earnings are \$4,000 or more and you work a minimum of 80 hours per month. Your weekly benefit for any week during your disability is 66 2/3% of your salary, up to a maximum of \$500.

Exclusions

Short Term Disability benefits will not be paid if your disability results directly or indirectly from:

- a) injuries intentionally inflicted while sane or insane; or
- b) any act or hazard of a declared or undeclared war; or

- c) active participation in a riot; or
- d) commission of a felony; or
- e) an injury or sickness for which you are entitled to benefits from Workers' Compensation or occupational disease law; or
- f) an injury or sickness that is work related.

Short Term Disability benefits will not be paid for a period of disability when you are not under the appropriate care of a licensed physician practicing within the scope of his license.

Pre-existing Condition Limitation

Short Term Disability benefits are not payable for any disability caused by a pre-existing condition if the disability begins during the first 12 months of your coverage. A pre-existing condition is a sickness or injury for which you received any form of treatment, including prescription drugs, within 3 months prior to your effective date of Short Term Disability coverage.

This is a summary of plan provisions related to the policy issued by LifeMap to SEIU Local 503. In the event of a conflict between this summary and the policy or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

How to Enroll

New Member Enrollment

You must complete and submit a SEIU Local 503 Term Life and Disability enrollment form. If you are enrolling for coverage over the guaranteed amount you must complete and submit an Evidence of Insurability form. Please read the entire brochure for enrollment requirements. SEIU Local 503 Membership Advantages Department must receive the completed form within 90 days of new Union membership.

Open Enrollment

You must complete and submit a SEIU Local 503 Term Life and Disability enrollment form. You may elect \$20,000 of member Voluntary Term Life insurance, \$10,000 Spouse/Partner Voluntary Term Life insurance and up to \$10,000 Child Voluntary Term Life insurance. If you enrolled as a new member for Voluntary Term Life Insurance you may "Step-Up" to a guaranteed maximum of \$40,000 during an open enrollment period. All other coverage requires satisfactory Evidence of Insurability.

Enrollment Change

Changes to your plan are allowed with a qualified status event and if the requested change is consistent with the qualifying event and within 31 days of the event. A qualified status event may include:

- Marriage or divorce
- Birth or adoption
- Last child loses coverage, for example, child reaches age 26 or marries
- Death of spouse or dependent



Member and Spouse Life Monthly Premiums

(spouse premiums are calculated using member's age)

Member's Age	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000
Under 25	0.81	1.62	2.43	3.24	4.05	4.86	5.67	6.48
25-29	0.76	1.52	2.28	3.04	3.80	4.56	5.32	6.08
30-34	0.88	1.76	2.64	3.52	4.40	5.28	6.16	7.04
35-39	1.18	2.36	3.54	4.72	5.90	7.08	8.26	9.44
40-44	1.73	3.46	5.19	6.92	8.65	10.38	12.11	13.84
45-49	2.68	5.36	8.04	10.72	13.40	16.08	18.76	21.44
50-54	4.25	8.50	12.75	17.00	21.25	25.50	29.75	34.00
55-59	6.65	13.30	19.95	26.60	33.25	39.90	46.55	53.20
60-64	9.34	18.68	28.02	37.36	46.70	56.04	65.38	74.72
65-69	16.63	33.26	49.89	66.52	83.15	99.78	116.41	133.04
70-74	32.99	65.98	98.97	131.96	164.95	197.94	230.93	263.92
75 and over	67.96	135.92	203.88	271.84	339.80	407.76	475.72	543.68

Member and Spouse Life Monthly Premiums continued

Member's Age	\$ 90,000	\$ 100,000	\$ 110,000	\$ 120,000	\$ 130,000	\$ 140,000	\$ 150,000
Under 25	7.29	8.10	8.91	9.72	10.53	11.34	12.15
25-29	6.84	7.60	8.36	9.12	9.88	10.64	11.40
30-34	7.92	8.80	9.68	10.56	11.44	12.32	13.20
35-39	10.62	11.80	12.98	14.16	15.34	16.52	17.70
40-44	15.57	17.30	19.03	20.76	22.49	24.22	25.95
45-49	24.12	26.80	29.48	32.16	34.84	37.52	40.20
50-54	38.25	42.50	46.75	51.00	55.25	59.50	63.75
55-59	59.85	66.50	73.15	79.80	86.45	93.10	99.75
60-64	84.06	93.40	102.74	112.08	121.42	130.76	140.10
65-69	149.67	166.30	182.93	199.56	216.19	232.82	249.45
70-74	296.91	329.90	362.89	395.88	428.87	461.86	494.85
75 and over	611.64	679.60	747.56	815.52	883.48	951.44	1019.40

Member Short Term Disability Monthly Premiums

Salary Classification	Weekly Benefit	Premium
Class 1 (salary less than \$999 per month)	\$175	8.58
Class 2 (salary \$1,000-\$2,999 per month)	\$225	11.03
Class 3 (salary \$3,000-\$3,999)	66 2/3% of salary up to \$300	14.70
Class 4 (salary \$4,000 and up)	66 2/3% of salary up to \$500	24.50

Child Life Monthly Premiums

Child Rate	\$5,000	\$10,000
All ages	0.80	1.60

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of the Term Life coverage are set forth on Group Policy Number OR 048692. Terms and conditions of the Short Term Disability coverage are set forth on Group Policy Number OR 048692. The availability of this offer may change. Please keep this material as a reference, and file it with your certificate, should you become insured.

The plan may be amended from time to time or terminated in its entirety at any time by SEIU Local 503.

underwritten by
LifeMap Assurance Company



Term Life, Disability & Beneficiary Enrollment Form

Important notice: This form replaces all other enrollment forms on file, and must be signed and dated for enrollment or beneficiary to be valid.

Section 1 Member Information

This enrollment is for: New Member Open Enrollment Beneficiary Designation Only Change Reason for change: _____ Date of change: _____

Name _____ Date of Birth _____ Gender M F E-mail _____

Social Security Number _____ Agency Employed _____ Home/Cell Phone _____

Mailing Address _____ City/State _____ Zip _____ Work Phone _____

Marital Status Single Married Domestic Partnership (per Certificate of Registered Domestic Partnership)
 Widowed Divorced Domestic Partner (per Affidavit of Domestic Partnership)*
**If enrolling a domestic partner attach a completed SEIU Local 503 Affidavit of Domestic Partnership form.*

How many hours per month do you work in your SEIU Local 503 represented position? _____

Free \$2,500 Member Term Life

Section 2 Voluntary Term Life Insurance (you must work at least 40 hours per month to enroll in life insurance)

You must be enrolled in member term life to apply for spouse/partner or child term life.

Member Term Life
 (Member term life benefit levels are \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$110,000, \$120,000, \$130,000, \$140,000 or \$150,000)

\$10,000 \$20,000 \$30,000 \$40,000
 Increase Member Life to \$ _____

Child Term Life
 \$5,000 or \$10,000

Child Name _____ Date of Birth _____ Relationship _____

Spouse/Partner Term Life
 (Spouse term life benefit levels are \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$110,000, \$120,000, \$130,000, \$140,000 or \$150,000)

\$10,000 or \$20,000
 Increase Spouse Life to \$ _____

Spouse/Partner Name _____ Date of Birth _____ Relationship _____

Section 3 Voluntary Short Term Disability Insurance (you must work at least 80 hours per month to enroll in short term disability insurance)

Short Term Disability Insurance: \$ _____ Monthly Salary: Class 1 up to \$999 Class 2 \$1,000-\$2,999 Class 3 \$3,000-\$3,999 Class 4 \$4,000 and up

Section 4 Beneficiary Designation (attach an additional sheet if more space is required. Additional sheet must be signed and dated to be valid)

You may choose a beneficiary(s) to receive life benefits. If no beneficiary survives, payment will be made in accordance with the terms of the policy. Unless designated otherwise, beneficiary designations for all life coverage will be the same. For Spouse/Partner and Child Term Life, you are the beneficiary.

	Name of Beneficiary	Social Security #	Date of Birth	Address	Relationship
Primary	_____	_____	_____	_____	_____
Contingent	_____	_____	_____	_____	_____

Section 5 Signature for Enrollment, Beneficiary Designation and Authorization for Payroll Deduction

I (we) request to be insured and authorize payroll deductions to cover the cost of coverage (if payroll deduction is available*). Information in this application is given to obtain insurance, and the statements and answers are represented, to the best of my (our) knowledge and belief, to be true and complete. I (we) understand that (a) the insurance applied for shall not take effect until the application is approved and I will be notified of the insurance Effective Date; and (b) all insurance is subject to the eligibility provisions of the Policy; and (c) I must be Actively at Work (as defined in the Group Policy) to be insured. If I am not Actively at Work on the date my (our) coverage would become effective, my (our) coverage will not begin until the day I return to work.

Signature _____ Date _____

* Please read the information on the back of this form.

FOR SEIU USE ONLY

MEMBER DATE	CODE A M S C D	DEDUCTION AMOUNT	AGENCY	EFFECTIVE DATE	GWNN

Please keep a photocopy for your records and mail this original to: SEIU Local 503 at P.O. Box 12159, Salem, Oregon 97309, email to membershipadvantages@seiu503.org or fax to (503) 581-1664

Revised 9/2018

Insurance will become effective the 1st of the month for which payroll deduction is taken. If the deduction is taken on the last day of the month, the insurance will become effective the 1st of the following month. *Payroll deduction may not be available through all employers. Contact your payroll department or the SEIU Local 503 Membership Advantages office if you have any questions. If payroll deduction is not available you will be required to self pay your premium.

Eligibility

To be eligible for coverage under this plan you must maintain your membership with SEIU Local 503. You must work at least 40 hours per month in your SEIU Local 503 represented position to purchase life insurance. You must work at least 80 hours per month in your SEIU Local 503 represented position to purchase short term disability insurance. You must be scheduled for the minimum required hours and actively working for your insurance to take effect.

Dependents eligible for coverage include spouse/partner and all unmarried dependent children under age 26. If enrolling a domestic partner attach a completed Affidavit of Domestic Partnership form or indicate on the front of this form that you have obtained a Certificate of Registered Domestic Partnership.

If a dependent cannot perform the normal activities of a person of his or her age and sex on the date of his or her coverage would begin his or her coverage will not begin until he or she is so able.

Enrollment and Premium Change

Enrollment elections can only be changed or canceled during an Open Enrollment period or with a qualified status event. You must notify SEIU Local 503 Membership Advantages office within 31 days of the qualified event to be eligible for the enrollment change. The amount of insurance and premium is subject to change as determined by the salary and age schedule as outlined in the benefit booklet and master policy issued by LifeMap Assurance Company.

Termination of Coverage

Coverage under the term life plan ends when the participant fails to make the required monthly premium payment, or fails to meet the eligibility requirements and/or is no longer a member of SEIU Local 503.

If a plan participant retires or terminates employment, life insurance will be continued without cost for 31 days. Within that period, you may convert your Voluntary Term Life Insurance to an individual guaranteed permanent policy. Application for conversion must be made within 31 days of retirement or employment termination. It is your responsibility to contact the SEIU Local 503 Membership Advantages office to request an application for conversion.

If a plan participant terminates employment prior to age 65 Voluntary Term Life Insurance benefits can be ported. You must apply within 31 days from the date your employment terminated. It is your responsibility to contact the SEIU Local 503 Membership Advantages office to request an application for portability.

Benefit eligibility and termination provisions are detailed in the LifeMap Assurance Company Benefit Booklet. The booklet is located on the SEIU Local 503 website at seiu503.org click on the Membership Advantages page. You can obtain a printed copy of the booklet by contacting the SEIU Local 503 Membership Advantages office at the number below.

The plan may be amended from time to time or terminated in its entirety at any time by SEIU Local 503.



SEIU Local 503
PO Box 12159
Salem, Oregon 97309-0159

503.576.4440
1.844.503.SEIU (7348)

Evidence of Insurability Form

Part I

This box for SEIU use only:

Existing Voluntary Coverage: Member \$ _____ Spouse/Domestic Partner (DP) \$ _____ Child(ren) \$ _____ Verified _____

Applying for: Supplemental Life STD Class _____ Total Amount of Insurance requested (Show existing PLUS any increase)
Member \$ _____ Spouse/DP \$ _____ Child(ren) \$ _____

Member Name _____ Phone Number _____

Residence Address Street _____ City _____ State _____ Zip Code _____

Social Security Number _____ Birthdate _____ Gender _____ Place of Birth _____ Annual Salary _____
Mo Day Yr M F \$

Name of organization providing insurance _____ Policy Number _____ Occupation _____ Date of Employment _____
SEIU Local 503 OR 048692

Spouse / DP Name (if applying for coverage) _____ Social Security Number _____ Birthdate _____ Gender _____ Place of Birth _____
Mo Day Yr M F

Information in this application is given to obtain insurance, and the statements and answers are represented, to the best of my (our) knowledge and belief, to be true and complete. I (we) understand that (a) the insurance applied for shall not take effect until the application is approved and I will be notified of the insurance Effective Date; and (b) all insurance is subject to the eligibility provisions of the Policy; and (c) I must be Actively at Work (as defined in the Group Policy) to be insured. If I am not Actively at Work on the date my (our) coverage would become effective, my (our) coverage will not begin until the day I return to work.

To help ensure efficient processing, mail, fax or email the completed form to: LifeMap Assurance Company, P.O. Box 1271, M/S E8L, Portland, OR 97207 or Fax (855) 854-4570 or Email: Billing@LifeMapCo.com

STATE FRAUD WARNING STATEMENTS

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For your protection California law requires the following statement to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

NOTICE OF INFORMATION PRACTICES Please read and detach for your records.

In the course of properly underwriting and administering your insurance coverage, LifeMap Assurance Company will rely heavily on information provided by you. We may also collect information from others, such as medical professionals who have treated you, hospitals, MIB Inc., and other insurance companies.

Information regarding your insurability will be treated as confidential. LifeMap Assurance Company or its reinsurers may, however, make a brief report to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA, 02184-8734 or they can be reached by email at infoline@mib.com.

In certain circumstances, and in compliance with applicable law, we or our reinsurers may also release your personal or privileged information in our/their files, to third parties without your authorization. You have the right to be told about and to see a copy of items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of personal information you believe to be inaccurate.

In compliance with applicable law, we or our reinsurers may also release information in our/their files, including information in an application, to other insurance companies to which you apply for life or health insurance or to which a claim is submitted.

So that there will be no question that the insurance benefits will be payable at the time a claim is made, we urge you to review your application carefully to be sure the answers are correct and complete.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICES, PLEASE SEND YOUR REQUEST TO: LIFEMAP ASSURANCE COMPANY, ATTN: INDIVIDUAL UNDERWRITING, 200 SW MARKET STREET, P.O. Box 1271, M/S E8L, PORTLAND, OR 97207

X _____ **X** _____
Member Signature Date Signed Spouse / DP (if applying for coverage) Date Signed

(Please complete all four pages of this form.)



LifeMap Assurance Company®
 P.O. Box 1271, M/S E8L
 Portland, OR 97207
 (800) 794-5390 | Fax (855) 854-4570
 Email: Billing@LifeMapCo.com

LifeMap Evidence of Insurability Form
 (Part 2 of the Voluntary Benefits Application)

Section 1: Applicant Information. Please complete using dark ink.

Employee's Name (Last, First MI)				
Social Security Number	Date of Birth	Height: ____Ft.____ In.	Weight: _____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F
Spouse Name (If applying for coverage)				
Social Security Number	Date of Birth	Height: ____Ft.____ In.	Weight: _____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F
Dependent Child Name (If applying for coverage)	Date of Birth	Height: ____Ft.____ In.	Weight: _____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F
Dependent Child Name (If applying for coverage)	Date of Birth	Height: ____Ft.____ In.	Weight: _____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F

If you have additional eligible children, please attach a sheet showing their information.

Section 2: Health Questions

Each Applicant must answer each of the following questions to the best of their knowledge and belief. A legal guardian is required to answer each of the questions for minor children.

	Employee	Spouse	Child(ren)
1. Within the past 2 years have you or your spouse, if applying for coverage, used cigarettes or other tobacco products?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Within the past 5 years has any person applying for coverage been treated for or diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Within the past 5 years has any person applying for coverage been diagnosed with, received medical care, or taken medication for a disease or disorder of any of the following:			
a. Cardiac or Cardiovascular (such as Heart Disease, High Blood Pressure, Atherosclerosis, Coronary Artery Disease, Heart Attack, Chest Pain, Heart Murmur or Palpitations, Cardiomyopathy, Heart Valve Disorder or Heart Failure)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Circulatory (such as Stroke, Transient Ischemic Attack (TIA) or High Cholesterol)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Blood (such as Anemia, Leukemia, Multiple Myeloma or Thrombocytosis)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Endocrine (such as Diabetes, Thyroid, Adrenal or Pituitary Disorder)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Respiratory (such as Asthma, COPD, Emphysema or Cystic Fibrosis)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
f. Kidney, Urinary Tract or Prostate (such as Proteinuria or PSA Abnormality)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
g. Gastrointestinal or Liver (such as Hepatitis, Colitis, Diverticulosis, Crohn's Disease, Pancreatitis, Ulcer or Decreased Liver Function)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
h. Autoimmune or Connective Tissue (such as Lupus, Rheumatoid Arthritis, Scleroderma, Multiple Sclerosis or Mixed Connective Tissue Disease)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
i. Nervous, Mental or Emotional (such as Anxiety, Depression, Memory Loss, Schizophrenia, Mood Disorder or Attempted Suicide)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

EMPLOYEE'S NAME:

	Employee	Spouse	Child(ren)
j. Neurological or Central Nervous (such as Epilepsy, Seizure, Dizziness, Motor Neuron Disease, ALS, Muscular Dystrophy, Cerebral Palsy, Paralysis or Parkinson's Disease)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
k. Musculoskeletal (such as Arthritis, Osteoarthritis, Degenerative Disc or Joint Disease, Carpal Tunnel, or Knee, Hip, Shoulder or Other Joint Condition)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Within the past 5 years has any person applying for coverage been diagnosed with, received medical care, or taken medication for any of the following:			
a. Cancer, Hodgkin's Disease, Lymphoma, Malignant Growth or Tumor?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Epstein Barr, Chronic Fatigue Syndrome or Fibromyalgia?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Alcohol, Drug or Substance Abuse?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Has any person applying for coverage been advised or recommended by a physician to have surgery or a test or evaluation which has not yet been performed? (except pregnancy or orthopedic)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Within the past 5 years has any person applying for coverage had a condition that has lasted for 3 months or more for which care or treatment was recommended or received or for which medication was prescribed by a physician or health care provider?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Is any person applying for coverage disabled or does any person applying for coverage have a condition which prevents or limits activities?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Are you currently pregnant? If yes, anticipated due date (MM/DD/YY): _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
9. During the past 5 years have you been absent from work for more than five consecutive working days because of your own illness or injury (excluding pregnancy)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Provide details of all 'YES' answers given to the health questions in Section 2.

If additional space is required, attach a separate signed and dated sheet.

Question Number	Individual	Illness/Reason for Checkup or Physician's Treatment/Consultation	Dates From - To	Full Name & Complete Address of Attending Physician or Other Practitioner

Section 3: Authorization to Disclose Personal Information & Application for Insurance.

I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, MIB Inc., insurance company or other organization, institution or person that has any records or knowledge of me or my health, gathered during the course and scope of their business, to give the LifeMap Assurance Company or its reinsurers any such information, including information about drug or alcohol use or abuse, mental illness, AIDS virus or other sexually transmitted diseases (with the exception of HIV records), in connection with prior testing for the purpose of obtaining insurance. This authorization is valid for 24 months from the date it is signed. I agree that a photocopy of this authorization shall be as valid as the original. I acknowledge that I have received a copy of the Privacy Notice.

IMPORTANT: Please continue completing form on the following page.

EMPLOYEE'S NAME:

Section 4: Authorization to Disclose Protected Health Information.

I authorize any physician, pharmacy benefit manager, retail pharmacy, clearing house, health plan or insurance company to disclose prescription drug information about me within their possession to Milliman IntelliScript on behalf of LifeMap Assurance Company ("LifeMap"). The purpose of this disclosure is for Milliman to provide the information to LifeMap to evaluate my application for Life, Disability, and/or Critical Illness insurance products.

I understand that this prescription drug information may contain sensitive data, including data related to the treatment of sexually transmitted diseases, HIV/AIDS, mental health and reproduction or contraception (including prenatal care and abortion). I specifically authorize the disclosure of prescription drug information that is related to alcohol or substance abuse and I understand that my alcohol and substance abuse records are protected under Federal law (42 CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in 42 CFR Part 2. I also understand that I may cancel this approval at any time, as described below.

I understand and acknowledge the following:

- I may cancel this authorization at any time by sending written notice to LifeMap Assurance Company, Attn: Individual Underwriting, PO Box 1271 M/S E8L, Portland, OR 97207. Cancellation of this authorization will not (1) affect any actions taken by any entity disclosing information before receiving the cancellation notice or (2) be effective with respect to any reliance on the authorization to contest a claim or the policy itself, to the extent permitted by applicable law.
- Completing this authorization is a condition to be eligible for and enrolled in LifeMap Life, Disability and/or Critical Illness insurance products.
- The physicians, pharmacy benefit managers, retail pharmacies, clearinghouses, health plans, and insurance companies identified above will not condition treatment, payment, enrollment or eligibility for benefits on whether you sign this authorization.
- Once any person(s) or entity(ies) discloses my information to an authorized recipient the information could be subject to redisclosure by the recipient and the privacy protections provided by law may no longer apply. Please see LifeMap's Privacy Notice for information on how LifeMap protects the confidentiality of your personal information.
- None of the authorized person(s) and entity(ies) above nor Milliman are responsible for any action taken by an authorized recipient of my protected health information.
- This authorization will expire six (6) months from the date of signature.

THIS FORM IS NOT VALID UNTIL SIGNED AND DATED BY ALL APPLICANTS.

Unless specific state language is provided on Page 4, the following general fraud notice applies: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company may be guilty of a crime. Penalties may include imprisonment, fines, and denial of insurance benefits.

By signing below, each proposed insured(s) agrees to the following:

- 1) I agree with all the terms, conditions, statements, and representations stated above in Section 1: Applicant Information, Section 2: Health Questions, and,
- 2) I agree to the authorization in Section 3: Authorization to Disclose Personal Information & Application for Insurance, and Section 4: Authorization to Disclose Protected Health Information.
- 3) Information in this form is given to obtain insurance, and the statements and answers are represented, to the best of my knowledge and belief, to be true and complete. I understand that the insurance applied for shall not take effect until the application is approved and I will be notified of the insurance Effective Date; and (b) all insurance is subject to the eligibility provisions of the Policy; and I must be Actively at Work (as defined in the Group Policy) to be insured. If I am not Actively at Work on the date my coverage would become effective, my coverage will not begin until the day I return to work.
- 4) If my answers on this application are incorrect or untrue, LifeMap Assurance Company has the right to deny benefits or rescind my coverage for up to two years from the date coverage becomes effective.

▶ _____
EMPLOYEE Signature

▶ _____
Date Signed

▶ _____
SPOUSE Signature (if applying for coverage)

▶ _____
Date Signed

If you are signing this authorization on behalf of another individual, please complete the following and attach documentation demonstrating your authority to act on behalf of the individuals (e.g., Power of Authority, Guardianship, Conservatorship, Etc.)

Name of Personal Representative

Relationship

Phone Number

▶ _____
PERSONAL REPRESENTATIVE Signature

▶ _____
Date Signed

**SEIU LOCAL 503
MEMBERSHIP ADVANTAGES
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

SECTION ONE - AFFIRMATION OF DOMESTIC PARTNERSHIP

- (1) Are each eighteen (18) years of age or older.
- (2) Share a close personal relationship and are responsible for each other's common welfare.
- (3) Are each other's sole domestic partner.
- (4) Are not married to anyone nor have had another domestic partner within the prior six months.
- (5) Are not related by blood closer than would bar marriage in the State of Oregon.
- (6) Have jointly shared the same regular and permanent residence for at least six (6) months immediately preceding the date of this affidavit with the intent to continue doing so indefinitely.
- (7) Have signed a domestic partner declaration (applicable in jurisdictions, which provides for domestic partner declarations).
- (8) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household. Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost. If requested I would be able to provide at least three of the following as verification of our joint responsibility.
 - (a) Joint mortgage or lease.
 - (b) Designation of the domestic partner as primary beneficiary for a life insurance or a retirement contract.
 - (c) Designation of the domestic partner as primary beneficiary in the employee's will.
 - (d) Durable power of attorney for health care or financial management.
 - (e) Joint ownership of a motor vehicle, a joint checking account, or a joint credit account.
 - (f) A relationship or cohabitation contract which obligates each of the parties to provide support for the other party.

SECTION TWO - DECLARATION OF MEMBER

- (1) I understand that my domestic partner is eligible for enrollment:
 - (a) Within 90 days of my becoming a new member of SEIU Local 503.
 - (b) During an open enrollment period.
 - (c) Within 31 days of meeting the criteria listed in Section One.
- (2) I understand that children of my domestic partner are eligible if they meet the requirement for an eligible dependent as defined by LifeMap Assurance Company, and/or ARAG Group.
- (3) I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change in circumstance attested to in this Affidavit.
- (4) I agree to file a Statement of Termination of Domestic Partnership with the SEIU Local 503 Membership Advantages office within 30 days of any change to circumstances attested to in this Affidavit.
- (5) After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed with the SEIU Local 503 Membership Advantages until such time as the conditions of Section One above have been met.

SECTION THREE - DECLARATION OF PARTNERS

- (1) We understand that the information contained in the Affidavit relates to eligibility for benefits under the SEIU Local 503 life and/or legal insurance program. Any other use of this information will be subject to disclosure only upon either of our written authorization or as required by law.
- (2) We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership.
- (3) We understand that in addition to the eligibility requirements of SEIU Local 503 Membership Advantages program for domestic partner coverage, there are terms and conditions of coverage set forth in the Service Agreement of each insurance plan offered through SEIU Local 503, plans which we agree to be bound.
- (4) We understand willful falsification of information contained in this Affidavit will result in termination of enrollment pursuant to this agreement by the SEIU Local 503 Membership Advantages program.

We certify under penalty of perjury under the laws or the State of Oregon, that the foregoing is true and accurate to the best of our knowledge

Signature of Member Print Name

Signature of Domestic Partner Print Name

Member SSN Date

****This affidavit of domestic partnership is for SEIU Local 503 life and/or legal insurance enrollment only and must be received by the SEIU Local 503 Membership Advantages office to be valid.****

Fax completed enrollment forms and domestic partner affidavit to (503) 581-1664 , mail to SEIU Local 503, PO Box 12159, Salem , OR 97309-0159 or email to membershipadvantages@seiu503.org.



LifeMap Assurance Company®
200 SW Market Street
P.O. Box 1271, M/S E8L
Portland, OR 97207
(800) 794-5390

PRIVACY NOTICE

We, at LifeMap Assurance Company, know you value your privacy. That is why we are committed to the confidentiality and security of your personal information. Because we endeavor to earn and keep your trust, we have long-standing privacy policies, robust training, and full-time staff dedicated to protecting privacy. We also maintain physical, administrative, and technical safeguards to protect your personal information from unauthorized access. Access to your information is limited within our organization to those persons who must have the information to provide services to you, or to conduct our business. Even if you are no longer a LifeMap member, we protect the confidentiality of your personal information as if you were.

Marketing

While other companies may sell or rent your contact information, LifeMap never sells or rents your personal information for marketing purposes. If you want LifeMap to share your personal information with a nonaffiliated third party so the third party can market to you, you must give us your express permission.

Your Personal Information

We collect personal information such as your name, contact information, health information, and financial information from you, your providers, and other insurers that provide coverage to you. We use this information to provide services to you and to conduct insurance transactions. We will not disclose your personal information unless we are permitted or required by law or you give your permission. As permitted or required by law, we may provide personal information to our affiliates and agents, reinsurers, insurance administrators, consultants, or regulatory and governmental authorities. We obligate entities receiving this information on our behalf to protect it in the same way that we protect it.

Accessing and Correcting your Personal Information

You may request a copy of your personal information to review it for completeness and accuracy. Send your privacy inquiry to the address below as your request must be in writing. Please include your name, address, and policy number and have your signature notarized. This is for your protection so we may prove your identity.

Where required by law we will correct or amend the personal information we maintain. If we do not agree that the records are incorrect, you can request we add a rebuttal statement to your file.

Changes to Our Practices

We may change our privacy practices in an effort to provide even better protection. If we change our privacy practices in a material way, we will notify current customers in writing.

Contact Us

If you have any questions about our privacy program, you may contact us at (800) 794-5390 or write to:

LifeMap Privacy Official
P.O. Box 1271, Mailstop E12P
Portland, OR 97207

Member-Only Benefits

Northwest Community Credit Union Members will receive a special offer when opening a new account with Northwest Community Credit Union.

Great Wolf Lodge Members will receive up to 30% off their best available rates.

Resident Lending Group Resident Lending group is a mortgage broker who specializes in educating homebuyers in the home buying process. They offer traditional, speciality and “outside the box” mortgages.

Bright Now! Dental Members and their families are eligible for discount dental services through participating Bright Now! dental locations. Members without dental insurance can save up to 35% from average costs on most dental procedures. Members with dental insurance can maximize current dental benefits when visiting Bright Now! dental offices.

Sunrise Dental Members who do not have dental insurance can receive discounts on dental services through Sunrise dental locations. Members who have dental insurance receive a new patient credit.

Auto & Home Insurance Members can protect their auto and home with special rates and discounts.

Aflac Aflac offers guaranteed renewable insurance policies including accident, hospital indemnity, dental, and cancer/specified disease policies. The benefits are predetermined and paid in addition to any other insurance you have.

SmartSavings & Union Plus Members can access online discounts. Discounts include travel, car rental, cell, theme parks, restaurants and more.

Mortgage Program Members have special options through the SEIUMB and Union Plus mortgage programs.

Free Legal Consultation Members can receive a free legal consultation and discounted legal services through the Union Plus legal services.

Scholarship Program SEIU Local 503 offers two types of one year scholarship awards to active members, their spouses, their domestic partners, children and grandchildren.

Prescription Drug Program Members have access to the Oregon Prescription Drug Program (OPDP) through the state of Oregon. Members without health insurance or those who have insurance but could use help paying for prescriptions can take advantage of the discount prices available through OPDP.

Pet Insurance Help give your pet the best care possible by purchasing pet insurance.

Retirement Strategies and Education Financial challenges can make it hard to reach your goals. Retirement planning will help you understand how money works and find products and services that best fit your retirement needs. Local 503 members are offered complimentary with no cost or obligation financial classes and financial reviews. *Securities and Investment Advisory Services offered through Transamerica Financial Advisers, Inc. (TFA) Member FINRA, SPIC, and Registered Investment Advisor. TFA97880-0918.*

SEIUMB Members and their family have access to SEIU International's benefit program. Members can access exclusive discounts, financial services and education benefits including FREE and low-cost online college.

For information on how to access these benefits see the Membership Advantages directory on the following page.

Membership Advantages Directory

Aflac For enrollment information call toll-free 1.855.734.8503.

Bright Now! Dental For a list of participating locations visit brightnow.com or email robert.etulain@smilebrands.com.

Great Wolf Lodge Visit greatwolf.com or call 1.866.925.WOLF (9653). Use corporate code: SEIU503 for your discount. You must present proof of SEIU Local 503 membership at check-in to qualify for your discount.

Legal Insurance For enrollment questions contact Membership Advantages by email at membershipadvantages@seiu503.org or call 503.576.4440 or 1.844.503.SEIU (7348). To access coverage information visit araglegalcenter.com and use Access Code 10540SEI or call 1.800.247.4184.

Life Insurance For enrollment and coverage questions contact Membership Advantages by email at membershipadvantages@seiu503.org or call 503.576.4440 or 1.844.503.SEIU (7348).

MetLife Insurance To receive a quote for auto or homeowners insurance call 1.855.734.8503 and mention the SEIU Local 503 Discount Code: C42.

Motivano SmartSavings Visit smartsavings.motivano.com. Create your own personal user name and password by entering user name: seiulocal503 and password: Marketplace1 (the user name and password are case and space sensitive).

Northwest Community Credit Union Visit a local Northwest Community Credit Union branch or call 1.800.452.9515 to complete a 15 minute free financial fitness meeting and earn a bonus when you open an account. Just mention you are a member of SEIU Local 503 to receive your bonus.

Oregon Prescription Drug Program To request your prescription discount card visit oregon.gov/oha/hpa/csi-opdp.

Pet Insurance For information on pet insurance contact Membership Advantages by email at membershipadvantages@seiu503.org or call 503.576.4440 or 1.844.503.SEIU (7348).

Resident Lending Group Access the SEIU Member Education & Resource Link by visiting residentlendinggroup.com or call 1.503.589.1999.

Retirement Strategies and Education Access complimentary, no cost or obligation financial classes and financial reviews. Contact Jason Hamilton at 1.503.684.4010, extension 385.

Scholarship Program Visit oregonstudentaid.gov to apply for the SEIU Local 503 scholarship program.

SEIUMB For information on exclusive discounts, financial services and education benefits, including FREE online college visit SEIUMB.com.

Sunrise Dental For a list of locations visit sunrisedental.com.

Union Plus To access car rental discounts, AT&T wireless discounts, a free legal consultation, travel and entertainment discounts, pet insurance discounts and the Union Plus mortgage program visit unionplus.org. Select Service Employees International Union as your Union when you create your personal login.

SEIU Local 503
1.844.503.SEIU (7348)

Salem Headquarters

1730 Commercial St. SE, Salem, OR 97302

Bend Office

925 SE Second Street, Suite C, Bend, OR 97702

Eugene Office

488 E 11th Avenue, Suite 100, Eugene, OR 97401

Medford Office

1257 North Riverside Suite #7, Medford, OR 97501

Pendleton Office

920 SW Frazer Ave., Pendleton, OR 97801

Portland Office

6401 SE Foster Road, Portland, OR 97206