



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 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 (\$15.84 per month) Family (\$20.90 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
-------------	------	------------------	--------	----------------	---------------------------

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 memberbenefits@seiu503.org or fax to (503) 581-1664**

Revised 9/2017

Insurance will become effective the 1st of the month for which payroll deduction is taken. If the deduction is taken on the 31st 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 benefits department 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 Member Benefits 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® Insurance Company defines "initiated" as the date when the infraction occurs or a document is filed with the court or when an attorney is hired.

Once coverage begins, that coverage will continue in force until the covered legal services on that action are 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

1.844.503.SEIU (7348)

SEIU LOCAL 503 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 Benefits Department 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 Benefits Department 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 member benefit 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 member benefit program.

We certify under penalty of perjury under the laws of 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 Benefits Department 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 memberbenefits@seiu503.org.