



SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 503

# 2024 MEMBERSHIP ADVANTAGES



# 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 an active 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 or during an Open Enrollment period. 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.
- **Additional benefits and discounts** are available to members and their family.

Membership Advantages Customer Service  
1.844.503.SEIU (7348)  
Email: [membershipadvantages@seiu503.org](mailto: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 needs are in your future. Protect yourself and your family with legal insurance.**

You can't predict the future, but you can plan for it. With legal insurance from ARAG® you can plan for your legal needs that are part of life's good times – like adding your newborn to your will, buying that new house or creating an estate plan to ensure your wishes are honored. You can also protect yourself from future legal needs that are part of life's struggles - like when kids make mistakes, you get caught speeding, or true love doesn't work out.

## With the UltimateAdvisor®:

- Network attorney fees are **100% paid in full** for a wide variety of covered legal matters.
- You have access to local network attorneys who average more than 20 years of experience.
- You can select the network attorney who you feel is the best fit for your legal matter.
- You have **anytime access to online tools and resources**, including DIY Docs® to help you edit and store state-specific legal documents online.

## What Do I Get for My Money?

**Network Attorney Services:** Work with a network attorney virtually, over the phone or in person who can advise you, review and prepare documents as well as represent you, even in court if necessary.

**Telephone Advice:** You can call a network attorney for professional legal advice and help with reviewing and preparing personal legal documents.

## What Does it Cost?

**Family Coverage: \$23.74 per month**

**Individual Coverage: \$18.04 per month**

## For questions or additional plan information

- Call Membership Advantages at 1.844.503.SEIU (7348)
- Visit [ARAGlegal.com/plans](http://ARAGlegal.com/plans), access code 10540sei
- Call ARAG Customer Care from 5 a.m. to 5 p.m. Pacific time, Monday through Friday at 1.800.247.4184

**ARAG legal insurance can save you hundreds, possibly thousands of dollars, in costly attorney fees.**

## 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, along with full-service identity restoration, identity theft insurance <sup>1</sup> and more valuable services.

# 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 [ARAGlegal.com/plans](http://ARAGlegal.com/plans), access code **10540sei**.

### Consumer Issues

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

### Estate Planning

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

### Debt

- Bankruptcy
- Garnishment
- 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)
- Prenuptial Agreements
- Domestic Violence
- Guardianship/Conservatorship
- Insanity/Infirmary
- Name Change
- Parental Responsibility
- Domestic Partnership Agreements

- Egg/Sperm/Embryo Donation Agreement
- Funeral Directive
- Gender Identifier Change
- Hospital Visitation Authorization
- Postnuptial Agreements
- Pre-Birth/Post-Birth Parentage Order
- Surrogacy Agreements

### Taxes

- IRS Tax Audit
- IRS Tax Collection

### Real Estate

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

### Traffic without DUI

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

### Services for Tenants

- Contracts/Lease
- Eviction
- Security Deposit
- Disputes with a Landlord

### Criminal Matters

- Extended Employment
- Habeas Corpus
- Juvenile
- Misdemeanors

### General Matters

- Promissory Notes
- Deeds
- Personal Property Protection
- Small Claims Assistance
- Immigration Assistance

### Government Benefits

- Social Security, Veterans and Medicare Disputes

For any other non-covered and 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 enroll in **UltimateAdvisor®**, you will also receive additional services like Identity Theft Protection, financial education and counseling, tax services and services for parents/grandparents.

- **Identity Theft Protection:** Coverage up to \$1 million for expenses associated with restoring your identity.<sup>1</sup>
- **Full-Service Identity Protection:** 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:** Alerts you if a change of address request has been submitted to the U.S. Postal Service for your address.
- **Financial Education and Counseling:** Guidance and answers from highly-trained financial counselors on a variety of financial issues, including debt management.
- **Services for Parents/Grandparents:** You'll have a place to turn when you want to address a legal need for a parent or grandparent. Consult with a network attorney about elder law matters such as Medicare eligibility, estate planning and consumer protection, as well as receive assistance from eldercare advocates.
- **Tax Services:** Year-round access to experienced tax specialists which includes a one-on-one consultation if you have questions or need advice regarding personal, non-business related tax matters.

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**

# Legal Insurance from ARAG®

## LEGAL INSURANCE

### Eligibility

**New Member** - members are eligible to enroll within 90 days of new SEIU Local 503 membership. Members who are enrolled can enroll their spouse or qualified domestic partner and all unmarried dependent children of the member or their spouse/partner, who are under the age of 26. New members can also enroll their unmarried dependent child(ren) with a disability, who are age 26 or over, if you or your spouse/partner are their court-appointed legal guardian. Guardianship papers must be submitted with your enrollment form.

**Open Enrollment** - members are eligible to enroll during an annual open enrollment period. Members who are enrolled can enroll their spouse or qualified domestic partner and all unmarried dependent children of you or your spouse/partner, under the age of 26.

### 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; however, if the facts change, it could affect coverage or trigger an exclusion.

### 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 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, punitive damages, personal injury, malpractice, court appeals or post judgments (settlement agreement signed by all parties, final binding arbitration, judgment issued by a court).
4. Legal services deemed by ARAG to be frivolous or lacking merit, or in legal matters where you wish to take action against a party, regardless of whether the matter proceeds to you filing a lawsuit against the other party, 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.*

<sup>1</sup>The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the plan summary document for details.

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. 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 1.844.503.SEIU (7348), visit our website at [seiu503.org](http://seiu503.org) or email us at [membershipadvantages@seiu503.org](mailto:membershipadvantages@seiu503.org).**

**[ARAGlegal.com/plans](http://ARAGlegal.com/plans), access code 10540sei.**





# Legal Insurance Enrollment Form

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

## Section 1 Member Information

This enrollment is for: ☐ New Member ☐ Open Enrollment ☐ Cancel ☐ 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 <input type="radio"/> Non-Binary	E-mail
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) <i>If enrolling a domestic partner attach a completed SEIU Local 503 Affidavit of Domestic Partnership form.</i>		

## Section 2 Coverage Requested (check one - if selecting family coverage please complete Section 3)

☐ Individual (\$18.04 per month) ☐ Family (\$23.74 per month)

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

Spouse/Domestic Partner Name

Child(ren) Name	Date of Birth	Check if Dependent Child with a Disability*
		<input type="checkbox"/>
	Date of Birth	<input type="checkbox"/>
	Date of Birth	<input type="checkbox"/>
	Date of Birth	<input type="checkbox"/>

\*See eligibility information on the reverse side of this form for a dependent child with a disability who is age 26 and over. New members enrolling a dependent child over the age of 26 with a disability must include a copy of the Guardianship papers with their completed enrollment form.

## Section 4 Signature for Enrollment and Authorization for Payroll Deduction/Change

I hereby apply for benefits under the SEIU Local 503 group insurance plan issued by ARAG Insurance Company and agree to pay the required monthly premium. 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.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please read the information on the back of this form.

### FOR SEIU USE ONLY

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](mailto:membershipadvantages@seiu503.org) or fax to (503) 581-1664**

Revised for 2024 PY

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

**New Member** - members are eligible to enroll within 90 days of new SEIU Local 503 membership. Members who are enrolled can enroll their spouse/domestic partner and all unmarried dependent children of you or your spouse/partner, under the age of 26. ***New members can also enroll their unmarried dependent children with a disability, who are age 26 or over, if the member or the members spouse/domestic partner is their court-appointed legal guardian. Legal guardianship papers must be submitted with enrollment form.***

**Open Enrollment** - members are eligible to enroll during an annual open enrollment period. Members who are enrolled can enroll their spouse/domestic partner and all unmarried dependent children of you or your spouse/partner, under the age of 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.

*To continue coverage of an unmarried dependent child with a disability who reaches age 26, you or your spouse/partner must be their court-appointed legal guardian before the child reaches age 26. Guardianship papers must be submitted to SEIU Local 503 Membership Advantages no later than 31 days after your child's 26th birthday.*

## 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**

**1.844.503.SEIU (7348)**





## Assurance Company

### Voluntary Term Life and Short Term Disability Insurance

## 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 you are enrolled for coverage, 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, \$150,000, \$160,000, \$170,000, \$180,000, \$190,000 or \$200,000**

**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,**

**\$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000 or \$100,000**

**Open Enrollment** - You are guaranteed enrollment for the following amounts: **\$10,000, \$20,000, \$30,000, \$40,000, \$50,000**

*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, \$140,000, \$150,000, \$160,000, \$170,000, \$180,000, \$190,000 or \$200,000**

**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, \$20,000, \$30,000 or \$40,000**

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

## Child Term Life Insurance

Child voluntary term life insurance is available in the following amounts: **\$5,000 or \$10,000**

**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 term 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 employment prior to age 65 your 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 22nd 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 without having to supply evidence of insurability.

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.

### Integration with Other Coverage

The benefit amount payable to an eligible member will be reduced by the sum of the benefits paid or payable from the following sources:

- State disability programs.
- Family social security benefits.
- Sick leave or salary continuation that exceeds 100% of your pre-disability earnings.
- Any governmental law or program including unemployment.
- Any loss of income benefits received from "no-fault" auto insurance, worker's compensation, or similar legislation.
- Any group insurance plan sponsored by the employer.

### 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. 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 by the last day of open enrollment.

### 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 eligibility, for example, child reaches age 26 or marries
- Death of spouse or dependent



## Member and Spouse Life Premium

(spouse premiums are calculated using member's age)

Member's Age	Monthly Rate Per \$10,000 of Coverage
Under 25	\$0.81
25-29	\$0.76
30-34	\$0.88
35-39	\$1.18
40-44	\$1.73
45-49	\$2.68
50-54	\$4.25
55-59	\$6.65
60-64	\$9.34
65-69	\$16.63
70-74	\$32.99
75 and over	\$67.96

## Member Short Term Disability Premium

(classification based on gross monthly wages)

Salary Classification	Weekly Benefit	Monthly Rate
Class 1 (monthly salary \$999 and less)	\$175	\$6.60
Class 2 (monthly salary \$1,000 - \$2,999)	\$225	\$8.48
Class 3 (monthly salary \$3,000-\$3,999)	\$300	\$11.31
Class 4 (monthly salary \$4,000 and up)	\$500	\$18.85

## Child Life Premium

(one rate covers all eligible children)

Child Coverage	\$5,000	\$10,000
Monthly Rate-All Ages	\$0.80	\$1.60

## HOW TO CALCULATE YOUR MONTHLY PREMIUM

### Step 1 - Determine Monthly Life Member Rate

Find the correct rate from the *Member and Spouse Life Premium* table, rate is based on the **member's** age. Rates are for \$10,000 of coverage. *Multiply rate by coverage amount elected. Example ~ member age 31 elects \$50,000 in coverage (\$50,000 ÷ \$10,000 = 5 x .88 = \$4.40 monthly)*

### Step 2 - Determine Monthly Life Spouse Rate

Find the correct rate from the *Member and Spouse Life Premium* table, the rate is based on the **member's** age. Rates are for \$10,000 of coverage. *Multiply rate by coverage amount elected. Example ~ member age 31 elects \$40,000 in coverage (\$40,000 ÷ \$10,000 = 4 x .88 = \$3.52 monthly)*

### Step 3 - Determine Child Life Premium

Find the correct rate from the *Child Life Premium* table.

### Step 4 - Determine Member Short Term Disability Premiums

Elect the Weekly Benefit desired. The Salary Classification determines the maximum benefit that can be elected based on your monthly salary (a lower salary classification can be elected). Rates are based on monthly before taxes salary (gross wages).

**Step 5 - Add all premiums together. This will determine your total monthly premium.**

To calculate your monthly premium, use the formula below:

#### Step 1 - Member Premium

$$\frac{\text{Desired Benefit}}{10,000} \times \text{Rate (from table above)} = \text{Monthly Premium}$$

#### Step 2 - Spouse Premium

$$\frac{\text{Desired Benefit}}{10,000} \times \text{Rate (from table above)} = \text{Monthly Premium}$$

#### Step 3 - Child Premium

$$\text{Desired Benefit} \times \text{Rate (from table above)} = \text{Monthly Premium}$$

#### Step 4 - Short Term Disability

$$\text{Desired Classification} \times \text{Rate (from table above)} = \text{Monthly Premium}$$

Add all premiums for monthly total:

$$\text{Total Monthly Premium}$$

**For additional information or for help calculating premium call Membership Advantages at 1.844.503.SEIU (7348).**

*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 to be valid.

## Section 1 Member Information

This enrollment is for: ☐ New Member ☐ Open Enrollment ☐ Cancel ☐ Beneficiary Designation Only ☐ Change-Qualifying Event \_\_\_\_\_ Date of Event \_\_\_\_\_

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) <i>If enrolling a domestic partner attach a completed SEIU Local 503 Affidavit of Domestic Partnership form.</i>		

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)

### Member Voluntary Term Life <sup>1</sup>

(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, \$150,000, \$160,000, \$170,000, \$180,000, \$190,000 or \$200,000)

☐ \$10,000, ☐ \$20,000, ☐ \$30,000, ☐ \$40,000, ☐ \$50,000  
☐ Other Amount (max. \$200,000) \$ \_\_\_\_\_

### Child Voluntary Term Life <sup>3</sup>

☐ \$5,000 or ☐ \$10,000

Child Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Spouse/Partner Voluntary Term Life <sup>2,3</sup>

(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, \$150,000, \$160,000, \$170,000, \$180,000, \$190,000 or \$200,000)

☐ \$10,000, ☐ \$20,000, ☐ \$30,000, ☐ \$40,000  
☐ Other Amount (max. \$200,000) \$ \_\_\_\_\_

Spouse/Partner Name	Date of Birth	Relationship
_____	_____	_____

<sup>1</sup>Member Voluntary Term Life-new member (within 90 days of new SEIU membership) guaranteed up to \$100,000 - open enrollment guaranteed up to \$50,000

<sup>2</sup>Spouse Voluntary Term Life-new member (within 90 days of new SEIU membership) guaranteed up to \$40,000 - open enrollment guaranteed up to \$20,000

<sup>3</sup>You must be enrolled in voluntary member term life to apply for spouse/partner or child term life.

## 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	Phone Number	Address	Relationship
<b>Primary</b>	_____	_____	_____	_____	_____	_____
<b>Contingent</b>	_____	_____	_____	_____	_____	_____

## 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	<b>GWNN</b>
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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](mailto:membershipadvantages@seiu503.org) or fax to (503) 581-1664**

Revised for 2024 PY



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](http://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  
**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  
Mo Day Yr  
/ /

Gender  
M F

Place of Birth \_\_\_\_\_

Annual Salary  
\$ \_\_\_\_\_

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  
Mo Day Yr  
/ /

Gender  
M F

Place of Birth \_\_\_\_\_

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](mailto: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 keep a copy 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 [info@mib.com](mailto:info@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**

Member Signature

**X**

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.

<b>Employee's Name</b> (Last, First MI)				
Social Security Number	Date of Birth	Height: ____ Ft. ____ In.	Weight: ____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Spouse Name</b> (If applying for coverage)				
Social Security Number	Date of Birth	Height: ____ Ft. ____ In.	Weight: ____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Dependent Child Name</b> (If applying for coverage)	Date of Birth	Height: ____ Ft. ____ In.	Weight: ____ lbs	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Dependent Child Name</b> (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	
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. <b>Cardiac or Cardiovascular</b> (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. <b>Circulatory</b> (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. <b>Blood</b> (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. <b>Endocrine</b> (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. <b>Respiratory</b> (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. <b>Kidney, Urinary Tract or Prostate</b> (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. <b>Gastrointestinal or Liver</b> (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. <b>Autoimmune or Connective Tissue</b> (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. <b>Nervous, Mental or Emotional</b> (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. <b>Neurological or Central Nervous</b> (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. <b>Musculoskeletal</b> (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. <b>Cancer, Hodgkin's Disease, Lymphoma, Malignant Growth or Tumor?</b>	<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. <b>Epstein Barr, Chronic Fatigue Syndrome or Fibromyalgia?</b>	<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. <b>Alcohol, Drug or Substance Abuse?</b>	<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

**EMPLOYEE'S NAME:**

**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  
**Fax** (855) 854-4570  
**Email:** [Billing@LifeMapCo.com](mailto: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 [info@infoline@mib.com](mailto:info@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**



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



**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 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 \_\_\_\_\_

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 e-mail to [membershipadvantages@seiu503.org](mailto:membershipadvantages@seiu503.org).

# Discounts and More

## ADDITIONAL BENEFITS

**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. For a list of participating locations visit [brightnow.com](http://brightnow.com) or email [Bethany.Sherer@smilebrands.com](mailto:Bethany.Sherer@smilebrands.com).

**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. For a list of locations visit [sunrisedental.com](http://sunrisedental.com).

**Great Wolf Lodge** Members will receive up to 30% off their best available rates. Visit [greatwolf.com](http://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.

**Home Buying Education Resources - Resident Lending Group** specializes in educating home buyers in the home buying process. They offer traditional, speciality and "outside the box" mortgages. Access the SEIU Member Education & Resource Link by visiting [residentlendinggroup.com](http://residentlendinggroup.com) or call 1.503.589.1999.

**Scholarship Program** SEIU Local 503 offers two types of one year scholarship awards to active members, their spouses, their domestic partners, children and grandchildren. One year of active membership is required before applying. Visit [oregonstudentaid.gov](http://oregonstudentaid.gov) to apply for the SEIU Local 503 scholarship program.

**Motivano SmartSavings/BenefitHub** Members can access online discounts. Discounts include travel, car rental, cell, theme parks, restaurants and more. Visit [smartsavings.motivano.com](http://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).

**Oregon 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. To request your prescription discount card visit [oregon.gov/oha/hpa/csi-opdp](http://oregon.gov/oha/hpa/csi-opdp).

**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. Access complimentary, no cost or obligation financial review contact Jason Hamilton at Wealth Wave 503.949.7307.

**Auto & Home Insurance** Members can protect their auto and home with special rates and discounts. To receive a quote for auto or homeowners insurance call 1.855.734.8503.

**Western Oregon University Tuition Discount** Members are eligible for a 20% tuition discount at WOU, up to 12 credits per term. Bachelors and graduate courses are available in hybrid, inperson or online formats!

# Discounts and More

**SEIUMB** As a member of SEIU Local 503 you have access to our International's benefit program, which includes:

**Student Debt Navigator** - Freedom from student loan debt is possible. SEIU and Savi make the process easy to manage. The SEIU Student Debt Navigator powered by Savi makes it easy to find out what federal student loan repayment or forgiveness programs you're eligible for.

**Low Cost College** - SEIUMB and Southern New Hampshire University have teamed up to offer SEIU members an online education program for undergraduate or graduate students. Over 200 programs of study are offered.

- Earn an Associate's Degree, Bachelor's Degree, Master's Degree, or Certificate with online classes
- SEIU members receive a 25% reduction in undergraduate and graduate tuition
- Open to eligible SEIU members and their families
- No testing requirements (SAT/ACT or GMAT/GRE) and continuous enrollment is not required
- Develop skills that you can apply immediately in areas like healthcare, communication, and team-building
- Get help when you need it from a dedicated advisor

Degree programs are convenient and affordable. Plus you'll develop skills that you can immediately apply at your current job.

**Discounts** - You can access exclusive discounts on car rental, shopping, travel, AT&T and more.

**Home Financing Program** - SEIUMB and Amalgamated Bank have joined together to bring SEIU Members the SEIU Home Financing Program, with competitive interest rates and exclusive discounts on Mortgage and Refinancing solutions—including a special First Time Homebuyer Program.

**And more!**

For information on how to access these great benefits contact Membership Advantages by email at [membershipadvantages@seiu503.org](mailto:membershipadvantages@seiu503.org) or call 1.844.503.SEIU (7348).

*This Membership Advantages Handbook is a summary and does not fully describe your benefit options. For more information, contact the SEIU Membership Advantages office by email at [membershipadvantages@seiu503.org](mailto:membershipadvantages@seiu503.org) or call 1.844.503.SEIU (7348) or consult your evidence of coverage or plan policy, if there is a discrepancy between the handbook and the evidence of coverage or plan policy the evidence of coverage or plan policy will prevail.*

**SEIU Local 503**  
**1.844.503.SEIU (7348)**

**Salem Headquarters**

1730 Commercial Street SE, Salem OR 97302  
3470 Pipebend Place NE, Salem OR 97301 (new office opening January 2024)

**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  
(moving in 2024)

**Pendleton Office**

920 SW Frazer Ave., Pendleton OR 97801

**Portland Office**

525 NE Oregon Street, Portland OR 97232