TERM LIFE INSURANCE

Eligibility

If you are a member and work at least 40 hours per month, you are eligible to apply for member voluntary term life. ***You must be actively at work on the effective date of insurance for your coverage to go into effect.***

Your Spouse/Domestic Partner

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

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 20) 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.

Member Voluntary Term Life Insurance

Member 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 - If you are not currently enrolled, you may purchase up to $50,000 in Member Term Life coverage.

If you are currently enrolled, you may increase your coverage by one benefit level during Open Enrollment, up to a maximum of $100,000 in coverage. **For example, if you are currently enrolled in $20,000 of coverage, you may increase your coverage to $30,000 during Open Enrollment.**

Spouse/Partner Voluntary 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 your spouse is currently enrolled, they may increase their coverage by one benefit level during Open Enrollment, up to a maximum of $40,000 in coverage. **For example, if your spouse is currently enrolled in $20,000 of coverage, they may increase their coverage to $30,000 during Open Enrollment.**

If your spouse is not currently enrolled, they may apply for coverage; however, approval through medical underwriting will be required before coverage can become effective.

Child Voluntary Term Life Insurance

Eligible dependent child(ren) term life insurance is available in the following amounts: **$5,000 or $10,000**

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

All coverage amounts that are not guaranteed for newly eligible members, during Open Enrollment, or for coverage elected outside of Open Enrollment are subject to approval by USAble Life. Approval requires satisfactory Evidence of Insurability (EOI). If approved, coverage becomes effective after the insurance company approves the application and premium payments begin.

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
If you are enrolled in the member voluntary term life you cannot be covered as a dependent under another member's policy. 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 year of coverage.

Age Increase Adjustments
SEIU Local 503 adjusts the monthly premium amount for you and your spouse term life coverage according to **your** birth year. This adjustment occurs the first of the month following your advancement to the next age bracket. Age brackets change every five years (see age chart on page 13).

Conversion Privilege
When you retire or 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. You must contact SEIU Local 503 Membership Advantages to request a conversion application and apply within 31 days from the date you retire or terminate employment.

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 contact SEIU Local 503 Membership Advantages office to request a portability application and apply within 31 days from the date your employment terminated. Coverage is guaranteed.

SHORT TERM DISABILITY INSURANCE

Short term disability pays a weekly benefit for a maximum of one hundred 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.

Definition of Disability
You will be considered Disabled if because of an off-the-job injury or illness that prevents you from performing all of the material and substantial duties of your regular occupation or a reasonable employment offered to you by your employer.

Eligibility
If you are a member and work at least 40 hours per month, you are eligible to apply for member short term disability. ***You must be actively at work on the effective date of insurance for your coverage to go into effect.***

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 can 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.

Elimination Period
The elimination period for an off-the-job **accident or illness** is 30 days, benefits begin on the 31st day of disability. Benefits will be reduced while on Paid Leave Oregon. Your disability must be verified by a treating physician who is licensed to practice medicine.

You may return up to 3 days during an elimination period without having to start the period over.

Waiver of Premium
Applies to disability and begins after fulfilling the 30-day elimination period. The waiver will continue until no longer disabled or until the maximum benefit period has been reached.

Short Term Disability Insurance Benefit Amounts
Plan 1: Your weekly benefit for any week during your disability is $200.

Plan 2: Your weekly benefit for any week during your disability is $400.

Plan 3: Your weekly benefit for any week during your disability is $600.

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.
- Minimum weekly benefit with integration is $25 per week.

Exclusions
Short term disability benefits will not be paid if your disability results directly or indirectly from:

a. War, declared or undeclared, or any act of War except during a period of extended coverage under the terms of the Continuation During Military Leave provision;
b. Intentionally self-inflicted injuries or Sickness, while sane or insane;
c. Your active Participation in a Riot or an act of terrorism;
d. Your attempt to commit or Your commission of a felony under federal or state law, Your being engaged in an illegal occupation or activity, or commission of a crime for which You have been convicted;
e. An injury arising out of, or in the course of, any work for wage or profit;
f. Your attempted suicide, regardless of Your mental capacity;
g. Sickness or Injury for which You are entitled to benefits under any Workers' Compensation law, occupational disease law, compulsory benefit act or law or similar law, unless You are a partner or sole proprietor not covered by any of these acts or law;
h. Active Military Service of any country, group of countries, governments or international authority;
i. A Pre-Existing Condition, except as described in the provision Pre-Existing Conditions.

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/her 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.

DUO ACCIDENT INSURANCE

An accident can be disruptive to daily life, both physically and financially. Whether the member, their spouse, or their covered dependents suffer an injury from something like falling off a bike, accident coverage will ensure members and their family are prepared for the unexpected. USAble DUO Accident Plan pays a cash benefit on top of any medical insurance that can be used for anything you may choose.

Definition of an Accident
Accident means a sudden, unforeseen event that:

1. Is identifiable by date and time; and
2. Occurs without the Covered Person's intent; and
3. Occurs while this certificate is in force; and
4. Results in an injury to the Covered Person independent of disease, infirmity, or any other cause; and
5. Is not subject to any exclusion in the policy.

Eligibility
If you are a member and work at least 40 hours per month, you are eligible to apply for DUO Accident Plan.

New Member - You may enroll for DUO Accident Plan within 90 days of becoming a new member without having to supply evidence of insurability.

Open Enrollment - You may enroll for DUO Accident Plan during an annual open enrollment period without having to supply evidence of insurability.

Exclusions and Limitations
Benefits will not be paid for a loss that is caused by, contributed to by, or occurs as a result of any of the following:

1. Receiving treatment for illness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment.
2. Intentionally self-inflicting bodily injury or attempting suicide, whether sane or insane.
3. Being exposed to any act of war, declared or undeclared, or serving in any of the armed forces.
4. Being exposed to a nuclear, chemical, biological, or radiological event.
5. Participating in or attempting to participate in commission of a felony; actively participating in a riot or insurrection; or that occurs while incarcerated in any type of penal institution.
6. The covered person being intoxicated as defined by the laws of the jurisdiction in which the loss occurred, unless taking narcotics as prescribed by a physician.
7. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.
8. Engaging in bungee jumping, sail gliding, parachuting, parasailing, parakiting, hang gliding, mountain climbing, or jumping from any aircraft.
9. Participating in any organized sport in a professional or semi-professional capacity.
10. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
11. Being injured during occupation or employment for compensation, wage or profit or for which benefits may be payable under a workers' compensation law, occupational disease law or similar law.*

*Does not apply to 24-hour coverage.

Benefits will not be paid for medical care or receiving healthcare treatment, services, transportation, or for a hospital stay in any medical facility outside the United States of America or Canada.

Accidental death or dismemberment must occur within 180 days of a covered accidental injury.

Based on the plan selected, hospital admission benefits are limited to a maximum of one admission per accident, and hospital confinement benefits are limited to a maximum of 30 days per accident/365 days per calendar year.

Policy-specific benefit amounts and maximums are included in your certificate and any attached riders, if applicable.

Portability
You and your Dependents may continue coverage under a portability Policy when coverage ends under the Policy. The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. Portability coverage will be effective on the day after insurance under the Policy terminates.

Requirements for Portability
If you are age 79 or younger, you may request portability coverage for you and any insured dependent(s) when:

1. You are no longer actively working and are not eligible for coverage under any other Continuation provision in this Policy;
2. You are no longer a member of SEIU Local 503, including retirement membership; or
3. The Policy terminates and the Policyholder does not obtain a replacement Policy with another insurance carrier within 31 days.

You must request portability coverage within 31 days of becoming eligible for portability coverage.

If You are eligible to request portability coverage, then You must elect insurance under the portability Policy in order for any Dependent(s) to be eligible for coverage under the portability Policy.

An insured Spouse who is age 79 or younger may request portability coverage for themselves and any insured Dependent Child(ren):

1. In the event of Your death;
2. In the event of divorce, dissolution of partnership or legal separation from You; or
3. When you enter active duty service or training in any military for a period of 31 days or more and are no longer eligible under the Policy as a member.

If an insured Spouse elects coverage under the portability Policy, the Spouse will become the primary insured under the portability Policy. Any Dependent Child(ren) may be covered under the member or the Spouse, but not both.

HOW TO ENROLL

New Member Enrollment
You must complete and submit a SEIU Local 503 Term Life, Disability and Accident Enrollment form.

You can enroll online by visiting our website at seiu503.org or you can complete the enrollment form included in this handbook. If you would like an online enrollment link sent to you please contact the Membership Advantages office.

If you are enrolling for coverage over the guaranteed life insurance amount you must also 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, Disability and Accident 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.

You can enroll online by visiting our website at seiu503.org or you can complete the enrollment form included in this handbook. If you would like an online enrollment link sent to you please contact the Membership Advantages office.

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.

For more information call Membership Advantages at 503.772.6569, visit our website at seiu503.org or email us at membershipadvantages@seiu503.org.

USAble Life

Voluntary Term Life, Short Term Disability and Accident Insurance

SCHEDULE OF MONTHLY PREMIUMS

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
26-29	$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

Child Life Premium

(one rate covers all eligible children up to age 26)

Child Coverage	$5,000	$10,000
Monthly Rate	$0.80	$1.60

Member Short Term Disability Premium

Plan Classification	Weekly Benefit	Monthly Rate
Plan 1	$200	$11.16
Plan 2	$400	$22.32
Plan 3	$600	$33.48

DUO Accident Insurance Premium

Coverage Tier	Monthly Rate
Member Only	$7.92
Member + Spouse	$14.16
Member + Child (ren)	$18.32
Member + Family	$24.56

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 Premium
Find the correct rate from the Member *Short Term Disability Premium* table.

Step 5 - **Determine the DUO Accident Insurance Premium**
Find the correct rate from the *DUO Accident Premium* table.

Step 6 - Add all premiums together. This will determine your total monthly premium.

Calculate your monthly premium using the rate tables above:

Step 1 - Member Life Premium
[ ] Desired Benefit ÷ 10,000 x [ ] Rate = [ ] Monthly Premium

Step 2 - Spouse Life Premium
[ ] Desired Benefit ÷ 10,000 x [ ] Rate = [ ] Monthly Premium

Step 3 - Child Life Premium
[ ] Desired Benefit [ ] Rate = [ ] Monthly Premium

Step 4 - Short Term Disability Premium
[ ] Desired Plan [ ] Rate = [ ] Monthly Premium

Step 5 - DUO Accident Premium
[ ] Desired Tier [ ] Rate = [ ] Monthly Premium

Add all premiums for monthly total: [ ] Total Monthly Premium

For additional information or for assistance calculating premium call Membership Advantages at 503-772-6569.

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 50059083. Terms and conditions of the Short Term Disability coverage are set forth on Group Policy Number 50059083. 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. ***Life, Short Term Disability and Accident insurance are underwritten by USAble Life.***

Membership Advantages - USAble Enrollment Form

SEIU503 MEMBERSHIP ADVANTAGES

Voluntary term life, short term disability and accident enrollment.

Important notice: This form replaces all other enrollment forms on file and must be signed and dated to be valid. Group Life and Disability insurance is underwritten by USABle Life, Group # 50059083.

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 ❍M ❍F	E-mail
Social Security Number	Agency Employed		Home/Cell Phone
Mailing Address	City/State	Zip	Work Phone

Marital Status: ❍Single ❍Married ❍Divorced ❍Widowed ❍Domestic Partnership (per Certificate of Registered Domestic Partnership) ❍Domestic Partner (per Affidavit of Domestic Partnership - please attach completed SEIU Local 503 Domestic Partner Affidavit)

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

☑ **Free $2,500 Member Term Life**

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

Member Voluntary Term Life [1, 3]

❍$10,000, ❍$20,000, ❍$30,000, ❍$40,000, ❍$50,000

❍Other Amount (coverage available in $10,000 increments up to a maximum of $200,000) $ _____

❍Step-up to the next benefit level (maximum $100,000)

Child Voluntary Term Life [1, 2, 4]

❍$5,000 or ❍$10,000

Child Name	Date of Birth	Child Name	Date of Birth

Spouse/Partner Voluntary Term Life [1, 2, 4]

❍$10,000, ❍$20,000, ❍$30,000, ❍$40,000

❍Other Amount (coverage available in $10,000 increments up to a maximum of $200,000) $ _____

❍Step-up to the next benefit level (maximum $40,000)

Spouse/Partner Name Date of Birth

_____

1. *You cannot be enrolled as a member and as a dependent on another member's voluntary term life policy.*
2. *You must be enrolled in voluntary member term life to apply for spouse/partner or child term life.*
3. *Member Voluntary Term Life-new member (within 90 days of new SEIU membership) guaranteed up to $100,000 .*
4. *Spouse Voluntary Term Life-new member (within 90 days of new SEIU membership) guaranteed up to $40,000.*

Section 3 Short Term Disability Insurance *(you must work at least 40 hours per month to enroll in short term disability insurance)*

Short Term Disability Insurance: ❍Plan 1 ($200 Weekly Benefit) ❍Plan 2 ($400 Weekly Benefit) ❍Plan 3 ($600 Weekly Benefit)

Section 4 DUO Accident Insurance *(you must work at least 40 hours per month to enroll in accident insurance)*

DUO Accident Insurance: ❍Member Only ❍Member + Spouse ❍Member + Child(ren) ❍Member + Family

Section 5 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
Primary						
Contingent						

Section 6 Signature for Enrollment , Beneficiary Designation and Authorization for Payroll Deduction

I (we) apply for coverage and authorize payroll deductions, if available, to pay the cost of coverage. The information provided in this application is submitted for the purpose of obtaining insurance and, to the best of my (our) knowledge and belief, is true, complete, and accurate. I (we) understand that coverage will not become effective until this application is approved and I am notified of the effective date; that all coverage is subject to the eligibility provisions of the Group Policy; and that I must be Actively at Work, as defined by the Group Policy, on the date coverage would otherwise become effective. If I am not Actively at Work on that date, coverage will begin on the day I return to active work.

Signature _____ **Date** _____

Please read the information on the back of this form.

FOR SEIU USE ONLY

MEMBER DATE	AGE M S C D A	DEDUCTION AMOUNT	AGENCY	EFFECTIVE DATE	**Group # 50059083**

Please keep a copy of this form for your records and submit the completed original to SEIU Local 503 by mail at P.O. Box 12159, Salem, OR 97309, by email at membershipadvantages@seiu503.org, or by fax at 503-776-7341. You may also contact membershipadvantages@seiu503.org for information about enrolling online.

Revised for 2027 PY

Insurance Effective Date
The insurance effective date is determined by when the enrollment form is received, processed, and the applicable premium payment or payroll deduction is received. Coverage becomes effective according to the plan's eligibility and effective-date provisions. If payroll deduction is unavailable through your employer, you must pay premiums directly.

Eligibility Requirements
- Maintain SEIU Local 503 membership.
- Work at least 40 hours per month in an SEIU-represented position for life, accident, or short-term disability coverage.
- Be actively working and scheduled for the minimum required hours when coverage begins.

Eligible Dependents
- Spouse or domestic partner.
- Unmarried dependent children under age 26.
- Domestic partners require appropriate documentation (Affidavit or Registered Domestic Partnership certificate).
- A dependent who is unable to perform normal age-appropriate activities when coverage would start must wait until they are able to do so before coverage begins.

Enrollment Changes
Coverage elections can generally only be:
- Canceled or changed during Open Enrollment, or
- Changed following a qualified status event.
- You must notify the SEIU Local 503 Membership Advantages office within 31 days of a qualifying event.

Termination of Coverage
Coverage ends if:
- Required premiums are not paid.
- Eligibility requirements are no longer met.
- You are no longer a member of SEIU Local 503.

Conversion at Retirement
You retire at any age or terminate age 65+:
- Coverage continues at no cost for 31 days.
- During that period, you may convert your voluntary term life insurance to an individual permanent policy.
- You must contact Membership Advantages to request a conversion application.
- Conversion application must be submitted within 31 days.

Portability at Termination
If you leave employment before age 65:
- You may port (continue) your voluntary term life insurance as an individual policy.
- You must contact Membership Advantages to request a conversion application.
- Application must be made within 31 days of employment termination.

Accident Insurance
- If employment terminates before age 79, you may port your accident insurance coverage to an individual policy.
- Application must be submitted within 31 days of termination.

Short-Term Disability Insurance
Coverage ends upon retirement or termination of employment.
- No portability or conversion option available.

Benefit eligibility and termination provisions are detailed in the USAble Life 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

Membership Advantages Office - 503.772.6569
SEIU Member Assistance Center - 844.503.SEIU (7348)

USAble Life

PO Box 1650 | Little Rock | AR | 72203

STATEMENT OF INSURABILITY

Group Term Life – Group Accidental Death & Dismemberment – Group Disability Income

SECTION 1 – COMPLETED BY EMPLOYER			
Group Name SEIU LOCAL 503	Group Number 50059083	Telephone # (Include Area Code) ( )	Date of Hire
Amount of Insurance Applying For: Employee Life: $ Dependent Life: $ Disability: $ Other: $			Employee's Annual Salary

SECTION 2 – COMPLETED BY EMPLOYEE ■ **Voluntary Group Term Life** ■ **Amount Over Guarantee Issue** ■ **Late Enrollee**

Name (First, MI, Last)					Social Security No.		
Home Address			City		State	Zip	County
Date of Birth	Birth State or Country	Gender	Height (ft-in.)	Weight (lbs.)	Work Phone ( )	Home Phone ( )	

Spouse & Children Information – Complete if applying for dependent's coverage.

Person Proposed For Insurance Show First, Middle, Last Name	Occupation	Date of Birth & Place				Height	Weight	Marital Status	Sex
		Month	Day	Year	State or Country				
(Spouse)									
(Child)									
(Child)									
(Child)									
(Child)									
Spouse's Social Security No:		Spouse's Work Telehone #: ( )							

SECTION 3 – INSURABILITY QUESTIONNAIRE	Yes	No
1. Has anyone to be covered used any tobacco or nicotine products in the past year?	☐	☐
2. Does anyone to be covered have scheduled, or been advised to have any consultation, diagnostic tests, medical or surgical procedures, or is anyone awaiting results? (annual wellness exams, routine mammogram, pap smear, prostate exam, or colonoscopy recommended due to age only are excluded)	☐	☐
3. Has anyone to be covered been hospitalized for any reason during the past five (5) years?	☐	☐
4. Has anyone to be covered consulted a member of the medical profession in the past one (1) year for any reason?	☐	☐
5. Within the past five (5) years, has anyone to be covered been diagnosed or treated by a member of the medical profession for any of the conditions listed below? Please check all that apply. ○ Cancer, cancer related disease or benign tumor? ○ Heart or Circulatory System disease/disorder, or had a Stroke? ○ Blood or Bone Marrow, Lymphatic, Endocrine or Immune System disease/disorder? ○ Kidney disease or diabetes? ○ Nervous System or Brain disease/disorder? ○ Arthritis, back, bone or joint disorder or injuries? ○ Bladder, urinary system or reproductive organs disorder? ○ COPD, Emphysema, Asthma, Chronic Bronchitis or other Lung disease/disorder? ○ Ulcer, stomach, Intestines, Pancreas, Liver or other Digestive System disease/disorder? ○ Emotional disorder, eating disorder or mental health problems?		
6. Within the past ten (10) years, has anyone to be covered ever been diagnosed or treated by a member of the medical profession for: Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, Human Immunodeficiency Virus ("HIV"), or other sickness or condition derived from such infection?	☐	☐
7. Within the past five (5) years, has anyone to be covered been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure) or high cholesterol? If yes, list name of person(s), medications taken, medication dosage, last two blood pressure readings, and/or last two cholesterol readings in Section 4.	☐	☐
8. Is anyone to be covered currently taking medication(s)? If yes, list name of person, reasons, medications and dosage in Section 4.	☐	☐
9. Within the past five (5) years, has anyone to be covered been diagnosed with, treated or counseled by a licensed medical professional for, or taken medication for alcohol or substance abuse, or been convicted of DUI, or currently confined to a penal institution?	☐	☐
10a. Are you now pregnant? ○ Yes ○ No 10b. Within the past five (5) years, have you had an ectopic pregnancy, problem pregnancy, miscarriage, problem delivery, therapeutic abortion, or Cesarean section that was diagnosed or treated by a physician?	☐	☐
11. Are you actively at work on the date of this application and have you been actively at work for the 31 days prior to such date? If no, give full details in Section 4.	☐	☐
12. Names, addresses, and phone numbers of the personal physicians of all applicants:		

SECTION 4 – GIVE DETAILS TO "YES" ANSWERS TO QUESTIONS 2 THROUGH 10 INCLUDE DATES OF TREATMENT: ■ Separate Sheet Attached			
Ques. No. & Individual	Illness/Reason for Checkup or Medication & Dosage or Doctor's Treatment/Consultation	Date & Duration	Full Name, Complete Address, and Telephone Number of Doctors & Hospitals

NOTICE FOR PROPOSED INSURED

IMPORTANT NOTICE FOR DISABILITY COVERAGE

Acceptance of your application for disability income insurance will be based upon the information contained in the Statement of Insurability, including the medical information disclosed and information obtained from your medical providers. Your insurance coverage may not be issued as applied for. If not, an "Exclusion of Coverage Amendment" will be attached to your certificate of coverage.

PLEASE READ YOUR CERTIFICATE OF COVERAGE CAREFULLY UPON ITS RECEIPT.

IMPORTANT NOTICE CONCERNING YOUR EFFECTIVE DATE

1. Insurance will not be effective until the application is approved by USAble Life.
2. Insurance will not be effective if there has been a change in the health of the proposed insured(s) after the date of the application and prior to the effective date.
3. For benefits sheltered under a Section 125 Cafeteria plan: To satisfy premium deduction requirements of your employer and dating requirements of the Section 125 Plan, your coverage will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) of the Section 125 agreement or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

In signing below, I authorize any hospital, physician, medical practitioner, clinic, pharmacy, pharmacy benefits manager, medically related facility, insurance company, DMV, MIB, Inc., and any consumer reporting agency to release any information regarding me or my past or present health to USAble Life, its reinsurers and legal representatives for the purpose of evaluating this Enrollment Form for insurance. Information subject to this authorization includes facts about my physical and mental health, advice or treatment; prescriptions; hazardous activities, driving record; age; occupation; income; and my use of alcohol, drugs, and tobacco. This information will be used to determine eligibility for insurance. This authorization does not authorize the release of genetic screening or testing results.

I also authorize USAble Life or its reinsurers to disclose all such information to any physician, or any other insurance company in order to evaluate a claim or an application for insurance. I authorize USAble Life, its reinsurers, and its legal representatives to make a brief report of my/our personal health information to MIB, Inc. All sources except MIB, Inc. may give these facts to any insurance support organization authorized by USAble Life to collect and transmit them.

This authorization shall remain valid for a period of two years from the issue date of the coverage. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to me or my representative upon request to USAble Life.

I understand that this authorization may be revoked at any time. Such revocation must be in writing, and will not be effective until USAble Life and the provider of the information receive it. My revocation will not be effective with respect to disclosures made by a covered entity in reliance on this authorization before it was revoked.

Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

If an investigative consumer report is made, I can choose to be interviewed and to receive a copy of the report upon request.

I understand that any insurance will not take effect unless and until USAble Life approves this enrollment request. If coverage is not issued as requested, I authorize USAble Life to issue reduced benefits and adjust premiums to match the coverage issued. I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am requesting allows for alternate methods to pay insurance premiums).

I have read and understand this form in its entirety and the notices, authorizations, and certifications contained within.

Insurance Fraud Warning – Any person who knowingly presents a false statement in a statement of insurability for insurance may be guilty of a criminal offense and subject to penalties under state law.

EMPLOYEE'S SIGNATURE	DATE OF APPLICATION (MONTH, DAY, YEAR)	SIGNED AT (CITY AND STATE)
AGENT'S SIGNATURE	DATE OF APPLICATION (MONTH, DAY, YEAR)	SIGNED AT (CITY AND STATE)

DATE RECEIVED BY HOME OFFICE _____

USAble Life

PO Box 1650 | Little Rock | AR | 72203

NOTICE FOR PROPOSED INSURED

Notice of Insurance Information Practices

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, 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 information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

Federal Fair Credit Reporting Act Notice

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

Medical Information Bureau Disclosure Notice

Information regarding your insurability will be treated as confidential. USAble Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life 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 about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). 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, Suite 400, Braintree, Massachusetts 02184-8734.

USAble Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

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