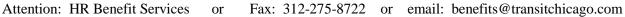
Changes to Supplemental Term Life Insurance

Return Original Completed Form to:

Chicago Transit Authority

567 W. Lake Street

Chicago, IL 60661





EMPLOYER NAME: Chicago Transit Authority EMPLOYEE INFORMATION First Name **Middle Initial Last Name Street Address** City State Zip Code **Date of Birth (Month/Day/Year) Social Security Number** Gender Male **Female** Badge # Home Phone # Cell Phone # Total amount of insurance requested - Contribution rates on reverse side One times base annual earnings (non-overtime wages as of January 1st) Two times base annual earnings (non-overtime wages as of January 1st) Three times base annual earnings (non-overtime wages as of January 1st) Four times base annual earnings (non-overtime wages as of January 1st)* Five times base annual earnings (non-overtime wages as of January 1st)* Health questions required when you enroll. Questionnaire will be mailed to you. Cancel Supplemental Life Insurance This election will cancel Supplemental AD&D, Spouse and Dependent coverages. Please check one of the choices below for CTA Supplemental Accidental Death and Dismemberment (AD&D): Coverage will match the Supplemental Life Insurance election. Employee AD&D ☐ Cancel Employee AD&D Please check one of the choices below for CTA Supplemental Life Insurance for your dependent(s): Spouse \$50,000 bi-weekly deduction \$5.70 Cancel Spouse Coverage Child \$10,000 bi-weekly deduction \$0.54 Cancel Child Coverage

Please check one of the choices below for CTA Supplemental Life AD&D Insurance for your dependent(s):					
Spouse \$50,000 Child \$10,000	□ bi-weekly deduction \$0.55□ bi-weekly deduction \$0.11	☐ Cancel Spou☐ Cancel Child			
AUTHORIZATION					
I authorize HR Benefit Services to enroll me in Supplemental Life Insurance. I authorize the					
Chicago Transit Authority to deduct my Supplemental Life Insurance premiums on a post-tax.					
Employee Signature			Date Signed		

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

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

Optional AD&D	Bi-weekly Rate per \$1,000	
Under 25 – 70+	\$.024	

Calculate your bi-weekl	y contribution	
Divide by \$1,000	on-overtime wages as of January 1) t (based on your age as of January 1)	\$ \$
Sample calculation: 48- Base annual earnings Divide by \$1,000 Multiply by rate from char Bi-weekly contribution	year-old employee with base annual ea \$52,000 52 t \$0.061 \$3.17	arnings of \$52,000