

SECTION I - APPLICANT INFORMATION

Name/Address: 	Last 4 of SSN	Annual Salary		Local #
	Date of Hire	Gender	Class RAIL	Hours Worked
	EE ID	Employer Name		

SECTION II - BENEFIT ELECTIONS (Please elect ONLY 1 option below (Option A - Option D))

OPTION A ACCEPT ☐ For new members, If you elect no option or don't return this form, you will be automatically enrolled in Option A.

Voluntary Short Term Disability

Voluntary Short Term Disability insurance helps to replace your income if you are sick or injured and cannot work. This benefit commences on the 31st day of accident or the 31st day of sickness and is designed to continue for a period of up to 34 weeks.

	Weekly Benefit	Monthly Cost	TOTAL Monthly Cost
<i>Note: If you are currently enrolled in the VSTD you do not need to re-elect coverage.</i>	\$400.00	\$34.50	\$34.50

OPTION B - NEW OFFERING

Voluntary Long Term Disability

Voluntary Long Term Disability allows you to purchase coverage to protect your income should you remain disabled after a 238 day elimination period. If you elect this option, you will not have STD. See Options C and D below for both.

Part A

Monthly Benefit

Monthly Cost

ACCEPT ☐ DECLINE ☐ 50% of salary to a maximum benefit of \$7,000 \$51.63

Part B

Monthly Benefit

Monthly Cost

ACCEPT ☐ DECLINE ☐ 60% of salary to a maximum benefit of \$7,000 \$73.88

OPTION C

ACCEPT ☐ DECLINE ☐

Voluntary Short Term Disability

Elect this option if you want both STD and LTD coverage, but want the LTD coverage to be 50% of your salary to a maximum of \$7,000.

Weekly Benefit

Monthly Cost

\$400.00 \$34.50

Voluntary Long Term Disability

Benefits commence on the latter of the 239th day of disability or the end of the STD benefits.

Monthly Benefit

Monthly Cost

50% of salary to a maximum benefit of \$7,000 \$51.63

TOTAL Monthly Cost

\$86.13