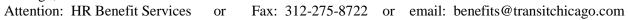
Changes to Supplemental Term Life Insurance Return Original Completed Form to:

Chicago Transit Authority

567 W. Lake Street

Chicago, IL 60661





EMPLOYER NA	ME: Chica	igo Transit Au	ıthorit	ty				
EMPLOYEE INFOR	MATION							
First Name		Middle In	itial	La	st Name			
Street Address				City			State	Zip Code
Date of Birth (Month	/Day/Year)	Social Security	y Numb) Der		Gender		L
	•					\square	П,	
Badge #	Home Ph	 			Cell Phone #	<u>∟∟ Mal</u> ŧ	le 🔲 1	Female
Buuge //								
Total amount of insu	rongo rogues	tad Cantributi	ion rote	os on royal	rso sido			
Total amount of msu	rance reques	teu – Contributi	on rau	es on Tevel	ise side			
One times b	ase annual e	earnings (non-c	overtin	ne wages	as of Januar	ry 1 st)		
					2.7	et		
Two times b	ase annual	earnings (non-	overtin	ne wages	as of Janua	ry 1°°)		
Three times	base annual	l earnings (non	-overt	ime wage	es as of Janu	ary 1 st)		
						, et.		
Four times b	ase annual	earnings (non-	overtir	ne wages	s as of Janua	ry 1°°)*		
Five times b	ase annual	earnings (non-o	overtin	ne wages	as of Janua	ry 1 st)*		
		arnings (non-o		_		y 1 st)*		
*Health questions re	uired when yo	u enroll. Questionn	aire will	be mailed to	o you.			
Cancel Supp This election will		fe Insurance nental AD&D, Spot	use and l	Dependent o	coverages.			
		· -		-				
Please check one of the Coverage will r		for CTA Suppleme plemental Life Ins			ath and Dismer	nberment ((AD&D)):
Employee AD&D				Cancel Empl	loyee AD&D			
Please check one of the	choices below	for CTA Suppleme	ental Lif	e Insurance	for your depen	dent(s):		
Spouse \$50,000	bi-weekly ded	uction \$5.70		Cancel Spou	se Coverage			
Child \$10,000	bi-weekly ded	uction \$0.54		Cancel Child	l Coverage			

Please check one of	f the choices below for CTA Suppleme	ntal Life AD&D Insurance for your dependent(s):
Spouse \$50,000	☐ bi-weekly deduction \$0.55	☐ Cancel Spouse Coverage
Child \$10,000	bi-weekly deduction \$0.11	☐ Cancel Child Coverage
AUTHORIZA	TION	
I authorize HR	Benefit Services to enroll me	in Supplemental Life Insurance. I authorize the
Chicago Transi	t Authority to deduct my Supp	lemental Life Insurance premiums on a post-tax.
Employee Sign	nature	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-weekly co	THE IDUCTION	
5 \	vertime wages as of January 1)	<u>\$</u>
Divide by \$1,000		
	ased on your age as of January 1)	<u>\$</u>
Bi-weekly contribution		\$
	r-old employee with base annual ear	rnings of \$52,000
Base annual earnings	<u>\$52,000</u>	nings of \$52,000
Base annual earnings Divide by \$1,000		rnings of \$52,000
Base annual earnings	<u>\$52,000</u>	nings of \$52,000