

# Changes to Supplemental Term Life Insurance

Return Original Completed Form to:  
Chicago Transit Authority  
567 W. Lake Street  
Chicago, IL 60661



Attention: HR Benefit Services or Fax: 312-275-8722 or email: benefits@transitchicago.com

**EMPLOYER NAME: Chicago Transit Authority**

## EMPLOYEE INFORMATION

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>		
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Date of Birth (Month/Day/Year)</b>	<b>Social Security Number</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Badge #</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>		

### Total amount of insurance requested – Contribution rates on reverse side

- One times base annual earnings (non-overtime wages as of January 1<sup>st</sup>)
- Two times base annual earnings (non-overtime wages as of January 1<sup>st</sup>)
- Three times base annual earnings (non-overtime wages as of January 1<sup>st</sup>)
- Four times base annual earnings (non-overtime wages as of January 1<sup>st</sup>)\*
- Five times base annual earnings (non-overtime wages as of January 1<sup>st</sup>)\*

- 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     bi-weekly deduction \$0.55     Cancel Spouse Coverage  
 Child \$10,000     bi-weekly deduction \$0.11     Cancel Child Coverage

**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<sup>st</sup>) 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+	\$0.024

**Calculate your bi-weekly contribution**

Base annual earnings (non-overtime wages as of January 1)    \$ \_\_\_\_\_  
 Divide by \$1,000    \_\_\_\_\_  
 Multiply by rate from chart (based on your age as of January 1)    \$ \_\_\_\_\_  
 Bi-weekly contribution    \$ \_\_\_\_\_

**Sample calculation:** 48-year-old employee with base annual earnings of \$52,000  
 Base annual earnings    \$52,000  
 Divide by \$1,000    52  
 Multiply by rate from chart    \$0.061  
 Bi-weekly contribution    \$3.17