

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

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

One 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

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 1st) 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

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