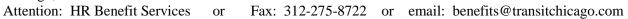
Changes to Supplemental Term Life Insurance
Return Original Completed Form to:
Chicago Transit Authority 567 W. Lake Street

Chicago, IL 60661





EMPLOYER NAME: Chicago Transit Authority

Middle Initial La	ast Name			
City	State Zip Cod			
Date of Birth (Month/Day/Year) Social Security Number Gender Male Female				
e #	Cell Phone #			
Total amount of insurance requested				
One times base annual earnings (non-overtime wages as of January 1 st)				
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.				
	Date Signed			
	City ocial Security Number e # nings (non-overtime wages n you enroll. Questionnaire will be not a supplementation of the control of the c			

Please round off your non-overtime wages (as of January 1 st) to the next highest thousand	nd.
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 con	tribution	
Base annual earnings (non-ove Divide by \$1,000 Multiply by rate from chart (bas Bi-weekly contribution	ertime wages as of January 1) ed on your age as of January 1)	\$ \$
Sample calculation: 48-year-or Base annual earnings Divide by \$1,000 Multiply by rate from chart Bi-weekly contribution	old employee with base annual ear \$52,000 52 \$0.061 \$3.17	nings of \$52,000