2018 OCEA SPECIAL ENROLLMENT SUPPLEMENTAL TERM LIFE ONLY FORM B

MAY 7-JUNE 29, 2018

OCEA HEALTH & WELFARE TRUST • 830 N. ROSS ST., SANTA ANA, CA 92701 • (714) 835-3355 • WWW.OCEA.ORG IMPORTANT: These benefits are available to OCEA members only (at additional premiums). Join OCEA now to take advantage of these benefits.

EMPLOYEE ID NUMBER

	ΈΕΙ			

NAME (LAST, FIRST, MI)

SOCIAL SECURITY NUMBER –	_	BIRTH DATE / /	☐ MARRIED ☐ UNMARRIED
HOME ADDRESS			☐ FEMALE ☐ MALE
CITY STAT	E ZIP		REASON I AM SUBMITTING THIS FORM:
HOME PHONE	CELL PHONE		☐ INITIAL ENROLLMENT☐ SPECIAL ENROLLMENT
WORK PHONE	HOME EMAIL		
*SUPPLEMENTAL LIFE INSUR	RANCE (COVERAC	GE MAY REQUIRE EVIDENCE (OF INSURABILITY)
	<u> </u>		GROSS BIWEEKLY SALARY
☐ I wish to enroll in the OCEA SU			
*Includes AD&D & Burial Benef	fit for Active memb	oers.	
I now have: 🔲 1 x base annual sala	ry I apply for:	☐ 1 x base annual salary	**It is the sole responsibility of
2 x base annual sala	ary	2 x base annual salary	the employee to notify OCEA in writing when a dependent
☐ 3 x base annual sala	•	☐ 3 x base annual salary	ceases to be eligible for
Dependent life insur	rance**	4 x base annual salary	coverage. Payroll deductions will continue until written
		☐ 5 x base annual salary	notification is received at
		■ Dependent life insurance**	OCEA's Headquarters.
MEDICAL HISTORY STATEMENT			·
☐ I would like OCEA to mail the r	equired Medical His	tory Statement to my home.	
☐ I will complete the required Me	dical History Stater	nent online. Visit www.standar	d.com/mhs
Note: You will need to enter O	CEA's policy #6088	343	
☐ I do not believe a Medical Histo			

BENEFICIARY DESIGNATION—FOR THESE BENEFITS ONLY

Beneficiary designations cancel any previous designations for Supplemental Life Insurance.

PRIMARY—FULL NAME	ADDRESS	SOCIAL SECURITY #	RELATIONSHIP	% OF BENEFIT
CONTINGENT—FULL NAME	ADDRESS	SOCIAL SECURITY #	RELATIONSHIP	% OF BENEFIT
	1			

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Costs				
Biweekly Earnings	Coverage	Twice-Monthly Deduct	tion	
Less than \$1,500 \$1,500-\$1,999	\$50,000 \$75,000	\$1.63 \$2.44 \$3.25		
\$2,000 or more	\$100,000	\$3.25		
I wish to enroll in the OCEA VO	LUNTARY AD&D PLAN.		GROSS BIWEEKLY SALAR	RY
ENEFICIARY DESIGNATION—FOR THIS BE eneficiary designations cancel any previous				
PRIMARY—FULL NAME	ADDRESS	SOCIAL SECURITY #	RELATIONSHIP	% OF BENEFI
CONTINGENT—FULL NAME	ADDRESS	SOCIAL SECURITY #	RELATIONSHIP	% OF BENEF
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