EMPLOYEE ACTION:

Permanent Intermittent, Limited Term, TAU and Direct Pay Agency employees require a signature to enroll. Submit form to your Department Personnel Office.

Active Employees can enroll online or submit a paper enrollment form to ARAG.

State of California GROUP LEGAL SERVICES INSURANCE PLAN

Enrollment Authorization

Underwritten by ARAG[®] Insurance Company, Des Moines, IA.

SECTION A. REQUIRED Please type or complete in ballpoint pen. See privacy notice on back side.							
1. Type of Action (Check one)			3. Name in Full				
a. NEW ENROLLMENT — Complete sections A (1-6) and B (1 & 2)			First	Middle Initial	Last		
b. CHANGE OF COVERAGE — Complete sections A (1-6) and B (1 & 2)		4. Mailing Address					
c. CANCEL COVERAGE — Complete sections A (1-6) and B (2)			Number and Street				
			City	State	ZIP Code		
2. Social Security Number			5. Davtime Telephone Number	5. Daytime Telephone Number			
				ex			
6. Primary Email Address							
SECTION B. Please check appropriate box, read, and sign.							
1. I authorize deductions to be made from my salary to cover my share of enrollment in the state's Group Legal Services Insurance Plan as it is now or as it may be in the future with coverage as shown below: Please check ONE type of coverage to be elected.							
Individual	Family						
If you selected Family coverage, please list information for spouse/domestic partner and/or unmarried eligible dependent children up to age 26 below.							
Name	Relationship	Date of Birth Month Day Year	Name	Relationship	Date of Birth Month Day Year		
Name	Relationship	Date of Birth Month Day Year	Name	Relationship	Date of Birth Month Day Year		
Name	Relationship	Date of Birth Month Day Year	Name	Relationship	Date of Birth Month Day Year		
2. Please read and sign.							
Enrollment is hereby made for coverage as indicated above, for all persons listed hereon, subject to all terms and conditions of the contract for which enrollment is made. I understand that my effective date of coverage will begin on the first day of the month following my first payroll							
deduction. I certify that all inform	nation entered is true. I fully under	rstand the limitations of the	increased without prior notice. If canceling legal coverage, I understand I will not be able to re-enroll again until the next open				
plan coverage. In connection with my enrollment for benefits through ARAG Insurance Company, I hereby authorize the applicable monthly premium deduction be made from my salary which							
	<i>.</i>						
Signature 🗙				Month Date	Day Year		
Send Email or Eav Comp	lated and Signed form	to: ARAG 500	Grand Ave., Suite 100	Email: forms@AR/	Aclogal com		
			s, IA 50309-2405	Fax: 515-246-8816	Adleyal.com		
SECTION C. Agency personnel office: Must complete and submit signed form to ARAG by mail or fax.							
1. Please check if:	2. Permitting Event Date	Month Day Year	5. Authorized Agency Signature				
Permanent Intermittent Employee		Montin Day Tear	5,75				
 Limited Term Employee TAU 	3. Effective Date of Coverage	Month Day Year	Authorized Signature		Date		
 California Exposition & State Fairs California Fair Services Authority 			_				
Legislative Analyst's Office	4. Agency Name		Agency Email Address		Agency Telephone Number		
			•				

Privacy Notice on Information Collection

This notice is provided pursuant to California Insurance Code Sec. 791.04, the 2018 California Consumer Privacy Act and the 2020 California Privacy Rights Act. Information we collect is governed by California Insurance Code Sec. 791.04, the 2018 California Consumer Privacy Act and the 2020 California Privacy Rights Act.

Legal Authority for Collection and Use of Information

California Government Code Sections 19816.18 and 19849.11 give the State of California the authority to offer employee benefit programs, and contract out with third party vendors for these programs. The information collected will be used for the enrollment in the State of California Group Legal Services Insurance Plan. Individuals should not provide any personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, ARAG may not be able to process your enrollment which could make you ineligible for the insurance plan.

Disclosure and Sharing

Personal information may not be disclosed, made available, or otherwise used for a purpose other than those specified below. You give us permission and we have your consent to share your personal information under the following circumstances:

- 1. Personal information may be collected from persons other than you.
- 2. We may release information to a third party consistent with our Privacy Notice without authorization.

Group Legal Privacy Policy

The information collected by ARAG is subject to the limitations in the 2018 California Consumer Privacy Act and the 2020 California Privacy Rights Act and state policy. For more information on how we care for your personal information, read our Privacy Policy at <u>araglegal.com</u> or, contact us to receive a copy of our Privacy Policy and Notice of Personal Information Practices using the information below.

Access to Your Information

ARAG is responsible for maintaining collected records. You or your authorized agent have the right to submit a request to know what Information we collect and maintain; the right to obtain a copy of the Information you provided to us in a portable and, to the extent technically feasible, readily usable format; the right to submit a request to delete your Information; and the right to submit a request to correct inaccuracies to the Information we maintain unless we are exempt from honoring your request under law. We will not discriminate against you, nor will you face retaliation for exercising these rights. You may submit your request to ARAG via the following:

Privacy Administration Attention: Legal Department ARAG North America, Inc. 500 Grand Avenue, Suite 100 Des Moines, IA 50309 or email us at legal@ARAGlegal.com, or via our website https://www.araglegal.com/ using the "Contact Us" tab.

The Effective Date of this Privacy Policy is June 30, 2023.

Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number. If you have specific questions regarding the Plan or if you need assistance in completing the enrollment form, please contact an ARAG Customer Care Specialist toll-free at 866-762-0972.