

**VOLUNTARY DISABILITY INCOME INSURANCE ENROLLMENT FORM**

Group Benefit Associates  
 1701 E. Lake Avenue  
 Suite 400  
 Glenview, IL 60025

Telephone: 800-450-1271  
 Fax: 773-427-6875  
 Email: CustomerService@groupba.com  
 www.groupba.com

Member of:     ATU 241: CTA

| Personal Information                               |                           |                         |
|--|---------------------------|-------------------------|
| Last Name, First Name, MI:                         |                           | Social Security Number: |
| Street Address:                                    |                           |                         |
| City:  | State:                    | Zip:                    |
| Home Phone:  |                           | Cell Phone:             |
| Email:   |                           |                         |
| Date of Birth:                                     | Gender:<br>MALE    FEMALE | Badge Number:           |
| Union Initiation Date:                             | Hourly Wage Rate:<br>\$   |                         |
| I am here by enrolling in the following coverage:  |                           |                         |
| <b>ATU 241: CTA</b>                                |                           |                         |
| Short Term & Long Term Disability Income Insurance |                           |                         |

***Incomplete applications or applications received outside of Open Enrollment will not be considered. Open Enrollment is April 1<sup>st</sup>-April 30<sup>th</sup>.***

As a plan participant, I agree to notify Group Benefit Associates:

- If I withdraw from the union
- If my work hours drop below 25 hours per week
- Immediately when my wage rate changes
- If I am no longer employed by the CTA

I understand that failure to notify Group Benefit Associates in a timely manner of any of the above listed changes can affect my participation in the plan or the benefits I am eligible to receive under the plan. I am hereby enrolling in the Voluntary Group Disability Income Insurance Plan offered by Babbitt Municipalities, Inc. d.b.a. Group Benefit Associates.

Your premiums due will be collected via payroll deduction.

All cancellation requests must be received in writing.

Signature

Date