



# NYSCOPBA OPTIONAL DISABILITY ENROLLMENT FORM

PLANHOLDER NAME	GROUP PLAN #	PLANHOLDER STREET ADDRESS	CITY	STATE	ZIP CODE
<b>NYSCOPBA</b>	<b>645228</b>	<b>C/O NORVEST, 930 ALBANY SHAKER RD.</b>	<b>LATHAM</b>	<b>NY</b>	<b>12110</b>
MEMBER NAME (LAST, FIRST, MI)			SOC SEC NO		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MEMBER STREET ADDRESS			CITY	STATE	ZIP CODE
DATE OF BIRTH / /	TELEPHONE NUMBER		EMAIL		

ARE YOU WORKING 20 OR MORE HOURS PER WEEK?  YES  NO

**PLEASE CHECK ONLY ONE BOX**

### 30 DAY WAITING PERIOD

Monthly Benefit:		\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
Age 17-49	2 Year Benefit	<input type="checkbox"/> \$24.93	<input type="checkbox"/> \$29.91	<input type="checkbox"/> \$34.90	<input type="checkbox"/> \$39.89	<input type="checkbox"/> \$44.87	<input type="checkbox"/> \$49.86
	5 Year Benefit	<input type="checkbox"/> \$40.38	<input type="checkbox"/> \$48.40	<input type="checkbox"/> \$55.54	<input type="checkbox"/> \$64.62	<input type="checkbox"/> \$72.69	<input type="checkbox"/> \$80.77
Age 50-59	2 Year Benefit	<input type="checkbox"/> \$37.19	<input type="checkbox"/> \$44.60	<input type="checkbox"/> \$52.07	<input type="checkbox"/> \$59.50	<input type="checkbox"/> \$66.94	<input type="checkbox"/> \$74.38
	5 Year Benefit	<input type="checkbox"/> \$60.28	<input type="checkbox"/> \$72.33	<input type="checkbox"/> \$84.39	<input type="checkbox"/> \$96.44	<input type="checkbox"/> \$108.50	<input type="checkbox"/> \$120.55
Age 60+	2 Year Benefit	<input type="checkbox"/> \$51.55	<input type="checkbox"/> \$61.86	<input type="checkbox"/> \$72.17	<input type="checkbox"/> \$82.49	<input type="checkbox"/> \$92.79	<input type="checkbox"/> \$103.11
	5 Year Benefit	<input type="checkbox"/> \$83.54	<input type="checkbox"/> \$100.25	<input type="checkbox"/> \$116.95	<input type="checkbox"/> \$133.66	<input type="checkbox"/> \$150.37	<input type="checkbox"/> \$167.08

### 60 DAY WAITING PERIOD

Monthly Benefit:		\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
Age 17-49	2 Year Benefit	<input type="checkbox"/> \$22.48	<input type="checkbox"/> \$26.97	<input type="checkbox"/> \$31.37	<input type="checkbox"/> \$35.96	<input type="checkbox"/> \$40.46	<input type="checkbox"/> \$44.95
	5 Year Benefit	<input type="checkbox"/> \$33.18	<input type="checkbox"/> \$39.82	<input type="checkbox"/> \$46.46	<input type="checkbox"/> \$53.10	<input type="checkbox"/> \$59.73	<input type="checkbox"/> \$66.37
Age 50-59	2 Year Benefit	<input type="checkbox"/> \$33.51	<input type="checkbox"/> \$40.21	<input type="checkbox"/> \$46.91	<input type="checkbox"/> \$53.61	<input type="checkbox"/> \$60.31	<input type="checkbox"/> \$67.02
	5 Year Benefit	<input type="checkbox"/> \$49.52	<input type="checkbox"/> \$59.43	<input type="checkbox"/> \$69.33	<input type="checkbox"/> \$79.24	<input type="checkbox"/> \$89.14	<input type="checkbox"/> \$99.05
Age 60+	2 Year Benefit	<input type="checkbox"/> \$46.43	<input type="checkbox"/> \$55.72	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$74.29	<input type="checkbox"/> \$83.58	<input type="checkbox"/> \$92.86
	5 Year Benefit	<input type="checkbox"/> \$68.63	<input type="checkbox"/> \$82.36	<input type="checkbox"/> \$96.08	<input type="checkbox"/> \$109.81	<input type="checkbox"/> \$123.54	<input type="checkbox"/> \$137.26

### 180 DAY WAITING PERIOD

Monthly Benefit:		\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
Age 17-49	2 Year Benefit	<input type="checkbox"/> \$17.31	<input type="checkbox"/> \$20.77	<input type="checkbox"/> \$24.23	<input type="checkbox"/> \$27.69	<input type="checkbox"/> \$31.15	<input type="checkbox"/> \$34.62
	5 Year Benefit	<input type="checkbox"/> \$26.58	<input type="checkbox"/> \$31.90	<input type="checkbox"/> \$37.22	<input type="checkbox"/> \$42.54	<input type="checkbox"/> \$47.85	<input type="checkbox"/> \$53.17
Age 50-59	2 Year Benefit	<input type="checkbox"/> \$25.85	<input type="checkbox"/> \$31.02	<input type="checkbox"/> \$36.18	<input type="checkbox"/> \$41.35	<input type="checkbox"/> \$46.52	<input type="checkbox"/> \$51.69
	5 Year Benefit	<input type="checkbox"/> \$39.65	<input type="checkbox"/> \$47.58	<input type="checkbox"/> \$55.50	<input type="checkbox"/> \$63.43	<input type="checkbox"/> \$71.36	<input type="checkbox"/> \$79.29
Age 60+	2 Year Benefit	<input type="checkbox"/> \$35.77	<input type="checkbox"/> \$42.92	<input type="checkbox"/> \$50.08	<input type="checkbox"/> \$57.23	<input type="checkbox"/> \$64.38	<input type="checkbox"/> \$71.54
	5 Year Benefit	<input type="checkbox"/> \$54.97	<input type="checkbox"/> \$65.96	<input type="checkbox"/> \$76.96	<input type="checkbox"/> \$87.95	<input type="checkbox"/> \$98.94	<input type="checkbox"/> \$109.94

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

**I understand that I must be a Member of NYSCOPBA and actively working at least 20 hours per week to be eligible.**

**SIGN \_\_\_\_\_ DATE \_\_\_\_\_**

**NORVEST FINANCIAL SERVICES, INC.**

930 Albany Shaker Road, Latham, NY 12110 1-888-869-8252