

LIFE INSURANCE ENROLLMENT

STD. 698 (Rev. 10/2019)

PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY-SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE

**SECTION A****SEE PRIVACY NOTICE ON REVERSE OF EMPLOYEE COPY**

1. TYPE OF ACTION (CHECK ONE)		2. SOCIAL SECURITY NUMBER		3. NAME IN FULL FIRST MIDDLE LAST	
1. <input type="checkbox"/> NEW—ENROLLING IN A PLAN FOR THE FIRST TIME (COMPLETE SECTIONS A, B, AND D)		4. DATE OF BIRTH MO. DAY YEAR		5. MARITAL STATUS MARRIED SINGLE	
2. <input type="checkbox"/> CANCEL—CANCELLING PLAN (COMPLETE SECTIONS A, C, AND D)		6. SEX MALE FEMALE			
3. <input type="checkbox"/> CHANGE—CHANGING PLANS (COMPLETE SECTIONS A, B, C, AND D)		7. MAILING ADDRESS NUMBER AND STREET		CITY	COUNTY STATE ZIP CODE

SECTION B (DO NOT COMPLETE THIS SECTION IF THE CANCEL BOX IN SECTION A IS CHECKED)

1. Name of life insurance plan

SECTION C

1. Name of life insurance plan being cancelled or changed

SECTION D

1. CHECK APPROPRIATE BOX

a. I do not wish to enroll in a life insurance planb. I elect to enroll in (or change to) a life insurance plan as shown above and authorize deductions to be made from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future.c. I elect to cancel the life insurance plan above.

2. EMPLOYEE'S SIGNATURE

3. DATE SIGNED

SECTION E (FOR AGENCY USE ONLY)

1. EMPLOYER DED. CODE <input type="checkbox"/> NON-CSU 200 <input type="checkbox"/> CSU 250		2. LIFE INSURANCE PLAN CODE ORG. CODE		3. (LEAVE BLANK)		4. EMPLOYEE DEDUCTION AMOUNT \$		5. STATE SHARE AMOUNT \$		6. TOTAL PREMIUM AMOUNT \$		7. EMPLOYEE CBID	
8. EFFECTIVE DATE OF ACTION		9. PERMITTING EVENT DATE MO. DAY YR.		10. PERMITTING EVENT CODE		11. AGENCY CODE		12. UNIT CODE		13. CHECK IF PERMANENT INTERMITTENT EMPLOYEE <input type="checkbox"/>		14. AGENCY NAME	
15. REMARKS								16. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employee named herein is eligible for enrollment in the State life insurance program.				18. DATE RECEIVED IN EMPLOYING OFFICE MO. DAY YR.	
								17. TELEPHONE NUMBER (Indicate if ATSS or give area code)					

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PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the life insurance company for the purposes of identification and insurance coverage processing.

It is mandatory to furnish all information requested on this form except for employee's gender, marital status and birthdate, which may be furnished on a voluntary basis and are used by the life insurance company for statistical and actuarial purposes. Failure to provide the mandatory information may result in the life insurance enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153 and 22950-22952, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the life insurance company providing coverage for the employee. Copies of the Life Insurance Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Life Insurance Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Chief of Personnel/ Payroll Operations Bureau, Personnel/Payroll Services Division, State Controller's Office, P.O. Box 942850, Sacramento, California 94250-5878, Telephone Number (916) 323-4718.