

**SUPPLEMENTAL BENEFITS SYSTEM  
POLITICAL SUBDIVISIONS  
ENROLLMENT WORKSHEET  
Personal Information**

Name:	Date of Birth:
Social Security Number:	Monthly Base Wage:
Date of Hire/Qualified Status Change (mm/dd/yy):	

<b>ENROLLMENT REASON</b>	<b>PHONE SYSTEM CODE</b>
<input type="checkbox"/> New Hire	1
<input type="checkbox"/> Rehire	13
<input type="checkbox"/> New Child – Birth or Adoption*	2
<input type="checkbox"/> Death of Dependent*	3
<input type="checkbox"/> Change in Marital Status*	4
<input type="checkbox"/> Child No Longer Eligible for Benefit Coverage*	5
<input type="checkbox"/> Spouse Begins/Ends Employment*	6
<input type="checkbox"/> Spouse Change From/To Full-Time/Part-Time*	15
<input type="checkbox"/> Member Change From/To Full-Time/Part-Time*	14
<input type="checkbox"/> Spouse Begins Extended Unpaid Leave*	9
<input type="checkbox"/> Health Coverage Change Due to Bargaining Unit Change*	10
<input type="checkbox"/> Short-Term Nonpermanent From/To Long-Term Nonpermanent/Permanent*	11

<b>BENEFIT PLAN</b>	
	<b>Phone System Code</b>
Political Subdivisions Benefit Plan	3

**\*Qualified Status Changes.** If you do not have your Personal Identification Number (PIN), please contact the Benefits Section at (907) 465-8600.

# SUPPLEMENTAL BENEFITS SYSTEM ENROLLMENT WORKSHEET

**PLEASE KEEP FOR YOUR RECORDS**

Use this worksheet to record your elections before enrolling. Price tags are your monthly costs for coverage; use the enclosed premium sheet to calculate your premiums. You can enroll any time, day or night, **up to 30 days from your hire date or status change**, by accessing our internet site at [www.state.ak.us/drb](http://www.state.ak.us/drb) or our telephone system at 1-888-AKBENES (1-888-252-3637) or in Juneau at 465-5050.

**LIFE INSURANCE**

<u>Code</u>	<u>Option</u>	<u>Monthly Price Tag for Employee</u>	<u>Option Code:</u> _____
0	No Coverage		
1	\$10,000	SEE	
2	\$20,000	PREMIUM	
3	\$30,000	CARD	
4	\$40,000		<i>Price Tag:</i> \$ _____
5	\$48,000		

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

<u>Code</u>	<u>Option</u>	<u>Monthly Price Tag</u>	<u>Option Code:</u> _____
0	No Coverage	\$0.00	
1	Employee Only	\$4.00	
2	Employee and Family	\$6.00	<i>Price Tag:</i> \$ _____

*AD&D is available only if you have elected at least \$10,000 of life insurance coverage.*

**SURVIVOR BENEFITS**

<u>Code</u>	<u>Option</u>	<u>Monthly Price Tag for Employee</u>	<u>Option Code:</u> _____
0	No Coverage		
1	5 Years at \$765/Month		
2	10 Years at \$455/Month	SEE	
3	15 Years at \$360/Month	PREMIUM	
4	20 Years at \$315/Month	CARD	<i>Price Tag:</i> \$ _____
5	25 Years at \$290/Month		
6	30 Years at \$275/Month		

*Survivor Benefits are not available if you have elected more than \$10,000 of life insurance coverage.*

**SHORT-TERM DISABILITY INSURANCE**

<u>Code</u>	<u>Option</u>	<u>Monthly Price Tag for Employee</u>	<u>Option Code:</u> _____
0	No Coverage	\$0.00	
1	Plan A	\$1.96	<i>Price Tag:</i> \$ _____

**LONG-TERM DISABILITY INSURANCE**

<u>Code</u>	<u>Option</u>	<u>Monthly Price Tag for Employee</u>	<u>Option Code:</u> _____
0	No Coverage	SEE	
1	Plan B - 50%	PREMIUM	
2	Plan C - 70%	CARD	<i>Price Tag:</i> \$ _____

---

**DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT (DCRA)**

<u>Code</u>	<u>Option</u>	<u>Monthly Contribution/Price Tag</u>
0	No Participation Participation	(min:\$25/month, max:\$5,000/calendar year) Price Tag: \$_____

---

---

Enter the total of your monthly Price Tags: \$\_\_\_\_\_

The total price tag will be split and deducted from your pay on a pretax basis.

---

---

By contacting the automated enrollment system and using your PIN to enroll, you certify that you have received and read the plan provisions, you understand you cannot change your elections, except as allowed by plan provisions, and your elections authorize the State of Alaska to make any required adjustments to your pay.