



RELAC

Retired Employees of Los Angeles County
Active (Affiliate) Employee Membership Application

STEP 1: To join RELAC please complete.

Last Name		First Name	
Address			
City		State	Zip Code
Male/Female	Date of Birth	Telephone	E-mail Address
County Department		Retirement Date	<input type="checkbox"/> Check Here to Receive RELAC Newsletter by E-mail Only
How did you hear about RELAC? If referred by a RELAC member, please provide their name so we can thank them.			

Step 2: Membership Dues for Active County Employees.

\$30.00 annually by check made payable to RELAC	
Active Employee Signature	Date

STEP 3: To enroll in the voluntary benefit plans, please select the coverages that are right for you.
 (All insurance products require minimum age of 50 and within 5 years of retirement.)

<p style="text-align: center;">Dental</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Member + Spouse/Domestic Partner or Child</p> <p><input type="checkbox"/> Member + Family</p> <hr/> <p>Social Security Number Required if enrolling for insurance benefits.</p> <hr/> <p>Full Social Security #</p>	<p style="text-align: center;">Vision</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Member + Spouse / Domestic Partner or Child</p> <p><input type="checkbox"/> Member + Family</p> <hr/> <p style="text-align: center;">Personal Accident & Secure Travel</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Member + Family</p> <p>Benefit Amount: \$ _____</p> <p>Beneficiary: _____</p> <p>Relationship: _____</p>	<p style="text-align: center;">Legal Shield</p> <p><input type="checkbox"/> Member + Family</p> <p><input type="checkbox"/> Add 24/7 Coverage</p> <hr/> <p style="text-align: center;">Identity Theft Shield</p> <p><input type="checkbox"/> Standard Plan <i>Receive a \$3 discount when Purchased with Legal Shield</i></p> <p><input type="checkbox"/> Premium Plan <i>Receive a \$5 discount when Purchased with Legal Shield</i></p>
<p>Car, Home, Renters, Pet, Travel & HearPO Hearing</p> <p>For information on enrolling in these benefits, please consult the benefits booklet.</p>		
<p>Life Insurance</p> <p><input type="checkbox"/> For Whole Life, please send me an enrollment form. For Term Life, call our office at (800) 511-9065 for a personalized quote.</p>		

Payment for supplement benefits is made by automatic deduction from a checking account. By signing this form, I hereby authorize Pacific Group Agencies to deduct from my checking account the current premiums. Such deduction will continue until I notify Pacific Group Agencies in writing. I understand there is a minimum one year commitment to the dental and vision plans.

Bank Name: _____ Routing Number (9 digits): _____

Account Number: _____ Signature _____ Date _____

Please mail this completed form in the enclosed postage-paid envelope to:
 RELAC, 1000 South Fremont Ave. #15, Alhambra, CA 91803

If you have questions regarding RELAC or your membership, please call (800) 537-3522.

If you have questions or need assistance enrolling for benefits, please call the Plan Administrator, Pacific Group Agencies at (800) 511-9065.