



# Retired Employees of Los Angeles County Membership Application & Supplemental Benefits Enrollment Form

For Office Use, Only
Received
Effective date

**STEP 1: To join RELAC please complete. Supplemental Benefits are available only to RELAC members.**

Last Name		First Name		Last 4 digits of Social Security	
Address					
City			State		Zip
Male/Female	Date of Birth	Telephone (      )		E-mail Address	

<b>Select Your Membership Type</b>					
<input type="checkbox"/> Retiree Only (\$2.50 a month)	<input type="checkbox"/> Retiree & Spouse / Partner (\$3.50 a month)	Spouse / Partner Name			Spouse / Partner Date of Birth
County Dept. Retired from				Retirement Date	
<input type="checkbox"/> Check here to receive periodic RELAC e-mails and notices concerning topics of importance to you. <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 may thank them.					
I authorize LACERA to deduct from my retirement check: (1) My monthly dues and pay that amount to RELAC: (2) If applicable, my voluntary insurance premiums and pay that amount to their respective insurance administrator. I understand that there is a minimum one-year commitment to the dental and vision plans and I acknowledge that I have read the Disclaimer in the benefit booklet.					
<b>Sign Here</b> ➔ _____				<b>Date</b> _____	

**STEP 2: To enroll in the voluntary benefit plans, please select the coverages that are right for you.**

Full Social Security Number is required for insurance. SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<p><b>Supplemental Dental</b></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>	<p><b>Personal Accident &amp; Secure Travel</b></p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Member + Family</p> <p>Benefit Amt: \$ _____</p> <p>Beneficiary: _____</p> <p>Relationship: _____</p>	<p><b>Legal Shield</b></p> <p><input type="checkbox"/> Member + Family</p> <p><input type="checkbox"/> Add 24/7 Coverage</p>
<p><b>Vision</b></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>		<p><b>Identity Shield</b></p> <p><input type="checkbox"/> Standard Plan</p> <p><input type="checkbox"/> Premium plan</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>

<b>Life Insurance</b>			
For a quote, please answer all the following. A representative will contact you with quote.			
Your Height: _____	Your Weight: _____		
Amount of Life Insurance (circle amount):	\$100,00	\$250,00	\$500,00      Other: \$ _____
Term/Length of Coverage (circle length):	10 Years	15 Years	20 Years
Have you ever had/been diagnosed with:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cancer <input type="checkbox"/> Depression
	<input type="checkbox"/> Stroke	<input type="checkbox"/> High Cholesterol	
Are you Taking any Prescriptions (not vitamins / supplements)? If so, what are they: _____			

**Car, Home, Renters, Pet, Travel, Emergency Assistance Plus, & Amplifon Hearing**

**For information on enrolling in any of these optional supplemental insurance benefits, please consult the Benefits Booklet or call the Plan Administrator, Pacific Group Agencies, at (800) 511-9065.**

**STEP 3: If selecting spouse / domestic partner / family coverage, provide their information.**

Spouse	Date of Birth	Full Social Security #
Child Name (s)	Date of Birth	Full Social Security #

Please mail this completed form in the enclosed postage-paid envelope to:  
**RELAC, 1000 South Fremont Ave. #15 Alhambra, CA 91803.**  
 If you have any questions regarding RELAC or your membership, please call (800) 537-3522.