

*Please sign and return completed form to The Standard. It is important to complete all fields. Please return immediately in a business reply envelope, if provided, or mail to the address noted above. The Standard will forward this authorization to your employer with instructions to begin submitting payroll deducted premiums to The Standard.*

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	GROUP NAME <b>California Teachers Association</b>	
SCHOOL DISTRICT	SCHOOL UNIT	
<p>I acknowledge that effective September 1, 2007 all life and disability coverage that I have in effect with Unum on August 31, 2007 will transfer to The Standard.</p> <p>I authorize my employer to deduct premiums from my wages to cover my cost of insurance sponsored by California Teachers Association, and to release necessary salary information to The Standard. I understand that my deduction amount will change if my coverage or costs change.</p> <p>This authorization is effective September 1, 2007 and will remain in effect until cancelled by me or by The Standard. I certify that I am a member of California Teachers Association and understand that termination of CTA membership will cancel my coverage and deductions made under this authorization.</p> <p>PARTICIPANT SIGNATURE _____ DATE _____</p>		