FILL OUT INFORMATION BELOW THEN TURN OVER AND SIGN

DEDUCTION AUTHORIZATION FOR EACC VOLUNTARY INSURANCE PLANS

*****PLEASE PRINT ALL INFORMATION LEGIBLY*****

☐ Mr.
☐ Mrs.
☐ Ms.

First Name _____ MI _____ Last Name _____ Date of Birth _____

Phone #: _____ Cell #: _____ Email: _____

Home Address _____ City _____ State _____ Zip _____

Yearly Salary _____ Employee # _____ School _____ Initial Deduction Amount * _____

TO: Central Payroll Department I hereby authorize the Charles County Payroll Department to deduct from my salary until further notice, premium as it becomes due under the EACC Disability Plan underwritten by the Hartford Insurance Companies. *This amount is subject to change based on the policy terms and conditions. It may also change if you add new policies or riders to your existing plans.

We will provide you the policy that you qualify for immediately.

Please Sign Here: _____ Date: _____

Please check the plans and circle the rates you are interested in below.

RATES FOR LONG TERM DISABILITY PLAN*		
AGE	BASIC (Pays for 2 years for Illness and Accident)	PREMIUM (Pays up to Age 67 for Illness and Accident)
<30	$1.75	$4.98
30-39	$5.55	$16.30
40-49	$9.03	$26.70
50-59	$16.48	$38.08
60+	$21.10	$25.75

NOTE: There is a 90 day wait for Benefits.

***Long Term Income Protection Rates shown are based on a starting salary of $62,000.** Ask Rep for rates based on your age and salary, if making more than $62k.*

CHILD LIFE INSURANCE One rate regardless of number of children covered	
$5,000	$0.88
$10,000	$1.75
Ages 15 days to 19 year	

LIFE INSURANCE (24 pays)			
Member	Member Benefit Amounts & Cost Per Pay Guaranteed Issue Amount: $100,000		
Age	$25,000	$50,000	$100,000
<30	$1.49	$2.98	$5.95
30-39	$2.10	$4.20	$8.40
40-49	$5.01	$10.03	$20.05
50-59	$12.31	$24.63	$49.25
60-69	$25.79	$51.58	$103.15

Spouse can qualify for $25,000 in GUARANTEED ISSUE coverage.
Employee Benefits $25K - $500K | Spouse Benefits $25k - $250K

ACCIDENTAL DEATH & DISMEMBERMENT (24 pays)		
BENEFIT AMOUNTS	AD&D EMPLOYEE	AD&D FAMILY
$50,000	$0.90	$1.48
$100,000	$1.80	$2.95
$200,000	$3.60	$5.90

Benefit Rates for AD&D based on coverage for employee and family.

Have questions or need to schedule an appointment? Call a EACC Benefits Administrator at (301) 985-2020, or Fax at (301) 985-5114, or email at smh@employee-plans.com.
Mail, scan, or fax application to: EPS - 7100 Baltimore Ave. Suite 502, College Park, MD 20740 ATTN: Benefits Administrator

Revised: 8/4/2026