



# Form to Decline Coverage

## Chevron Voluntary Disability Insurance Plan (DIP)

If you work in California, are a seagoing employee or an expatriate employee, you are required by California state law to have disability insurance coverage under **either** the Chevron California Voluntary Disability Insurance Plan (DIP) or the California State Disability Insurance (SDI) program. **You're already automatically covered under Chevron's Voluntary DIP.**

- If you want coverage under Chevron's Voluntary DIP Plan, you **do not** need to complete this form; you're already automatically covered.
- If you would rather have coverage under California's State Disability Insurance program (SDI), you **must complete** this form and return it at the address indicated below.

You can read more about Chevron's Voluntary DIP and the SDI program, including a comparison of the benefits in the booklet included in this enrollment package: **Additional Disability, Paid Family Leave and Worker's Compensation Information for New Employees.**

### Complete this section if ...

**Important:** If you want coverage under Chevron's Voluntary DIP Plan, you **do not** need to complete this form. If you would rather have coverage under California's State Disability Insurance program (SDI), you **must** complete this form.

- I do **not** want coverage under **Chevron's Voluntary Disability Insurance Plan (DIP)**. By checking this box, you are electing to enroll in the California State Disability Insurance Plan (SDI).

Please write the following statement, in your own handwriting, on the lines provided below:

**"I do not wish to join the Chevron Voluntary Disability Insurance Plan (DIP), the Company Plan."**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

PERNR or Social Security Number: \_\_\_\_\_

### How to Return This Form

Mail the completed form to Chevron Payroll Operations using the enclosed envelope pre-addressed with the address for Chevron Payroll Operations at P.O. Box 6041, San Ramon, CA 94583. Keep a copy for your files.