Insurance & Benefits Trust of PORAC

Gold Short and Long Term Disability Plan
Summary of Benefits For **Safety** Members

Plan Features	Short-Term Disability *(Plan # 610007 - R)*	Long-Term Disability *(Policy # 649401 - A)*
How Benefits are Funded	Fully self-funded and administered by the **I&B Trust of PORAC**.	Fully insured by **Standard Insurance Company**- A.M. Best rated A (excellent); Standard and Poor's rated A+ (strong). Ratings as of October 2017. Ratings include the Standard Life Insurance Company of New York.
Percentage of Wages Protected	Up to **66 2/3%** of the first **$15,000** monthly Pre-Disability Earnings, reduced by Deductible Income.	**66 2/3%** of the first **$15,000** monthly Pre-Disability Earnings, reduced by Deductible income during the initial 12 months of LTD benefit eligibility. After 12 months of LTD benefit eligibility: Non Industrial Disabilities: **66 2/3%** Industrial Disabilities: **16 2/3%**
Catastrophic Disability Benefit	During the initial **12** months of Disability, the plan pays up to an additional **33 1/3%** of the first $15,000 of monthly Pre-Disability Earnings, not to exceed $5,000.	N/A
Maximum Monthly Benefit	**$10,000** (66 2/3% of $15,000) before reduction by Deductible Income.	**$10,000** (66 2/3% of $15,000) before reduction by Deductible Income.
Maximum Benefit Period	**12** Months	To **age 65** if age 61 or younger when Disability began. Maximum Benefit Period for Disabilities that occur after age 61 will be determined by your age when Disability began.
Own Occupation Period	During the initial **12** months of Disability.	**12** months following the waiting period.
Freeze of Sick Leave	After **60** Days	(Premium payments are waived while Disability Benefits are payable)
Minimum Benefit	**$200** per month for Non-Industrial Disabilities.	**$200** per month while receiving sick pay for Non-Industrial Disabilities. **$50** per month in all other circumstances
Sick Leave Integration Benefit (Non-Industrial only)	After 60 days, receive **100%** of base pay through use of 50% leave time and 50% STD Benefit.	After 60 days, receive **100%** of base pay through use of 50% leave time and 50% LTD Benefit.
STD Benefit Eligibility Waiting Period **LTD Waiting Period**	Industrial Disabilities: **0** days Non-Industrial Disabilities: **0** days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. <u>During the first 60 days of Disability:</u> • You are eligible to receive up to **33 1/3%** of your monthly Pre-Disability Earnings, reduced by Deductible Income. • You are required to use any available personal leave pay you are eligible to receive from your Employer.	**365** days (Premium payments are waived while Disability Benefits are payable)
Musculoskeletal & Connective Tissue Disorders	No limitation	For certain conditions, benefits are limited to **12** months for each period of disability.
Mental & Nervous Disorders	No limitation	Benefits are limited to **6** months for each continuous period of disability caused or contributed to by a Mental Disorder, or as long as hospitalized.
Drug & Alcohol Use	Benefits limited to **12** months lifetime	Benefits limited to **6** months lifetime
Death Benefit	**$65,000** Death Benefit (Accidental) **$50,000** Death Benefit (Natural) (You are covered for the Death Benefit while enrolled under the STD Plan and during the first two years you continue to be disabled and receiving Disability Benefits).	**$65,000** Death Benefit (Accidental) fully insured through ReliaStar Life Insurance Company. **$50,000** Death Benefit (Natural) fully self-funded through IBT of PORAC

Monthly Contribution: $29.70

This is an illustration only. Refer to Plan Documents and Insurance Policy for complete details. CA License Number 0425842.
For additional assistance please contact your Myers-Stevens & Toohey & Co., Inc. representative at: 800-827-4695

Group Disability Application
GOLD - Group Short/Long Term Disability Program

DIRECTIONS: This form must be completed to apply for Group Disability Coverage. When Evidence of Insurability is required, that form will be provided separately. To apply for coverage (as a Member) read the notice(s) on back page of application.
Then complete all items, sign, and date below.
When finished, send original to Myers-Stevens & Toohey & Co., Inc. and keep a copy for your records

Please print clearly (black ink): Fax, Mail or Scan and E-Mail to:

Myers-Stevens & Toohey & Co., Inc. | 26101 Marguerite Parkway | Mission Viejo | CA 92692
phone 800.827.4695 | fax 949.348.2630 | PORAC@myers-stevens.com | license #0425842

Insurance & Benefits Trust of PORAC (STD Plan 610007 - R)
Standard Insurance Company (LTD Policy 649401- A)

Tell Us About Yourself:

Your Name		Sex ____Male ____Female	SSN
Home Address			
City		State	ZIP
Date of Birth	E-Mail Address	Home Phone	Work Phone
Full Name of Your Employer			Date Employed
Association Name		Associate Number	
Monthly Salary $	Date of PORAC Membership / /		PORAC # (if available)

Please confirm you are a Safety Member by initialling the space below.

I am a: _____ Safety Member

Safety Member is an employee who is eligible to receive benefits under California Labor Code Section 4850 and safety employee benefits under the County Employees Retirement Act of 1937 or Public Employees Retirement Systems (PERS) of California, or benefits comparable thereto, with their employer at the time of Disability is incurred.

As a member in good standing of PORAC and having read the attached brochure describing the benefits. I hereby apply for coverage under my association's disability plan which is subject to the provisions of the Insurance and Benefits Trust of the Peace Officers Research Association of California Group Short Term Disability Plan Document and The Standard Long Term Disability Policy. I certify that I am working full-time and able to perform all the required duties of my occupation. Upon approval of this application, I authorize my employer to make the necessary deductions from my wages or salary to cover my contribution (if any) for the cost of this coverage.

Member's Signature _____ Date _____

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