



Insurance & Benefit Trust of PORAC

Gold Short and Long Term Disability

Plan Summary of Benefits for Safety Members (30 Day Option)

Plan Features	Short-Term Disability (STD) #61007-R	Long-Term Disability (LTD) #233040-1-G
How Benefit are Funded	Fully self-funded and administered by the I&B Trust of PORAC .	Fully insured by Metropolitan Life Insurance Company . A.M. Best rated A+ (Superior); Standard & Poor's rated AA- (Very Strong). Ratings as of January 15, 2020. Ratings include Metropolitan Life Insurance Company.
Percentage of Wages Protected	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 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.	NA
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	The later of your normal retirement age as defined by Social Security.
Own Occupation Period	During the initial 12 months of Disability.	12 months following the waiting period.
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. During the first 30 days of Disability: <ul style="list-style-type: none"> You are eligible to receive up to 33 1/3% of your monthly Pre-Disability Earnings for any period you are not eligible to receive any personal leave pay. 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)
Freeze of Sick Leave	After 30 days	NA
Sick Leave Integration Benefit	After 60 days, receive 100% of Pre-Disability Earnings through use of 50% sick/annual leave time and 50% STD Benefit	NA
Minimum Benefit	\$200 per month for Non-Industrial Disabilities.	\$200 per month while receiving sick leave/annual leave for both Industrial and Non-Industrial Disabilities.
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 12 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 or PORAC.
Terminal Illness	NA	100% of monthly benefit for 12 months when diagnosed with a terminal illness.

Monthly Contribution \$31.70

This information is intended to summarize the main features of the STD and LTD plans only. All benefits will be provided in accordance with applicable Plan Documents and Group Policies. For additional assistance, please contact your Myers-Stevens & Toohy & Co., Inc. representative at: 800-827-4695. CA License # 0425842.

We will not pay for any Disability caused or contributed to by: War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act; Your active participation in a riot; Intentionally self-inflicted injury; Attempted suicide; or Commission of or attempt to commit a felony.

Group Disability Application

GOLD – Group Short/Long Term Disability Program (30 Day Option)

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) Metropolitan Life Insurance Company (LTD Plan 233040-1-G)

Tell Us About Yourself:

Your Name	Sex ____ Male ____Female	SSN
Home Address		Date of Birth
City	State	ZIP
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 initialing 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 MetLife Long Term Disability Plan. 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 _____

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator for costs and complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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