



# Insurance & Benefits Trust of PORAC

## Long Term Disability Plans (LTD)

<b>Plan Features</b>	<b>Premier PLUS</b> (24/7 Coverage)	<b>Premier</b> (24/7 Coverage)	<b>Basic</b> (Off-Duty Coverage / Safety only)
<b>Monthly Premium</b>	\$22.50 per member, per month	\$19.50 per member, per month	\$9.50 per member, per month
<b>Percentage of Wages Protected</b>	70% of the first \$12,857 Pre-Disability Earnings reduced by deductible income	66 2/3% of the first \$10,500 Pre-Disability Earnings reduced by deductible income	70% of the first \$9,000 Pre-Disability Earnings reduced by deductible income
<b>Assisted Living Benefit</b>	During the Own Occupation Period it pays an additional 30% of the first \$12,857 of Pre-Disability Earnings, but not to exceed \$3,857. This benefit is not reduced by deductible income.	During the Own Occupation Period it pays an additional 33 1/3% of the first \$10,500 of Pre-Disability Earnings, but not to exceed \$3,500. This benefit is not reduced by deductible income.	None
<b>Maximum Monthly Benefit</b>	\$9,000 per month (70% of \$12,857) before reduction by deductible income	\$7,000 (66 2/3% of \$10,500) before reduction by deductible income	\$6,300 (70% of \$9,000) before reduction by deductible income
<b>Maximum Benefit Period</b>	Safety Members: To age 65 for both Accident & Illness. Lifetime if severely disabled Non-Safety Members: 36 Months	Same	To age 65 for non-industrial disability Lifetime if severely disabled
<b>Minimum Benefit</b>	\$200 per month while receiving sick pay for Non-Industrial Disabilities	Same	\$500 per month while receiving sick leave for Non-Industrial Disabilities
<b>Waiting Period</b>	Non-industrial: 30 days (Required use of sick leave may be frozen after 60 days) Industrial: 0 days (Premiums waived after claim approval)	Same	30 calendar days from last day worked for Non-Industrial Disability. Premiums waived after claim approval
<b>Musculoskeletal &amp; Connective Tissue Disorders</b>	For certain conditions, benefits are limited to 24 months for each period of disability	Same	Same
<b>Mental &amp; Nervous Disorders</b>	Safety Members: Benefits are limited to 12 months each continuous period of disability, or as long as hospitalized Non-Safety Members: Benefits are limited to 6 months each occurrence, or as long as hospitalized	Same	Benefits are limited to 12 months for each continuous period of disability, or as long as hospitalized
<b>Drug &amp; Alcohol Use</b>	Benefits limited to 12 months lifetime	Same	Same
<b>Death Benefits</b>	\$55,000 Death Benefit (accidental causes) \$50,000 Death Benefit (natural causes)	Same	None

### Premier PLUS, Premier and Basic Plans share these Great Features

**How Benefits Are Funded** - funded and administered first 5 years and after age 65 for life by the I&B Trust of PORAC with assets in excess of \$8 million\*. Claims are funded by The Standard Insurance Company - A.M. Best rated A (Excellent). Financial size category XII (\$1 billion to \$1.25 billion), from the sixth year of benefit eligibility to age 65.

**Cost of Living Adjustment (COLA)** - Up to 5% compounded annually based on increases in Consumer Price Index (CPI-W)

**Sick Leave Integration Benefit - Receive 100%** of base pay through use of 50% leave time and 50% LTD Benefit.

**Survivors Benefits** - Dependents will receive a lump sum benefit equal to 6 times the member's last LTD monthly benefit

This information is intended to summarize the main features of the LTD plans only. Please refer to the Plan Document for complete details. For additional assistance please contact your Myers-Stevens & Toohy & Co., Inc. Representative at: 800-827-4695. CA Lic # 0425842

\*Reflects assets as of the most recent 5500 filing.

# ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



## ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

*Insurance and Benefits Trust/Committee*

### Your PORAC AD&D program...

The Insurance and Benefits Trust of PORAC (I & B Trust of PORAC) knows how important financial security is to you and your family and is proud to offer this Accidental Death & Dismemberment insurance program. You are urged to carefully consider the program and your own personal needs. Along with the individual and family options offered in this brochure, the I & B Trust of PORAC would also like to provide a basic level of coverage for every eligible member of PORAC. As such, **provided you complete and return the attached enrollment form**, the I & B Trust will pay the premium for your AD&D Core Plan coverage with a Principal Sum of \$5,000 on-duty and \$1,000 off-duty.

### No Medical Statements are required...

You are guaranteed acceptance under this plan. No medical statements or health questionnaires are required.

### You will be covered 24 hours a day...

This program covers you 24 hours a day, on or off the job, worldwide, at home or on vacation, subject to the provisions, exclusions and limitations of the Policy.

### Exclusions & Limitations

#### Benefits will not be paid for a Covered Person's loss which:

1. Is caused by or results from a covered person's own:
  - a. Intentionally self-inflicted injury, suicide, or any attempt thereof;
  - b. voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the direction of, a doctor (accidental ingestion of a poisonous substance is not excluded);
  - c. participation in a riot or insurrection except while on official duty as a peaceofficer;
  - d. engaging in any illegal or criminal enterprise or activity;
2. Is caused by or results from:
  - a. declared or undeclared war or act of war;
  - b. an accident which occurs while you are on active duty service in any Armed Forces (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days);
  - c. aviation, except as specifically provided in the Policy;
  - d. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental cut or wound or accidental food poisoning.

#### Core Plan Aggregate Limit of Liability:

Total benefits for all covered persons in any one accident are limited to \$150,000; a proportionate share is payable to each person.

### Designing the Optional Plan to Meet Your Needs

Select your Principal Sum from the "Optional Plan Selection and Monthly Cost Table" below. You will be insured for the amount for which you enroll and pay the required premium, regardless of your health history.

Coverage for your spouse and children will be a percentage of the Principal Sum you select for yourself. You may choose either the 100% Option or the 50% Option for your spouse; coverage for each of your insured children will be 20%.

OPTIONAL PLAN SELECTION AND MONTHLY COST TABLE							
Member Only		Plus Spouse Coverage				Plus Children 20% Each	
		100% Option		50% Option			
Principle Sum	Cost	Principle Sum	Cost	Principle Sum	Cost	Principle Sum	Cost*
\$ 50,000	\$ 4.00	\$ 50,000	\$ 2.16	\$ 25,000	\$ 1.08	\$ 10,000	\$ .67
\$100,000	\$ 8.00	\$100,000	\$ 4.32	\$ 50,000	\$ 2.16	\$ 20,000	\$ 1.34
\$150,000	\$12.00	\$150,000	\$ 6.48	\$ 75,000	\$ 3.24	\$ 30,000	\$ 2.01
\$200,000	\$16.00	\$200,000	\$ 8.64	\$100,000	\$ 4.32	\$ 40,000	\$ 2.68
\$250,000	\$20.00	\$250,000	\$10.80	\$125,000	\$ 5.40	\$ 50,000	\$ 3.35
\$300,000	\$24.00	\$300,000	\$12.96	\$150,000	\$ 6.48	\$ 60,000	\$ 4.02
\$500,000	\$40.00	\$500,000	\$21.60	\$250,000	\$10.80	\$100,000	\$ 6.70

\*For One or More Children

AD&D 11/04

Underwritten by:



**BCS Insurance Company**  
Chicago, Illinois  
Rated A - (Excellent) by A.M. Best,  
an independent insurance company rating agency

This flyer provides a brief description of the benefits available. Complete details may be found in Policy No. MSC 00001, Accident only Policy Form No. 50.227(CA). The only way your rates or benefits can be changed is if the same action is taken for all others in your insurance class.

Arranged & Administered By:



Myers-Stevens & Toohey & Co., Inc.

For more information, contact Myers-Stevens & Toohey & Co., Inc.

800-827-4695

Mail Completed Application to: Myers-Stevens & Toohey & Co., Inc. 26101 Marguerite Parkway, Mission Viejo, CA 92692

## AD&D ENROLLMENT FORM

1. Full Name \_\_\_\_\_ 2. S.S.# \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_

4. Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Phone Number ( ) \_\_\_\_\_ 6. Sex M  F  7. Active  Retired

8. Full name of your Department \_\_\_\_\_

9. Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Example: Jane Doe not Mrs. John Doe) The member is the beneficiary of any coverage in effect on his/her eligible dependents.

#### 10. Plan selection, Principal sum and Monthly Cost

- Member Principal Sum
- Spouse's Principle Sum must be equal to 100% or 50% of the Member's Principle Sum
- Children's Principle Sum Must be equal to 20% of the Member's Principle Sum
- Core Plan (Member Only) \$5,000 On-Duty / \$1,000 Off-Duty (Provided by I&B Trust of PORAC)
- I have been given the opportunity to enroll in the Optional Plan, but choose not to participate at this time.

Principle Sum	Monthly Cost
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

As a member in good standing of the Peace Officer's Research Association of California and having read the attached brochure, I hereby request to participate in the Accidental Death & Dismemberment Insurance plan sponsored by Insurance and Benefits Trust of PORAC and underwritten by BCS Insurance Company. I agree that premiums, if required, for this Insurance shall be paid by payroll deduction, if available, otherwise, as billed by Myers-Stevens. Coverage shall be effective on the first day of the month following receipt of this completed enrollment form by Myers-Stevens, provided any required premiums are paid when billed. If payroll deduction is not available, I prefer to pay premiums:  Quarterly  Semi-Annually  Annually

Myers-Stevens & Toohey & Co., Inc. 26101 Marguerite Parkway, Mission Viejo, CA 92692

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_