Insurance & Benefit Trust of PORAC

Gold Short Term Disability

Plan Summary of Benefits for Non-Safety Members

Plan Features	Short-Term Disability (STD) *#610008-B*
How Benefit is Funded	Fully self-funded and administered by the **I&B Trust of PORAC.**
Percentage of Wages Protected	**66 2/3%** of the first **$15,000** monthly Pre-Disability Earnings, reduced by Deductible income.
Catastrophic Disability Benefit	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.
Maximum Monthly Benefit	**$10,000** (66 2/3% of $15,000) before reduction by Deductible income.
Maximum Benefit Period	**36** Months
Own Occupation Period	During the initial **24** months of Disability.
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 60 days of Disability:** • 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.
Freeze of Sick Leave	After **60** days
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
Minimum Benefit	**$200** per month for Non-Industrial Disabilities.
Musculoskeletal & Connective Tissue Disorders	For certain conditions, benefits are limited to **24** months for each continuous period of disability.
Mental & Nervous Disorders	Benefits are limited to **6** months for each continuous period of disability.
Drug & Alcohol Use	Benefits limited to **12** 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).
	Monthly Contribution $24.00

This information is intended to summarize the main features of the STD plan only. All benefits will be provided in accordance with applicable Plan Documents and Group Policy. For additional assistance, please contact your Insurance and Benefits Trust of PORAC representative at: 800-655-6397. CA License # 0E39029.

MetLife

Navigating life together

Gold Short Term Disability Plan

Plan #610008-B

How is this plan funded?

The STD plan is fully self-funded and administered by the **I&B Trust of PORAC.**

How do I become covered?

To become covered under this plan, you must apply (complete and return the attached application form) and if required, submit and have approved evidence of good health. If you are required to submit evidence of good health your coverage will not become effective until your evidence has been approved. Regardless, you also must be capable of Active Work on the day before the scheduled effective date of your coverage.

You will be required to provide satisfactory evidence of good health to become insured if:

- You apply for coverage more than 90 days after you become eligible for coverage
- You join PORAC more than one year after you first were eligible to join
- Fewer than 10 members in your participating unit are covered under the plan on the date you apply
- You were eligible under a prior Group Disability plan but were not covered
- You were covered previously and allowed your coverage to lapse

What is a "Non-Safety Member"?

A Non-Safety Member is an employee who is not entitled to Safety Employee benefits. (Safety Employee means an employee who is eligible to receive benefits through the employee's current Employer 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 an equivalent safety retirement plan).

How is "disability" defined?

If you become Disabled while covered under the Non-Safety STD Plan, the Trust will pay benefits according to the terms of the STD Plan after we receive Proof of Loss (see time limits below) and determine the benefit payable. The Trust is solely responsible for paying Non-Safety STD Plan benefits. You are Disabled if you meet the "Own Occupation" definition of Disability:

Own Occupation Definition of Disability

1. Total Disability Definition: You are Totally Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Substantial And Material Acts necessary to pursue your Own Occupation and you are not working in your Own Occupation.
2. Partial Disability Definition: You are Partially Disabled from your Own Occupation if you are not Totally Disabled and you are actually working in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings.

Note: You are not Disabled from your Own Occupation merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license. The loss of a professional license, occupational license, or certification does not, in itself, constitute Disability.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation definition of Disability. However, your Work Earnings may be Deductible Income and STD Benefits will end when your Work Earnings meet or exceed 80% of your Indexed Predisability Earnings.

Own Occupation may be interpreted to mean the employment, business, trade or profession that involves the Substantial And Material Acts of the occupation you are regularly performing for your Employer when Disability begins. Own Occupation is not necessarily limited to the specific job you perform for your Employer.

Substantial And Material Acts means the important tasks, functions and operations generally required by employers from those engaged in your Own Occupation that cannot be reasonably omitted or modified. In determining what Substantial And Material Acts are necessary to pursue your Own Occupation, we will first look at the specific duties required by your job. If you are unable to perform one or more of these duties with reasonable continuity, we will then determine whether those duties are customarily required of other individuals engaged in your Own Occupation. If any specific, material duties required of you by your job differ from the material duties customarily required of other individuals engaged in your Own Occupation, then we will not consider those duties in determining what Substantial And Material Acts are necessary to pursue your Own Occupation.

What is deductible income?

Deductible income is income you receive or are eligible to receive while STD benefits are payable. It is used to reduce the amount of your STD benefits and includes, but is not limited to, the following:

- Personal leave pay and annual leave pay, 4850 pay, and other forms of salary continuation (including donated amounts). After the initial 60 days of an approved Disability, vacation pay and compensatory time off are not considered Deductible Income.
- Benefits under any worker's compensation law (other than benefits for permanent disability), state disability income benefit law or similar law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Any disability or retirement benefits you receive or are entitled to receive under your employer's retirement plan (such as PERS, STRS, or plan through a union or employee association) including a previous employers retirement plan through a peace officer's agency, unless receipt of such retirement benefits commenced prior to your date of disability under this STD plan. Amounts you receive through the Deferred Retirement Option Program (D.R.O.P.), also will be considered deductible income.
- Earnings from work activity while you are disabled
- Any amount of third party liability payments you receive by judgment, settlement or otherwise (less attorneys' fees)
- Any amount you receive by compromise, settlement or other method as a result of a claim or any of the above.

This is an illustration only. Refer to Plan Documents and Insurance Policy for complete details. CA License Number 0E39029.
For additional assistance please contact your Insurance and Benefits Trust of PORAC representative at: 800-655-6397.

Gold Short Term Disability Plan *(continued)*

Plan #610008-B

What is a pre-existing condition?

Pre-existing condition means:

- A diagnosed mental or physical condition for which you have received medical treatment, care or services or have taken prescribed medication at any time during the 365-day period just before your coverage under the Non-Safety STD Plan becomes effective, or
- A mental or physical condition, whether diagnosed or undiagnosed,
  1. For which you have received medical treatment, care or services or have taken prescribed medication at any time during the 365-day period just before your coverage under the Non-Safety STD Plan becomes effective,
  2. That caused symptoms at any time during the 365-day period just before your coverage under the Non-Safety STD Plan becomes effective for which a prudent person would usually seek medical treatment, care or services, and that was misrepresented or not disclosed in your application or medical history statement.

What exclusions apply for this coverage?

You are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit any crime outside the scope of your employment unless:
  1. You were seen or treated by a Physician for your Disabling condition prior to committing or attempting to commit the crime; or
  2. All charges are dropped; or
  3. A trier of fact and final appeal has found you not guilty of committing or attempting to commit a crime.
- An intentionally self-inflicted injury, while sane or insane.
- War or any act of war (declared or undeclared) whether civil or international, and any substantial armed conflict between organized forces of a military nature.
- A condition for which you previously received a medical disability retirement from your position as a Non-Safety Employee.
- A pre-existing condition or medical or surgical treatment of a Pre-existing Condition unless on the date you become disabled
  1. Have been continuously covered and Actively at Work under the Plan for 24 months; and
  2. Have been Actively at Work for at least one full day after the end of that 24 months.
- Any injury or illness that results from or arises out of any Non-Safety employment or Non-Safety service as an employee, independent contractor, leased employee, temporary employee or in any other capacity, for an employer or entity other than the municipal agency under which whose employment you enrolled in this Short-Term Disability plan.
- Your actions which result in a disciplinary investigation by your Employer unless:
  1. You were seen or treated by a Physician for your Disabling condition prior to the actions which led to the disciplinary investigation; or
  2. The disciplinary investigation results in inconclusive findings; or
  3. A finding is issued releasing you from blame or responsibility related to the matter under disciplinary investigation.
- The separation of employment or change in assignment if the separation of employment or change in assignment is due to Employer's determination that:
  1. You have failed to meet minimum performance standards; or
  2. You have violated Employer policy.
- This exclusion will not apply if you were seen or treated by a Physician for your Disabling condition prior to the separation of employment or change in assignment.

What limitations apply to this coverage?

STD benefits are not payable for any period of time when you are:

- Not under the ongoing care of a physician in the appropriate specialty
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Scheduled to be away from work without pay
- In addition, payment of STD benefits is limited in duration: To 12 months during your entire lifetime for a disability caused or contributed to by your alcoholism, drug addiction, or use of any hallucinogens
- Rules For Disabilities Subject To Limited Pay Periods:
  1. If you are Disabled as a result of more than one Disability for which benefits are payable for a limited period of time, the limitation periods will run concurrently.
  2. If you are Disabled as a result of a Disability for which benefits are payable for a limited time, and at the same time are Disabled as a result of a Disability that is not subject to such limitation, STD Benefits will be payable first for the conditions that are limited before Benefits are payable for any condition that is not subject to a limitation.
  3. No STD Benefits will be payable after the ending date of the longest limitation period that applies to your Disability, unless on that date you continue to be Disabled as a result of a Disability for which payment of STD Benefits is not limited.

Group Disability Application

GOLD – Non-Safety Group Short 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 the Insurance and Benefits Trust of PORAC and keep a copy for your records.

Please print clearly (black ink): Fax, Mail or Scan and E-Mail to:
Insurance and Benefits Trust of PORAC | 2960 Advantage Way | Sacramento | CA 95834
phone 800-655-6397 | fax 916-999-8892 | lifeanddisability@ibtofporac.org | license # 0E39029

Insurance & Benefits Trust of PORAC (STD Plan #610008-B)

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 Non-Safety Member by initialing the space below.

I am a: _____ Non-Safety Member

A Non-Safety Member is an employee who is not entitled to receive Safety Employee benefits. (Safety Employees are 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. 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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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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