



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.

Gold Short Term Disability Plan

Plan #610007-R

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 “Safety Member”?

Safety Member is 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 Safety STD Plan, the Trust will pay benefits according to the terms of the Safety STD Plan after we receive Proof of Loss (see time limits below) and determine the benefit payable. The Trust is solely responsible for paying 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.

Gold Short Term Disability Plan *(continued)*

Plan #610007-R

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 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 Safety STD Plan becomes effective,
 2. That caused symptoms at any time during the 365-day period just before your coverage under the 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 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 Safety employment or 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.

Gold Long Term Disability Plan

Plan #233040-1-G

How do I become covered?

To become insured 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 LTD plan but were not covered
- You were covered previously and allowed your coverage to lapse

What is 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.

How is “disability” defined?

Disability or Disabled means that as a result of Sickness or Injury You are either Totally Disabled or Partially Disabled.

Totally Disabled or Total Disability means that during the Elimination Period and the next 12 months, you are unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue your Usual Occupation in the usual and customary way.

Partially Disabled or Partial Disability means while actually working in an occupation, you are unable to earn 80% or more of your Predisability Earnings.

Usual Occupation means any employment, business, trade or profession and the Substantial and Material Acts of the occupation you were regularly performing for the employer when the Disability began. Usual Occupation is not necessarily limited to the specific job that you performed for the employer.

What is deductible income?

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. It is used to reduce the amount of your LTD benefits and includes, any disability benefits for you, your spouse or child(ren) under:

1. Federal Social Security Act; Canadian Pension Plan; Quebec Pension Plan; Railroad Retirement Act; or any similar plan or act;
2. temporary disability benefits under a workers' compensation law;
3. amounts under any other occupational disease law, Longshoremens and Harbor Worker's Act, Maritime Doctrine of Maintenance, Wages and Cure or similar act;
4. any disability benefits under:
 - the Jones Act;
 - any state compulsory/statutory benefit law;
 - any government retirement system, including but not limited to the California State Teachers Retirement System (CalSTRS) and/or the California Public Employee Retirement System (CalPERS); or
 - the Policyholder's retirement plan;
5. any retirement benefits under:
 - Federal Social Security Act;
 - Canadian Pension Plan;
 - Quebec Pension Plan;
 - Railroad Retirement Act;
 - the Policyholder's retirement plan; or
 - any similar plan or act;
6. third party liability payments by judgment, settlement or otherwise (minus attorneys' fees);
7. sick pay;
8. amounts from compromise or settlement of any claim for any of the Other Income sources shown in this provision (minus attorneys' fees);
9. any salary continuation, personal time off, and annual leave pay; and/or
10. return to work earnings as set forth in the Work Incentive and Limit on Work Incentive subprovisions, in the REHABILITATION INCENTIVES provision.

Gold Long Term Disability Plan *(continued)*

Plan #233040-1-G

What is a pre-existing condition?

A pre-existing Condition occurs when you received medical treatment, consultation, care or services for a diagnosed condition; or took prescription medication for a diagnosed condition in the 12 months immediately prior to the effective date of coverage under your certificate; and the Disability caused or substantially contributed to by the condition begins in the first 24 months after the effective date of coverage under your certificate.

You are not covered for a Disability caused or substantially contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition.

What exclusions apply for this coverage?

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

- 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.

What limitations apply to this coverage?

Payment of LTD benefits is limited in duration:

- To 12 months for each period of continuous Disability while you reside outside of the United States or Canada
- To 6 months during your entire lifetime for a Disability caused or contributed to by your alcoholism, drug addiction, or use of any hallucinogens
- To 12 months for each period of continuous Disability caused or contributed to by one or more of the following: a mental or nervous disorder or disease (unless you are hospital-confined at the end of 12 months); neuromuscular, musculoskeletal or soft tissue disorders (this limitation will not apply to certain conditions); or chronic fatigue conditions (this limitation will not apply to certain conditions)

Rules for Disabilities Subject To Limited Pay Periods:

- 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.
- 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.
- 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 – 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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