



# 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)

<b>How Benefits are Funded</b>	Fully self-funded and administered by the <b>I&amp;B Trust of PORAC</b> .	Fully insured by <b>Standard Insurance Company- A.M.</b> 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.
<b>Percentage of Wages Protected</b>	Up to <b>66 2/3%</b> of the first <b>\$15,000</b> monthly Pre-Disability Earnings, reduced by Deductible Income.	<b>66 2/3%</b> of the first <b>\$15,000</b> 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: <b>66 2/3%</b> Industrial Disabilities: <b>16 2/3%</b>
<b>Maximum Monthly Benefit</b>	<b>\$10,000</b> (66 2/3% of \$15,000) before reduction by Deductible Income.	<b>\$10,000</b> (66 2/3% of \$15,000) before reduction by Deductible Income.
<b>Maximum Benefit Period</b>	<b>12</b> Months	To <b>age 65</b> 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.
<b>Own Occupation Period</b>	During the initial <b>12</b> months of Disability.	<b>12</b> months following the waiting period.
<b>STD Benefit Eligibility Waiting Period</b>	Industrial Disabilities: <b>0</b> days Non-Industrial Disabilities: <b>0</b> 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.	<b>365</b> days (Premium payments are waived while Disability Benefits are payable)
<b>LTD Waiting Period</b>	<u>During the first 60 days of Disability:</u> • You are eligible to receive up to <b>33 1/3%</b> 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.	
<b>Freeze of Sick Leave</b>	After <b>60</b> Days	(Premium payments are waived while Disability Benefits are payable)
<b>Sick Leave Integration Benefit (Non-Industrial only)</b>	After 60 days, receive <b>100%</b> of base pay through use of 50% leave time and 50% STD Benefit.	After 60 days, receive <b>100%</b> of base pay through use of 50% leave time and 50% LTD Benefit.
<b>Minimum Benefit</b>	<b>\$200</b> per month for Non-Industrial Disabilities.	<b>\$200</b> per month while receiving sick pay for Non-Industrial Disabilities. <b>\$50</b> per month in all other circumstances
<b>Catastrophic Disability Benefit</b>	During the initial <b>12</b> months of Disability, the plan pays up to an additional <b>33 1/3%</b> of the first \$15,000 of monthly Pre-Disability Earnings, not to exceed \$5,000.	N/A
<b>Musculoskeletal &amp; Connective Tissue Disorders</b>	No limitation	For certain conditions, benefits are limited to <b>12</b> months for each period of disability.
<b>Mental &amp; Nervous Disorders</b>	No limitation	Benefits are limited to <b>6</b> months for each continuous period of disability caused or contributed to by a Mental Disorder, or as long as hospitalized.
<b>Drug &amp; Alcohol Use</b>	Benefits limited to <b>12</b> months lifetime	Benefits limited to <b>6</b> months lifetime
<b>Death Benefit</b>	<b>\$65,000</b> Death Benefit (Accidental) <b>\$50,000</b> 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).	<b>\$65,000</b> Death Benefit (Accidental) fully insured through ReliaStar Life Insurance Company. <b>\$50,000</b> Death Benefit (Natural) fully self-funded through IBT of PORAC

**Monthly Contribution: \$29.70**

# “Gold” Short Term Disability Plan

## (Plan #610007 - R)

### 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 employer's 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 you receive by compromise, settlement or other method as a result of a claim or any of the above.

### 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:
  - A. You were seen or treated by a Physician for your Disabling condition prior to committing or attempting to commit the crime; or
  - B. All charges are dropped; or
  - C. 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
  - A. Have been continuously covered and Actively at Work under the Plan for 24 months; and
  - B. 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:
  - A. You were seen or treated by a Physician for your Disabling condition prior to the actions which led to the disciplinary investigation; or
  - B. The disciplinary investigation results in inconclusive findings; or
  - C. 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:
  - A. You have failed to meet minimum performance standards; or
  - B. 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 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,
  - A. 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
  - B. 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 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.

## 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

## 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 60 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.

# “Gold” Long Term Disability Plan

## (Policy # 649401 - A)

### 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, but is not limited to, the following:

- Sick pay and annual leave pay (including donated amounts), 4850 pay and other forms of salary continuation, but not including vacation pay, compensatory time off (CTO) pay, or lump sum buy-back of your sick leave and annual leave pay
- 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 employer’s retirement plan through a peace officer’s agency, unless receipt of such retirement benefits commenced prior to your date of disability under this LTD 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 you receive by compromise, settlement or other method as a result of a claim or any of the above.

### 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 an assault or felony, or your active participation in a violent disorder or riot (except while performing your official duties)
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- A pre-existing condition or the medical or surgical treatment of a pre-existing condition unless on the date you become disabled, you have been continuously covered under the plan for the 24-month exclusion period and actively at work for at least one full day after the end of the exclusion period

### What is a pre-existing condition?

A pre-existing condition is a mental or physical condition, whether or not diagnosed or misdiagnosed:

- Which was discovered or suspected as a result of any routine or other medical examination at any time during the pre-existing condition period or
- For which you have consulted a physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self administered procedures, or taken prescribed drugs or medications at any time during the pre-existing condition period.

The pre-existing condition period is the 12-month period just before your LTD coverage becomes effective.

### What limitations apply to this coverage?

LTD 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

In addition, 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 6 months for each period of continuous Disability caused or contributed to by a mental disorder (unless you are hospital-confined at the end of 6 months)
- To 12 months for each period of continuous Disability caused or contributed to by musculoskeletal or connective tissue disorders. (This limitations will not apply to certain conditions)
- To 6 months for each period of continuous Disability caused or contributed to by chronic fatigue conditions. (This limitation will not apply to certain conditions)
- To 6 months for each period of continuous Disability caused or contributed to by an allergy or sensitivity to chemicals or the environment. (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.

### 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?

You will be considered to be “disabled” if you meet the following requirements:

Own Occupation Definition:

During the Benefit Waiting Period and the Own Occupation Period you are required to be Totally Disabled from your Own Occupation or Partially Disabled from your Own Occupation.

- 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.
- 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.

Any Occupation Definition:

During the Any Occupation Period you are required to be Totally Disabled from all occupations or Partially Disabled.

- Total Disability Definition: You are Totally Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to engage with reasonable continuity in Any Occupation.
- Partial Disability Definition: You are Partially Disabled if you are not Totally Disabled and you are actually working in an occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to engage with reasonable continuity in that occupation or Any Occupation.

## 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 60 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



**Insurance & Benefits Trust of PORAC**  
**“Gold” Short Term Disability & Long Term Disability Plan For**  
**Safety Members**



# 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 \_\_\_\_\_

DETACH FORM HERE





# Insurance & Benefits Trust of PORAC

## “Gold” Short Term Disability & Long Term Disability Plan For Safety Members

Plans arranged by:



**Myers-Stevens & Toohey & Co., Inc.**

26101 Marguerite Parkway | Mission Viejo, CA 92692

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