

# Disability And Life Insurance CTA Member Benefits





Dean E. Vogel  
President, CTA



Dear Colleague,

I understand the pressures that education professionals face. Each year, you and your fellow California Teachers Association members are asked to do more with less.

With so much of your time and energy spent preparing the children of California for the future, it can seem like there isn't time to look after your own needs.

To help you get the protection you need, CTA offers Voluntary Disability and Life Insurance through Standard Insurance Company (The Standard). Designed to meet the specific needs of CTA members, these plans offer high-quality coverage for you and your loved ones.

CTA endorses only one provider of Disability and Life Insurance – The Standard. They've been protecting their customers for more than 100 years and are highly regarded for their service and integrity. With their history of strength and reliability, we are confident The Standard is a partner you can trust.

This brochure contains the information and forms you need to enroll in Disability and Life Insurance from The Standard. If you'd like more details and convenient online enrollment, visit [www.cta.org/thestandard](http://www.cta.org/thestandard) now.

We take pride in offering benefits that members like you value. Tens of thousands of your peers have chosen to protect their way of life and families with The Standard. Please consider taking a moment to get the peace of mind you deserve.

Sincerely,

A handwritten signature in black ink that reads "Dean E. Vogel". The signature is fluid and cursive, written in a professional style.

Dean E. Vogel  
President, CTA

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## Protection From A Partner You Can Trust

With hours spent in the classroom, meeting with parents and administrators, and grading assignments, California educators have little time to think about unfamiliar insurance products. But having the right coverage is a critical part of any financial plan.

You may get some coverage through your district, your spouse/domestic partner or other sources. But do you have the insurance coverage you need to protect your income and loved ones? To help you get the protection you need, CTA offers special, member-only Disability and Life Insurance.

### Created specifically for CTA members

CTA members have unique insurance needs. Partnering with The Standard, CTA Member Benefits has created Disability and Life Insurance plans specifically designed for education professionals. The plans offer a number of great features, including:

- Access to the CTA Advisory Panel on Endorsed Services.
- Coverage for disabilities occurring on or off the job.
- Coverage for extra duty pay such as coaching and tutoring.
- Provisions to allow for continuation of coverage during temporary layoffs and labor disputes.
- Special enrollment opportunities.
- Convenient payroll deductions.

The need for these products and their features is very real. Each year, more than **5,100**<sup>1</sup> of your peers receive much-needed help from the CTA-endorsed plans.

### Service, integrity, dependability

For more than 100 years, The Standard has been dedicated to helping its customers during their time of need. CTA chose to make The Standard the only endorsed provider of Disability and Life Insurance because of its commitment to service and integrity. With a history of stability and a full-time, dedicated CTA Customer Service Department, The Standard is a partner you can trust. Just ask any of the more than **85,000**<sup>2</sup> CTA members who have chosen The Standard to protect their way of life and loved ones.

### For peace of mind, choose CTA-endorsed every time.

For more information, read on or call 800.522.0406 (TTY) from 7:00 a.m. to 6:00 p.m. Pacific Time. To apply for coverage, complete the form on page 8 or visit [www.cta.org/thestandard](http://www.cta.org/thestandard).

<sup>1</sup> From 9/1/09 – 8/31/10, based on data developed by The Standard

<sup>2</sup> As of 3/31/11, based on data developed by The Standard



## Help When You Need It

Tens of thousands of CTA members rely on the CTA-endorsed plans to be there when they need them. And each year, thousands of members turn to The Standard for help in their time of need. Our CTA-dedicated team takes great pride in being there to help by providing the top-notch, comprehensive service that you would expect from a CTA-endorsed vendor. But don't just take our word for it; see what your peers have to say:

"I had a Grand Mal Seizure before the start of the school year and used my Disability Insurance policy with The Standard. During the whole claim process, everyone was kind, respectful and just wonderful to me. I truly felt cared about and appreciated. The staff at The Standard helped me take care of paperwork, easing my stress load and making the situation an all around pleasant one. Thank you for making the customer feel #1!"

- *Whitney, Tustin Education Association, Irvine, CA*

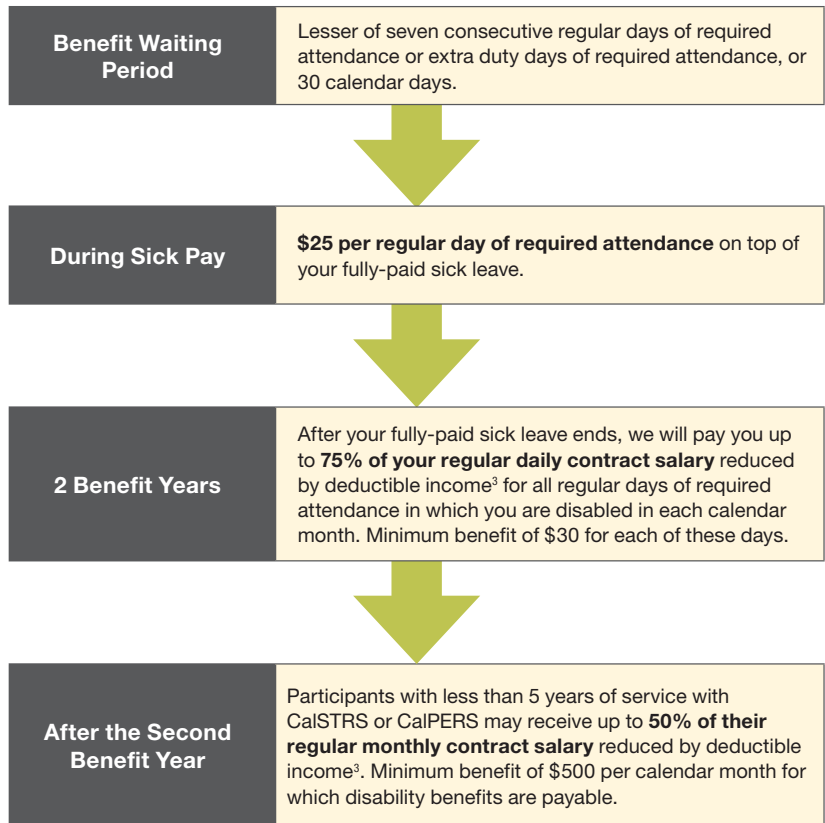
"I had kidney surgery and used my Disability Insurance policy with The Standard. The whole claim process, from filing online to receiving my first check, was extremely easy and efficient. The customer service I received was top-notch, and I would highly recommend this coverage to my fellow CTA members."

- *Steve, Stockton Education Association, Stockton, CA*



## Disability Insurance: Highlights

The CTA-endorsed Disability Insurance plan was designed to meet the unique income protection needs of CTA members. The plan has a number of great features and benefits to help provide you with the protection and peace of mind that you deserve. Here's how the plan works if you are disabled:



### Other key features

- Covers disabilities that occur on or off the job.
- Covers extra duty pay such as coaching and tutoring.<sup>4</sup>
- Pays \$35 per day in addition to any other benefit payable when you are a registered, in-bed patient at a hospital (60 day maximum per disability) with no benefit waiting period.<sup>4</sup>
- No premiums are required while disability benefits are payable.
- Includes access to the CTA Advisory Panel on Endorsed Services.

For additional information including costs, and to learn about other great features and benefits of the CTA-endorsed Disability Plan, turn to page 10. To see the plan's terms, limitations and exclusions, turn to page 18.

<sup>3</sup> Examples of deductible income (if currently insured, see your certificate of insurance for a full listing and exceptions): personal leave pay, severance pay, substitute differential pay, catastrophic/extraordinary leave bank, salary continuation, workers' compensation, work earnings, social security, state disability, CalPERS/CalSTRS benefits.

<sup>4</sup> For the first two benefit years only.

# Life And Accidental Death & Dismemberment (AD&D): Highlights

Life Insurance is a key part of any financial plan. And making sure you have enough Life Insurance during your working years is a critical part of protecting your loved ones. The CTA-endorsed Term Life Insurance Plan was designed to supplement your existing Life Insurance or help you start new coverage. The plan has a number of great features and benefits, including optional coverage for your dependents. Accidental Death and Dismemberment Insurance equal to the amount of your Life Insurance coverage (up to \$200,000) is included at no additional cost.

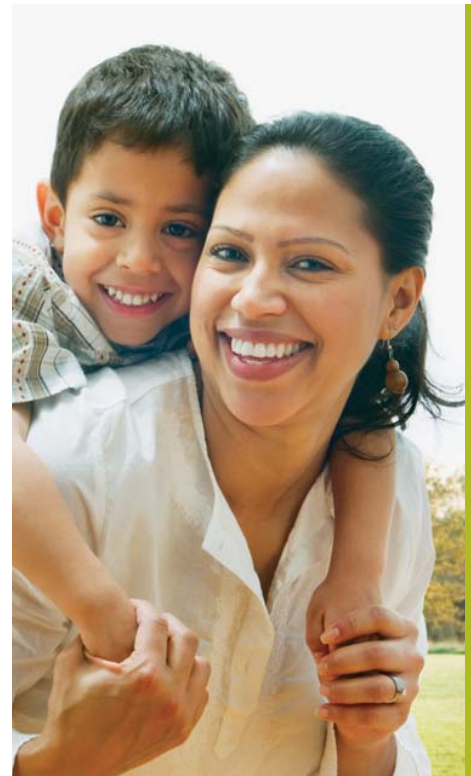
## Life Insurance key features

- Term Life Insurance coverage with options from \$25,000 to \$400,000.
- Optional Life and AD&D coverage for your spouse/domestic partner and children with your Life Insurance.
- Accelerated benefit provides advance payments of up to 80% of the amount of Life Insurance in force if you provide satisfactory proof to The Standard that, while insured, you have been diagnosed with a terminal illness with a life expectancy of less than 12 months.
- Qualified disability benefit provides payment of up to 60% of the amount of Life Insurance in force if you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living.
- MEDEX® Travel Assist services to help you get information and support for medical, legal and travel-related issues when you are more than 100 miles from home.
- Continuation of coverage during total disability with payment of premium.

## AD&D Insurance key features

- Included with Life Insurance coverage at no additional cost.
- Offers additional protection against covered death or injuries.
- In the event of a covered death, it provides additional benefits to help surviving family members with expenses such as child care and higher education.

For additional information including costs, and to learn about other great features and benefits of the CTA-endorsed Life and AD&D Plan, turn to page 13. To see the plan's terms, limitations and exclusions, turn to page 19.



**Standard Insurance Company**

CTA Benefits and Services  
 PO Box 4744 Portland OR 97208  
 Tel & TTY 800.522.0406 Fax 888.414.0393

**FORM A**

**Disability and/or Life Enrollment  
 for CTA-endorsed Plans**

**For additional information and forms visit [www.cta.org/thestandard](http://www.cta.org/thestandard)**

Please be sure to complete all sections to ensure prompt processing of your enrollment. Sign and date the completed form and return it to The Standard at the address above or fax to **888.414.0393**.

<b>EMPLOYEE INFORMATION</b> Note: All fields are required.			
FIRST NAME		MIDDLE INITIAL	LAST NAME
HOME MAILING ADDRESS		CITY	STATE ZIP
PRIMARY PHONE		PERSONAL EMAIL ADDRESS	
DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes Effective Date _____ Type _____	
SCHOOL DISTRICT <i>Please do not abbreviate.</i>		DATE FIRST EMPLOYED AT CURRENT SCHOOL DISTRICT	
CURRENTLY WORKING? <input type="checkbox"/> Yes Hours Per Week _____ <input type="checkbox"/> No		ANNUAL CONTRACT OR EQUIVALENT WITH YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU WANT TO SWITCH COVERAGE TO THE STANDARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		FULL TIME MEMBER OF THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COVERAGES**

Refer to the enrollment materials provided when completing this form. Coverage may be subject to evidence of insurability (satisfactory proof of good health) requirements. If you have questions, please call The Standard's dedicated CTA Customer Service Department at 800.522.0406 or email [ctaservice@standard.com](mailto:ctaservice@standard.com).

Disability Insurance	Life Insurance and Dependents Life Insurance	
<input type="checkbox"/> Disability  Gross Annual Salary (Required) \$ _____	<b>SELF</b> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$400,000	<b>DEPENDENTS (choose one or both)</b> <b>Spouse/Domestic Partner</b> <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$37,500 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000  <b>Spouse/Domestic Partner and Children</b> <input type="checkbox"/> \$5,000 <b>Dependent Information</b> <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child(ren) Number of Child(ren) _____  Please Note: The amount of Dependents Life Insurance for each dependent may not exceed 50% of your Life Insurance amount under the Group Policy.

**SIGNATURE REQUIRED**

I wish to make the choices indicated on this form. I authorize my employer to deduct premiums from my wages to cover my cost of insurance sponsored by California Teachers Association. I understand that my employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that a copy of this form will be provided to my employer to facilitate payroll deduction for the coverages that I have elected. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard. I certify that I meet the eligibility requirements of the coverage(s) for which I applied and understand that if I am no longer eligible my coverage(s) will end. I also certify that the information I have provided is accurate.

I understand that Disability Insurance coverage will not pay for benefits for disability due to any diagnosed mental or physical condition for which I have received treatment, care, services or taken prescription medication in the 30 calendar days prior to my insurance effective date unless I have worked 10 consecutive regular days of required attendance after my insurance effective date and prior to becoming disabled.

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_



# Enrolling Is Quick And Easy

Complete the attached form, then:

- Give it to a representative of The Standard,
- Fax it to 888.414.0393,
- Or mail it to: **CTA Benefits and Services**  
PO Box 4744 Portland, OR 97208

You can also enroll online. To get started, visit [www.cta.org/thestandard](http://www.cta.org/thestandard).

## Enrollment Form frequently asked questions

### Q. What are qualifying family status changes?

A. A qualifying family status change is a marriage, divorce or legal separation; the initiation of dissolution of a domestic partner relationship; the birth or adoption of a child; the death of a spouse/domestic partner or child; the commencement or termination of a spouse/domestic partner's employment; or a change in employment from full-time to part-time by you or your spouse/domestic partner.

### Q. How do I switch my insurance from another carrier to The Standard?

A. Please note your desire to switch coverage in the appropriate section on the Enrollment Form. A representative from The Standard will contact you to complete the process. Several enrollment opportunities are available during the year.

### Q. When do I need to complete the Medical History Statement on page 21?

A. The most common situations when a completed Medical History Statement is required include when:

- You apply for coverage outside of a special enrollment opportunity.
- You apply for more than \$200,000 of Life Insurance coverage.
- You apply to increase Life Insurance and/or Dependents Life Insurance.

Please see page 20 for additional information on the Medical History Statement.

### Q. What should I do if I have additional questions?

A. If you have additional questions, please call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY) from 7:00 a.m. to 6:00 p.m. Pacific Time, Monday – Friday.

# Disability Insurance:

## Income protection no educator should be without

CTA has designed your Voluntary Disability Insurance plan to work with your other benefit programs to help in the event you suffer a covered sickness or injury that results in a disability. More important, it helps provide financial assistance when no other income replacement benefits are available.

<b>Benefit Waiting Period</b>	Lesser of seven consecutive regular days of required attendance or extra duty days of required attendance, or 30 calendar days. No disability benefits are payable during benefit waiting period.										
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• During fully paid sick leave or restored sick leave: <b>\$25 per regular day of required attendance.</b></li> <li>• First and second benefit years: up to <b>75% of regular daily contract salary</b> reduced by deductible income payable for each regular day of required attendance on which you are disabled.<sup>5</sup> Here's an example of how it works if your contract salary is \$400 per day: \$400 times your disability benefit rate of 75% is an unreduced maximum benefit of \$300 per work day. Subtract your workers' compensation benefit of \$70 per work day and your salary continuation benefit of \$30 per work day to get a \$200 disability benefit per work day. Minimum benefit of <b>\$30 per regular day of required attendance.</b></li> <li>• After second benefit year (Class 2 only): up to <b>50% of regular monthly contract salary</b> reduced by deductible income. Minimum benefit of \$500 per calendar month for which disability benefits are payable. See page 12 for class definitions.</li> </ul>										
<b>Benefit Period</b>	<p><b>Class 1</b> — the period for which you are eligible to receive fully paid sick leave and for the following two benefit years.</p> <p><b>Class 2</b> — the period for which you are eligible to receive fully paid sick leave and for the following two benefit years, plus the following applicable period:</p> <table border="0"> <tr> <td><b>Your Age When Disability Begins:</b></td> <td><b>Maximum Benefit Period:</b></td> </tr> <tr> <td>59 or younger</td> <td>To age 65</td> </tr> <tr> <td>60 through 64</td> <td>5 years</td> </tr> <tr> <td>65 through 69</td> <td>To age 70, or 1 year, whichever is greater</td> </tr> <tr> <td>70 or older</td> <td>1 year</td> </tr> </table> <p>For class definitions, see page 12.</p>	<b>Your Age When Disability Begins:</b>	<b>Maximum Benefit Period:</b>	59 or younger	To age 65	60 through 64	5 years	65 through 69	To age 70, or 1 year, whichever is greater	70 or older	1 year
<b>Your Age When Disability Begins:</b>	<b>Maximum Benefit Period:</b>										
59 or younger	To age 65										
60 through 64	5 years										
65 through 69	To age 70, or 1 year, whichever is greater										
70 or older	1 year										
<b>Benefit Basis</b>	First and second benefit years: benefits are calculated based on your regular daily contract salary for each regular day of required attendance based on your salary in effect for the contract year in which you become disabled. After second benefit year (Class 2 only) benefits are calculated based on your regular monthly contract salary for each calendar month.										
<b>Preexisting Conditions</b>	Disabilities caused or substantially contributed to by a preexisting condition are not covered unless you have been continuously insured and actively at work for 10 consecutive regular days of required attendance on the date you become disabled. Preexisting condition period is the 30-calendar-day period just before your insurance becomes effective. This means once your insurance is effective, and you become disabled after being at work for 10 consecutive regular work days, then disabilities caused or contributed to by preexisting conditions are covered.										

<sup>5</sup> Examples of deductible income (if currently insured, see your certificate of insurance for a full listing and exceptions): personal leave pay, severance pay, substitute differential pay, catastrophic/extraordinary leave bank, salary continuation, workers' compensation, work earnings, social security, state disability, CalPERS/CalSTRS benefits.

## Disability Insurance premium amounts

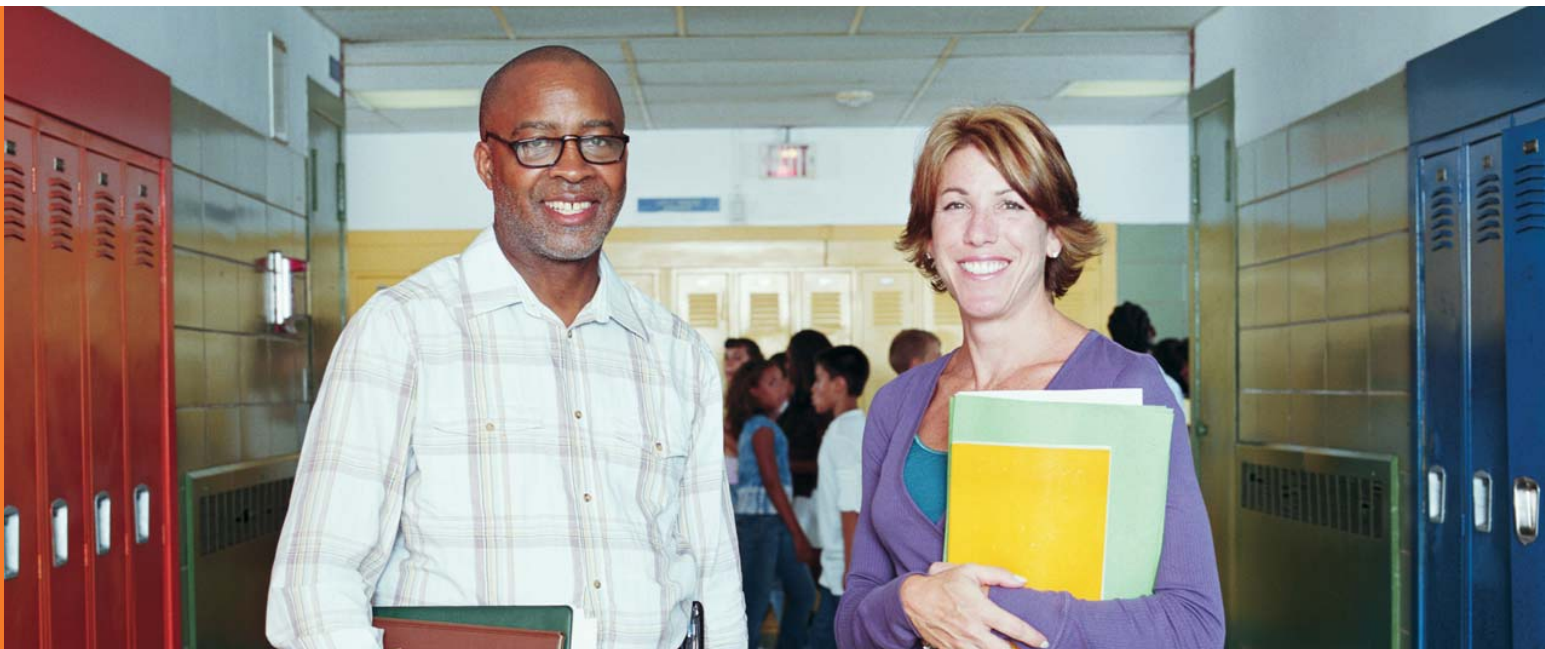
Annual Contract Salary Ranges	Monthly Premium <sup>6</sup>	Eleventhly Premium <sup>6</sup>	Tenthtly Premium <sup>6</sup>
\$0 – \$11,249	\$4.60	\$5.02	\$5.52
\$11,250 – \$14,249	\$6.01	\$6.56	\$7.21
\$14,250 – \$17,249	\$7.41	\$8.08	\$8.90
\$17,250 – \$20,749	\$8.95	\$9.76	\$10.75
\$20,750 – \$24,999	\$10.77	\$11.75	\$12.93
\$25,000 – \$30,249	\$13.01	\$14.19	\$15.62
\$30,250 – \$36,749	\$15.79	\$17.23	\$18.94
\$36,750 – \$44,499	\$19.14	\$20.88	\$22.97
\$44,500 – \$53,249	\$23.02	\$25.11	\$27.63
\$53,250 – \$60,249	\$27.20	\$29.67	\$32.65
\$60,250 – \$67,249	\$30.75	\$33.55	\$36.89
\$67,250 and over	\$34.19	\$37.30	\$41.03

<sup>6</sup> Frequency of required premium payments (monthly, etc.) is determined by your employer. While monthly, eleventhly and tenthtly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

## Additional plan features

- Covers disabilities occurring on or off the job.
- Includes access to the CTA Advisory Panel on Endorsed Services (APES).
- Pays up to 75% of extra duty pay lost due to disability, reduced by deductible income. Extra duty pay may include income received for coaching, after-school programs, summer-school sessions, advising or mentoring.
- Pays \$35 per calendar day while confined to a hospital as a bed-registered patient as a result of your disability with no benefit waiting period. This means your hospital benefits start immediately, any time of year, and will be paid for up to 60 days during a continuous period of disability. This is in addition to any disability benefits that may be payable.
- No premiums required while disability benefits are payable.
- Provisions to allow for continuation of coverage during a labor dispute or temporary layoff with payment of premium.
- Convenient payroll deduction.
- \$10,000 Accidental Death and Dismemberment coverage.
- Partial disability, subject to any benefit waiting period, allows eligibility for benefits even if you continue to work while disabled — for the duration of your claim.
- Survivors benefit of three times the disability benefit, not reduced by deductible income, is paid to your beneficiary if you die while you are eligible for disability benefits under the plan.
- Dependent education benefit provides a monthly benefit — \$150 for each eligible student, with a maximum of \$600 per month for all eligible students — for disabled participants who have children or a spouse who are registered, and in full-time attendance, at a licensed or accredited educational institution beyond high school.
- Child care benefit for expenses incurred within 36 months from the date of the CTA member's covered accidental death, up to \$1,000 per year.
- Rehabilitation plan incentives that may include training and education expenses, family (child and elder) care expenses, and job-search expenses.<sup>7</sup>
- Reasonable accommodations expense payment provides up to \$25,000 of an employer's expenses toward work-site ergonomics/modifications to allow your return to work following a disability.<sup>7</sup>

<sup>7</sup> Subject to prior approval by The Standard



## Disability Insurance: Terms you should know

**Class 1:** Participants who, on the date of disability, (a) have five or more years of credited service under the California State Teachers Retirement System (CalSTRS) and/or the Public Employees Retirement System (CalPERS) or (b) are not participants in either system.

**Class 2:** Participants who, on the date of disability, participate in but have less than five years of credited service under CalSTRS and/or CalPERS.

**Regular day(s) of required attendance** means any day(s) you are required to be actively at work based on the calendar dates of the school calendar and your employment contract in effect on the date you become disabled. The calendar dates in a subsequent contract year may not fall on the same days of the week as the school calendar in effect on your date of disability.

**Extra duty day(s) of required attendance** means any day(s) you are required to be actively at work based on the school calendar and your extra duty written agreement in effect on the date you become disabled that covers the time period following your disability.

**Benefit year** means (a) a period equal to the number of your regular days of required attendance under the terms of your employment contract with your employer for the contract year in which you become disabled, plus (b) any additional periods of restored sick leave.

**Regular contract salary** means your annual salary under the terms of your employment contract with the employer(s) in effect for the contract year in which you become disabled. Regular contract salary does not include any additional compensation, such as overtime pay, weekend or summer-school work compensation, extra duty pay, bonuses or district-funded fringe benefits. The regular contract salary and the number of regular days of required attendance will not change after your date of disability.

**Regular daily contract salary** means your regular contract salary, divided by the number of your regular days of required attendance for the contract year in which you become disabled.

**Regular monthly contract salary** means your regular contract salary divided by 12.

## Life And AD&D Insurance: An essential part of your complete financial plan

As an educator, you need to consider the consequences for your family if they were to lose you tomorrow. Would they experience a major financial loss? Could they cope with a loss of income? Help protect your family by taking an affordable, precautionary step today. The CTA Voluntary Life Insurance Plan offers you an opportunity to supplement your existing Life Insurance or start new coverage.

### CTA Voluntary Term Life Insurance plan features

- Term Life Insurance coverage with options from \$25,000 to \$400,000.<sup>8</sup>
- Optional Life and Accidental Death and Dismemberment coverage for your spouse/domestic partner and children with your Life Insurance.
- Retiree Term Life Insurance coverage available to CTA-NEA lifetime retired members upon retirement. Coverage election as an active participant predetermines the amount of coverage when you retire. Coverage will be reduced to one-fifth (1/5) of the amount in force on the day of your retirement.<sup>9</sup>
- Accidental Death and Dismemberment (AD&D) benefits.
- Convenient payroll deduction.
- Accelerated benefit provides advance payments of up to 80% of the amount of Life Insurance in force if you provide satisfactory proof to The Standard that, while insured, you have been diagnosed with a terminal illness with a life expectancy of less than 12 months.
- Qualified disability benefit provides payment of up to 60% of the amount of Life Insurance in force if you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living.
- Continuation of coverage during total disability with payment of premium.
- Additional repatriation benefits of up to \$5,000 to pay expenses incurred in transporting the remains of a covered CTA member who dies more than 200 miles from their primary residence.
- Provisions to allow for continuation of coverage during a labor dispute or temporary layoff with payment of premium.
- Family protection period allows your spouse/domestic partner and dependent coverage to continue for two years after your passing, without further premium payments.
- Conversion privileges to an individual policy, with some restrictions, is available when insurance coverage terminates for you or your dependents.
- MEDEX<sup>®</sup> Travel Assist provides access to 24-hour professional, medical, legal and travel assistance information and referral and coordination services whenever you travel 100 miles or more from home or when you travel in a foreign country for trips of up to 90 days.
- Beneficiary financial counseling is available to help beneficiaries understand their current financial situation and provides guidance in completing a financial plan. This service is also available to members receiving an accelerated benefit or qualified disability benefit.

<sup>8</sup> Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

<sup>9</sup> Retiree's Dependent Life Insurance amount is based on the amount of Life Insurance in force as a retired member.

# Life And AD&D Insurance: Accidental Death and Dismemberment benefits

When you enroll in Life Insurance, you'll also get protection against a covered accidental loss. At no additional cost, you'll get Accidental Death and Dismemberment benefits equal to the amount of your Life Insurance coverage (up to \$200,000).

LOSS	PERCENTAGE PAYABLE
Loss of Life	100% of the AD&D Insurance Benefit
Maximum of all losses from any one accident	100% of the AD&D Insurance Benefit
Paraplegia, quadriplegia or hemiplegia	100% of the AD&D Insurance Benefit
Loss of one of the following: hand, foot, sight in one eye, speech or hearing	50% of the AD&D Insurance Benefit
Loss of two or more of the following: hand, foot, sight in one eye, speech or hearing	100% of the AD&D Insurance Benefit
Loss of thumb and index finger (same hand)	25% of the AD&D Insurance Benefit
Loss of finger	5% of the AD&D Insurance Benefit
Coma	1% per month of the remainder of the AD&D Insurance benefit for up to 30 months <sup>10</sup>

## Your additional AD&D benefits include:

- Occupation assault benefit of up to \$25,000 will be paid if you suffer a covered loss while actively at work and the loss is the result of an act of physical violence against you that is punishable by law and evidenced by a police report.
- Higher education benefit will be paid annually to each child who, within 12 months after the date of your loss of life, is a registered, full-time student attending a licensed and accredited institution of higher education. Maximum benefit of 48 consecutive months.
- Child care benefit covers the cost of providing care for children under age 13 within 36 months of loss of your life while a surviving spouse or domestic partner obtains additional career training. Benefits are up to \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
- Seat belt benefit pays an additional \$10,000 (not to exceed the AD&D amount) benefit if your covered loss is the result of a covered automobile accident and you were wearing and properly utilizing a seat belt as demonstrated by the police report.
- Air bag benefit provides an additional \$5,000 (not to exceed the AD&D amount) benefit if you die as a result of an automobile accident, the seat belt benefit is payable and your air bag system meets the requirements as outlined in the certificate of insurance.
- Career adjustment benefit will be paid annually to a spouse/domestic partner who, within 48 months after the date of your loss of life, is a registered student in attendance at a professional or trades training program for the purpose of obtaining employment or increasing earnings. Maximum benefit of 48 consecutive months.
- Public transportation benefit provides the lesser of \$200,000 and 100% of the AD&D benefit in the event you die as a result of an accident while riding as a fare-paying passenger on public transportation or in a taxi.

<sup>10</sup> Member or dependent AD&D Insurance benefit is payable for loss of life after reduction by any member or dependent AD&D Insurance benefit paid for any other loss as a result of the same accident.

## Life Insurance premium amounts and coverage options

AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000
Under 25	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
	\$1.64	\$3.27	\$4.91	\$6.55	\$9.82	\$13.09	\$15.27	\$17.45	\$19.64	\$21.82
	\$1.80	\$3.60	\$5.40	\$7.20	\$10.80	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
25-29	\$1.75	\$3.50	\$5.25	\$7.00	\$10.50	\$14.00	\$16.50	\$19.00	\$21.50	\$24.00
	\$1.91	\$3.82	\$5.73	\$7.64	\$11.45	\$15.27	\$18.00	\$20.73	\$23.45	\$26.18
	\$2.10	\$4.20	\$6.30	\$8.40	\$12.60	\$16.80	\$19.80	\$22.80	\$25.80	\$28.80
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$19.00	\$22.00	\$25.00	\$28.00
	\$2.18	\$4.36	\$6.55	\$8.73	\$13.09	\$17.45	\$20.73	\$24.00	\$27.27	\$30.55
	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40	\$19.20	\$22.80	\$26.40	\$30.00	\$33.60
35-39	\$2.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00
	\$2.73	\$5.45	\$8.18	\$10.91	\$16.36	\$21.82	\$26.18	\$30.55	\$34.91	\$39.27
	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20
40-44	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$31.50	\$37.00	\$42.50	\$48.00
	\$3.55	\$7.09	\$10.64	\$14.18	\$21.27	\$28.36	\$34.36	\$40.36	\$46.36	\$52.36
	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$31.20	\$37.80	\$44.40	\$51.00	\$57.60
45-49	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$44.00	\$52.00	\$60.00	\$68.00
	\$4.91	\$9.82	\$14.73	\$19.64	\$29.45	\$39.27	\$48.00	\$56.73	\$65.45	\$74.18
	\$5.40	\$10.80	\$16.20	\$21.60	\$32.40	\$43.20	\$52.80	\$62.40	\$72.00	\$81.60
50-54	\$8.25	\$16.50	\$24.75	\$33.00	\$49.50	\$66.00	\$81.50	\$97.00	\$112.50	\$128.00
	\$9.00	\$18.00	\$27.00	\$36.00	\$54.00	\$72.00	\$88.91	\$105.82	\$122.73	\$139.64
	\$9.90	\$19.80	\$29.70	\$39.60	\$59.40	\$79.20	\$97.80	\$116.40	\$135.00	\$153.60
55-59	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$101.50	\$121.00	\$140.50	\$160.00
	\$11.18	\$22.36	\$33.55	\$44.73	\$67.09	\$89.45	\$110.73	\$132.00	\$153.27	\$174.55
	\$12.30	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$121.80	\$145.20	\$168.60	\$192.00
60-64	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$104.00	\$129.00	\$154.00	\$179.00	\$204.00
	\$14.18	\$28.36	\$42.55	\$56.73	\$85.09	\$113.45	\$140.73	\$168.00	\$195.27	\$222.55
	\$15.60	\$31.20	\$46.80	\$62.40	\$93.60	\$124.80	\$154.80	\$184.80	\$214.80	\$244.80
65-69	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$27.82	\$55.64	\$83.45	\$111.27	\$166.91	\$222.55	\$277.09	\$331.64	\$386.18	\$440.73
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
70+ <sup>11</sup>	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$27.82	\$55.64	\$83.45	\$111.27	\$166.91	\$222.55	\$277.09	\$331.64	\$386.18	\$440.73
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80

▶ Participant AD&D coverage equal to Life Insurance amount.

Calculated as Monthly Premiums<sup>12</sup>

Calculated as Eleventhly Premiums<sup>12</sup>

Calculated as Tenthly Premiums<sup>12</sup>

▶ Participant AD&D coverage equal to \$200,000.

▶ Proof of good health is always required for amounts above \$200,000.

▶ Optional spouse/domestic partner coverage NOT TO EXCEED \$100,000. See \$100,000 option for premium amount.

## Family coverage options

- 50% of the member's Life and AD&D Insurance coverage, up to \$100,000 of coverage for spouse/domestic partner. Premium: varies up to 50% of participant's premium.<sup>13</sup>
- \$5,000 Term Life and \$5,000 AD&D Insurance coverage for dependents, including spouse/domestic partner and eligible children. Premium: \$1.00 monthly, \$1.09 eleventhly, \$1.20 tenthly.<sup>13</sup>
- Proof of good health required for spouse/domestic partner and/or dependent children if applying more than 31 days after the member's effective date unless you have had a qualified family status change. If applying within 31 days of the member's effective date or within 31 days following a family status change, and for amounts of \$17,500 or less, proof of good health is not required.

<sup>11</sup> Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

<sup>12</sup> How premiums are deducted (monthly, etc.) is determined by your employer.

<sup>13</sup> The total amount of Life and AD&D Insurance coverage for a spouse/domestic partner may never exceed 50% of the member's Life and AD&D Insurance coverage.



## Calculator For your Life Insurance needs

Monthly expenses can add up quickly. If you were to die, what would it take to maintain your family's standard of living and cover future expenses?

### Income evaluation

Current Annual Income \$ \_\_\_\_\_  
 Multiply by the number of years your beneficiaries will need this income X \_\_\_\_\_  
 (number of years)

**Total Income** \$ \_\_\_\_\_

### Available resources

Other Income Available (401(k), stocks, etc.) \$ \_\_\_\_\_  
 Existing Life Insurance \$ \_\_\_\_\_

**Total Available Resources** \$ \_\_\_\_\_

### Expense evaluation

Funeral Expenses \$ \_\_\_\_\_  
 Medical Expenses \$ \_\_\_\_\_  
 Amount of mortgage to be paid off \$ \_\_\_\_\_  
 Loans/Debts (requiring payment upon death) \$ \_\_\_\_\_  
 Future Education Funding (college tuition, other expenses) \$ \_\_\_\_\_  
 Other Future Expenses (wedding, home maintenance, emergency fund) \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_  
 +  
 Total Expenses \$ \_\_\_\_\_  
 -  
 Total Available Resources \$ \_\_\_\_\_

**Total Life Insurance Needed** \$ \_\_\_\_\_

If you're not covered for at least this amount, help protect your family by applying for coverage today.

### Questions?

Visit [www.cta.org/thestandard](http://www.cta.org/thestandard) or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.



# Important Questions And Answers

## When can I enroll?

You can apply for coverage anytime online or by completing the enclosed forms and returning them in the postage-paid envelope or by faxing to 888.414.0393. Coverage may require satisfactory proof of good health and is subject to approval by The Standard. Opportunities to enroll with no health questions asked include:

**During the first 120 days of new employment,** CTA members have a one-time opportunity to enroll in Disability Insurance and/or up to \$200,000 of Life Insurance. Plus dependent Life coverage up to \$17,500.

**During the first 120 days of transferring employment to a new district,** CTA members have the opportunity to continue their coverage at its current level or members can enroll in Disability Insurance and/or up to \$200,000 of Life Insurance. Plus dependent Life coverage up to \$17,500.

**Within 31 days following the date of a family status change,** including birth/adoption, marriage/domestic partnership, employment change or loss/commencement of spousal employment, divorce/dissolution or other qualifying events, members may add or change Disability and/or Life Insurance coverage.<sup>14</sup>

There may be several other opportunities throughout the year to add or increase coverage, including but not limited to chapter campaigns and members transferring from another carrier. To learn more about these enrollment opportunities, visit [www.cta.org/thestandard](http://www.cta.org/thestandard) or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

## When will my coverage become effective?

You must satisfy the active work requirement in the applicable group insurance policy before your Disability or Life Insurance coverage will become effective.

**Disability Insurance:** If you are not required to submit proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date you apply. If you are required to provide proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date The Standard approves your proof of good health.

**Life Insurance:** For Life Insurance amounts not subject to proof of good health and for which you apply within 31 days following a family status change, coverage becomes effective on the later of (a) the date of the family status change and (b) the first day of the calendar month coinciding with or next following the date you apply,

provided the required premium contribution has been made for that month. Life Insurance amounts not subject to evidence of insurability and for which you apply at any other time become effective on the first day of the calendar month coinciding with or next following the date you apply, provided the required premium contribution has been made for that month. Life Insurance amounts subject to proof of good health become effective on the first day of the calendar month coinciding with or following the date The Standard approves your proof of good health, provided the required premium contribution has been made for that month.<sup>15</sup>

## Am I covered for Disability while on a leave of absence?

Your coverage may continue while you are out on federal or state-mandated family or medical leave. In addition, if you take an approved leave of absence, your insurance will be continued with premium payment through the last day of the first calendar month for which you are absent from active work due to the leave of absence. If your coverage remains in force and subject to the terms and conditions of the group policy, a disability that occurs while you are on an approved leave of absence may be covered.

## Is childbirth covered under the Disability Plan?

After your coverage is effective, childbirth is covered like any other disability. As an administrative claims management practice, you will be considered disabled four weeks prior to your due date and six weeks following a normal delivery or eight weeks following a C-section. Medical complications that result in disabilities outside of these guidelines will be considered based on medical evidence records. All plan provisions, including those regarding disability, medical necessity and preexisting conditions apply.

## How do I file a claim?

For your convenience, you have three options to submit claims. **Call** The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time. **Complete a form** and either mail it in or fax it to 888.414.0393. **Visit [www.cta.org/thestandard](http://www.cta.org/thestandard)** and submit a claim online.

## Is this a complete description of coverage?

No, this is not a complete description of this coverage. If you become insured, you will receive a certificate of insurance containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither this booklet nor the certificate of insurance modify the group policy or the insurance coverage.

<sup>14</sup> If a previous application submitted with proof of good health was denied by The Standard, then proof of good health will be required.

<sup>15</sup> If a premium contribution was not made because your employer makes payroll deductions only 10 months each year, your Life Insurance will become effective as if the premium contribution had been made. However, premium contributions must begin the next following month in which employee payroll deductions are made by your employer.

# Terms And Exclusions

## Changes in premium/termination of the group policies/ miscellaneous

The Standard's Disability Insurance and Life Insurance are provided under two separate policies. The group policies may be terminated by The Standard or California Teachers Association (CTA) according to its terms. CTA may terminate the group policy, in whole, and may terminate insurance for any class or any group of members at any time by giving The Standard written notice. The Standard may change premiums in accordance with the terms of the group policies.

## Disability Insurance eligibility

You must be an active employee who (1) has an annual contract with an employer, or the equivalent, as agreed to by The Standard and CTA; (2) is a member in good standing of CTA; (3) is a citizen or resident of the United States or Canada; and (4) is scheduled to work an average of at least 15 hours a week over a four-week period, or during your period of employment if less than four weeks.

## Disability Insurance evidence of insurability

You are required to submit evidence of insurability (proof of good health, which may include a medical examination and/or a blood test) if you apply more than 120 days after you become an employee of an employer, or if you fail to make the required premium contribution by the third month following the date you apply for insurance; if you have been eligible for insurance under the policyholder's group disability plan for more than 120 days but are not insured under the plan; or for certain reinstatements.

## Disability Insurance active work requirement

All coverage is subject to an active work requirement. If you are incapable of active work because of physical disease, injury, pregnancy or mental disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete 10 consecutive full days of active work as an eligible participant.

## Definition of disability

During the benefit waiting period and the usual occupation period you must be unable, as a result of sickness or injury, to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation and are not working in your usual occupation. You are also disabled if you are working in your usual occupation but, as a result of sickness or injury, are unable to earn 80% or more of your indexed regular daily contract salary. Usual occupation period is the period for which you are eligible to receive fully paid sick leave and the following two benefit years.

For Class 2 members, during the any occupation period you are disabled if, as a result of sickness or injury, you are unable to engage with reasonable continuity in any occupation. You are also disabled if you are working in an occupation but, as a result of sickness or injury, you are unable to engage in that occupation or any occupation with reasonable continuity. Any occupation period occurs from the end of the usual occupation period to the end of the maximum benefit period.

## Disability Insurance exclusions and limitations

Benefits are not payable for any disability:

- Caused or substantially contributed to by a preexisting condition unless you have been continuously insured and actively at work for 10 consecutive regular days of required attendance or extra duty days of required attendance on the date you became disabled.

**Preexisting 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 30-calendar-day period just before your insurance becomes effective.

- Due to intentionally self-inflicted injuries, committing or attempting

to commit an assault or a felony, war or any act of war, declared or undeclared.

- Unless under the care of a physician appropriate to the condition(s) causing disability.

**Physician** means a licensed medical professional, diagnosing and treating individuals within the scope of the license. The term includes a legally licensed physician, dentist, optometrist, podiatrist, psychologist or chiropractor. Physician does not include you or your spouse/domestic partner, or the brother, sister, parent or child of either you or your spouse/domestic partner.

Benefits are limited for any disability due to mental disorder or substance abuse.

- **For ongoing disability benefits for Class 2 employees only:** After fully paid sick leave and the following 2 benefit years, no benefits are payable for any disability resulting from mental disorder or substance abuse unless you are confined in a hospital or participating in a rehabilitation program approved by The Standard.

**Mental disorder** means those psychiatric or psychological conditions, regardless of cause, that are classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association, most current as of the start of disability. If the DSM is discontinued or repealed, mental disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of disability.

The mental disorder limitation will not apply to a disability caused or substantially contributed to by dementia if the dementia is the result of: 1) stroke; 2) physical trauma; 3) Alzheimer's disease or 4) other medical conditions not listed that are not usually treated by a mental health or other qualified provider using psychotherapy, behavioral therapy, psychotropic drugs or similar methods of treatment.

**Substance abuse** means your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

## Disability Insurance termination provisions

Your disability benefits and extra duty pay benefits end automatically on the earliest of the date you are no longer disabled, the date your maximum benefit period ends, the date you die, the date benefits become payable under any other group long term disability insurance policy under which you become insured during a period of temporary recovery, or the date you fail to provide proof of continued disability and entitlement to benefit.

Disability coverage including AD&D will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your insurance.
2. The date the group policy terminates.
3. The date your employment terminates.
4. The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
5. The first day of the calendar month following the date you cease to be a participant. However, if you cease to be a participant because you are not working the required minimum number of hours, your insurance will be continued during the following periods, unless it ends under 1 through 4 above:
  - During the benefit waiting period.
  - During a leave of absence if continuation of your insurance under the group policy is required by a federal or state-mandated family or medical leave act or law.

The information described in this booklet is subject to all terms and provisions of the group policy.

800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time, Monday – Friday

- During the first 90 days of a temporary layoff.
- Through the last day of the calendar month in which you are absent from active work due to a labor dispute. However, insurance may be continued during a labor dispute for up to six months, subject to the provisions in the group policy.
- Through the last day of the first calendar month for which you are absent from active work due to a leave of absence.
- During a scheduled vacation period.

- During a leave of absence if continuation of your insurance under the group policy is required by a state-mandated family or medical leave act or law.
- During any other scheduled leave of absence approved by your employer in advance and in writing, and lasting not more than 24 months.
- During the period of your service on active duty in the National Guard or the Reserves of the armed forces of the United States within the limits of the United States.

### Life Insurance eligibility

You must be one of the following: (1) an active employee of an employer and a member in good standing of CTA or (2) a retired employee who (a) is a retired employee of an employer and a CTA-NEA Retired Lifetime Member and (b) was insured under the group policy or prior plan immediately prior to retirement and (c) is eligible to receive benefits under the State Teachers Retirement System (CalSTRS) or Public Employees Retirement System (CalPERS) and authorizes premium deductions.

### Life Insurance active work requirement

All coverage is subject to an active work requirement. If you are incapable of active work because of physical disease, injury, pregnancy or mental disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of active work as an eligible participant.

### Life Insurance evidence of insurability

Evidence of insurability (proof of good health, which may include a medical examination and/or a blood test) is required if you apply for Life Insurance more than 120 days after you become an employee of an employer, or fail to make the required premium contribution by the third month following the date you apply for Life Insurance; if you apply for Dependents Life Insurance more than 31 days after you become eligible for dependents coverage under the policyholder's group Life Insurance plan, or you fail to make required premium contribution by the third month following the date you apply; to become insured for an amount of Life Insurance in excess of \$200,000; to become insured for an amount of Dependents Life Insurance in excess of \$17,500; to become insured for an amount greater than the amount for which you or your dependent was insured under the prior plan, if insured under the prior plan; for any increase in Life Insurance or Dependents Life Insurance; and reinstatements if required.

### Life Insurance termination provisions

Coverage for the participant will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance.
2. The date the group policy terminates.
3. The date your employment terminates, unless you are covered as a retired participant.
4. The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
5. The first day of the calendar month following the date you cease to be actively at work. However, if you cease to be actively at work, your Life Insurance may be continued with advance written notice to us and provided premiums are paid during the following periods, unless it ends under 1 through 4 above:
  - During the first 90 days of a temporary layoff.
  - Through the last day of the calendar month in which you are absent from active work due to a labor dispute. However, insurance may be continued during a labor dispute for up to six months, subject to the provisions in the group policy.

### Dependents Life Insurance termination provisions

Dependents Life Insurance ends automatically on the earliest of:

1. Two years after you die (no premiums will be charged for your Dependents Life Insurance during this time). However, coverage for your spouse/domestic partner will not be continued beyond the date your surviving spouse/domestic partner remarries or enters a domestic partner relationship.
2. The date your Life Insurance ends (except as provided in 1 above).
3. The date the group policy terminates, or the date Dependents Life Insurance terminates under the group policy.
4. The date the last period ends for which a premium was paid for your Dependents Life Insurance (except as provided in 1 above).
5. For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship.
6. For any dependent, the date the dependent ceases to be a dependent.
7. For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given.

### Accidental Death and Dismemberment (AD&D) exclusions and limitations<sup>16</sup>

Benefits are not payable for losses caused or contributed to by physical disease or mental disorder or pregnancy, bacterial infections, medical or surgical treatment, war or any act of war, suicide or self-inflicted injury or the commission or attempt to commit an assault or felony. AD&D benefits are not payable for losses occurring more than 365 days after the accident. Losses must be caused solely by the accident.

### Accidental Death and Dismemberment termination provisions

AD&D Insurance ends automatically for members on the earliest of:

- The date your Life Insurance ends.
- The date the last period ends for which a premium was paid for your AD&D Insurance.
- The date AD&D Insurance terminates under the group policy.
- The date you retire.

Dependent AD&D Insurance ends automatically on the earliest of:

- The date your Dependent Life Insurance ends.
- The date Dependent AD&D Insurance terminates under the group policy.
- The date the last period ends for which a premium was paid for your Dependent AD&D Insurance.
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship.
- For any dependent, the date the dependent ceases to be a dependent.
- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given.
- The date you retire.

<sup>16</sup> The Accidental Death and Dismemberment provisions described here apply to both the Group Disability and Life policies sponsored by CTA and issued by The Standard.

# Completing The Medical History Statement

Complete the attached form, then:

- Give it to a representative of The Standard,
- Fax it to 888.414.0393,
- Or mail it to: **CTA Medical Underwriting**  
**PO Box 4744 Portland, OR 97208**

## Medical History Statement frequently asked questions

### Q. When do I need to complete the Medical History Statement?

A. The most common situations when a completed Medical History Statement is required include when:

- You apply for coverage outside of a special enrollment opportunity.
- You apply for more than \$200,000 of Life Insurance coverage.
- You apply to increase Life Insurance and/or Dependents Life Insurance.

If you are unsure whether you need to complete the Medical History Statement, please call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY) from 7:00 a.m. to 6:00 p.m. Pacific Time.

### Q. What are the special enrollment opportunities?

A. Special enrollment opportunities include:

- A chapter campaign.
- Within the first 120 days of new employment.
- When transferring coverage from another insurance carrier.
- Within 31 days of a qualifying family status change (please see page 9 for a complete list of qualifying family status changes).

Note: In some situations a complete Medical History Statement may be required during a special enrollment opportunity.

### Q. Do I need to complete the Medical History Statement if I am applying for more than \$200,000 of Life Insurance coverage during a special enrollment opportunity?

A. Yes, a completed Medical History Statement is always required when you apply for more than \$200,000 of Life Insurance coverage.

### Q. What should I do if I have questions?

A. If you have questions, please call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY) from 7:00 a.m. to 6:00 p.m. Pacific Time.

Standard Insurance Company  
 Medical Underwriting, PO Box 4744 • Portland OR 97208

**Medical History Statement  
 For Residents of California**

**DIRECTIONS FOR APPLYING FOR COVERAGE**

*Read the Information Practices Notice(s) on page 3. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 2. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above.*

**MEMBER/EMPLOYEE INFORMATION**

School District		Policy Number	Check who is Applying (One per form) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child	
Employee Name		Birthdate (Mo/Day/Year)	Date First Employed (Mo/Day/Year)	
Occupation	Annual Salary	Social Security Number	CTA Member ID	

**APPLICANT INFORMATION**

Applicant's Name (Person to be insured)		Street Address	City	State	Zip
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (Mo/Day/Year)	Birthplace	Social Security Number	Primary Phone ( )	Secondary Phone ( )

**APPLICATION INFORMATION**

Type of Application (*check one*)  Initial  Increase in Coverage  Late Application

**Check the insurance coverage you are requesting.**

Voluntary Disability

Voluntary Life – *Choose one:*  \$25,000  \$50,000  \$75,000  \$100,000  \$150,000  
 \$200,000  \$250,000  \$300,000  \$350,000  \$400,000

Spouse/Domestic Partner and/or Child Life \$5,000

Spouse/Domestic Partner up to 50% of participant's Life Insurance amount – *Choose one:*  \$12,500  \$25,000  \$37,500  
 \$50,000  \$75,000  \$100,000

SIC USE ONLY	POLICY NO.	PARTICIPANT ID	GUARANTEE ISSUE AMOUNT	CURRENT AMOUNT IN FORCE
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**MEDICAL HISTORY STATEMENT QUESTIONS**

**Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.**

- Are you now unable to work full-time because of any physical or mental condition, or injury?  Yes  No
- Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
  - Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal ailment, or digestive system disorder?  Yes  No
  - Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, blindness, deafness, or any other neurological or muscle disorder?  Yes  No
  - Cancer, tumor, lesions, leukemia, lymphoma, blood clotting or other malignancy or growth?  Yes  No
  - Cardiovascular disease, heart ailment, arteriosclerosis, abnormal pulse, high blood pressure, heart murmur, valve, circulatory, or vascular disorders?  Yes  No
  - Emphysema, asthma, bronchitis, sleep apnea, or other respiratory or lung disease?  Yes  No
  - Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Disorder (HIV)?  Yes  No
  - Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back, or spine, arthritic or disc conditions?  Yes  No
  - Diabetes, thyroid, gland, spleen, or nephritis?  Yes  No
  - Drug or alcohol abuse, or have you used alcohol, drugs or nicotine in a manner that has resulted in medical treatment?  Yes  No
  - Psychiatric or mental condition, depression, adjustment disorder, affective disorder, anxiety disorder, or obsessive-compulsive disorder?  Yes  No
- In the past 10 years have you had any illness or injury not listed above which resulted in the use of prescribed medication or physician visits?  Yes  No
- Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?  Yes  No
- Are you currently pregnant?  Yes  No

Height	Weight	Physician or Medical Facility with Applicant's Complete Medical Records
		Name and Full Mailing Address

Describe below any "yes" answers. (Please provide the entire question number.)

Question Number	Description of Injuries, Disorders and Operations	Month/Year	Duration	Final Result	Physicians Consulted, City & State

**ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION** (Please read carefully)

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any attachments, are true and complete, to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the Medical Information Bureau Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information obtained by authorization to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I understand The Standard may release information it has about me to the MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and I have kept a copy of this Medical History Statement.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid one year from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.

<b>Signature of Applicant</b> (or Member/Employee for Dependent Child)	<b>Date</b>
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

## INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.



For more than 100 years we have been dedicated to our core purpose: to help people achieve financial security so they can confidently pursue their dreams. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision Insurance. We provide insurance to nearly 26,000 groups covering more than 8.7 million employees nationwide.<sup>17</sup> Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

For more information about CTA-endorsed Disability and Life Insurance from The Standard, call our dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time, Monday – Friday.

<sup>17</sup> As of June 30, 2010, based on internal data developed by The Standard.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

GP 190-LTD/S399/CTA.3  
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