Application for California Law Enforcement Association (CLEA) Long-Term Disability Group Coverage

Last Name	First Name	M.I.	Birth Date	Social Sec. No.
			/ /	

Mailing Address	Employment Date	Name of Employer
	/ /	

City	State	Zip Code	Phone
			( )

Employment Designation–REQUIRED

☐ **Sworn** ☐ **Non-Sworn**

E-Mail Address

Pre-Existing Conditions are eligible for coverage after 24 months of participation if you enroll during the one-time Initial Enrollment Period with your Association or Department, or during the first 60 days of your sworn or non-sworn employment. Otherwise, Pre-Existing Conditions or conditions caused or contributed to by Pre-Existing conditions, are excluded from coverage, except as provided for in the "Prior Coverage Credit." Disabilities caused by psychological or emotional disorders, or their physical manifestations, or drug, alcohol, or substance abuse, will be covered after 24 months of participation. Please contact the Plan Administrator for additional information or to request a copy of the Plan.

I hereby apply for Group Long-Term Disability (LTD) Plan Benefits offered through my employee Association or Department, and agree that I shall abide by the stated provisions as noted in the Plan Documents and Bylaws. Payroll deduction is authorized if applicable. Except as provided for in the "Prior Coverage Credit" provision of the Plan, I understand that any medical condition that existed prior to my effective date of coverage will not be covered until I have been enrolled in the Plan as an Active Member for a period of 24 months. Additionally, HIV, AIDS, ARC and death caused by pre-existing medical conditions will not be covered for 48 months. **Under the terms of the Plan, any dispute not resolved through the Plan's claims procedure must be resolved by binding arbitration with the American Arbitration Association.** Please see the Plan Document for additional information.

Special Provisions:

Sworn Participants not covered by Penal Code 830.1, 830.2(a), and 830.2(e) will have limited benefits (36 months Maximum Benefit at 70% of wages and 1 year Own Occupation Disability Plan Provision) if they suffer a disability that would normally be covered by Labor Code 3212 and its subchapters, and the disability is not determined to be job-related.

Non-Sworn Participants will be participating in the CLEA Non-Sworn Plan and will have LTD Benefits limited to 3 years. Please refer to the Non-Sworn Plan Documents for Plan provisions.

By signing below I indicate that I have read these statements including the paragraph above on the Pre-Existing Conditions and the Special Provisions and acknowledge the limitations in LTD Benefits as explained. Other conditions and limitations are included in the CLEA Plan Document.

Instructions and Rules for Beneficiary Designations.

To designate a Beneficiary for Death Benefits payable pursuant to the Plan upon the Member's death, the Member must sign this form and designate at least one primary Beneficiary. This Beneficiary designation cancels all prior designations. Designations are not valid unless duly signed, dated and returned to the Plan Administrator during the Member's lifetime. If designating a trust or trustee, the Member should reference the written trust document and date.

Only surviving Beneficiaries at the time of death will be eligible to receive all or any specified portion of the Death Benefit. The Death Benefits are payable to the most recent Beneficiary designated by the member to the Administrators or to his or her estate if the Beneficiary predeceases the Member or dies within three (3) days after the Member's death. If there is no named Beneficiary, or no Beneficiary survives as of the date of death, the Death Benefit will be payable to the Member's surviving spouse or civil union partner; or if there is no surviving spouse or civil union partner, it will be payable to the Member's estate.

The Member may have more than one primary Beneficiary. If so, the Member should designate the percentage of proceeds payable to each primary Beneficiary. If more than one primary Beneficiary is designated, unless their shares are specified, settlement will be made in equal shares to the designated Beneficiaries (or Beneficiary) living at the date of the Member's death.

A contingent Beneficiary receives the Death Benefit if (and only if) all primary Beneficiaries die before the date of the Member's death.

If a minor (a person not of legal age) is a Beneficiary, it may be necessary to have a guardian of the estate of the minor, or a conservator for the minor appointed before any Death Benefit can be paid. (This can result in legal expenses for the Beneficiary and a delay in the payment of the Death Benefit.)

If a Beneficiary disclaims all or any portion of a Death Benefit by delivering a written disclaimer to the Plan Administrator prior to the distribution of the Death Benefit, the interest disclaimed will pass as if that Beneficiary had pre-deceased the Member.

These instructions and rules are subject to and controlled in all respects by the terms of the Plan Document. Beneficiary information is required for the Plan Death Benefits. Contact the Plan Administrator at 1-800-832-7333 or visit www.CLEA.org to update your beneficiary choice or for additional information.

Your Signature _____ Date _____

Beneficiary _____ Relationship _____

_____

(If Trust, insert full name and date of Trust and Trustees names.)

Beneficiary Address _____ Beneficiary Phone _____

Contingent Beneficiary _____ Relationship _____

Contingent Beneficiary Address _____ Contingent Beneficiary Phone _____

Please do not write in this space. Office use only.

Received: _____ Effective Date: _____ Dept.: _____ Cert. No.: _____ Plan Sent: _____