

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

LAST NAME	FIRST NAME	M.I.	BIRTHDATE / /	SOCIAL SECURITY NO.
MAILING ADDRESS			EMPLOYMENT DATE / /	NAME OF EMPLOYER
CITY		STATE	ZIP CODE	PHONE ( )
CURRENT TITLE			E-MAIL	

**Special Note:** 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 employment. Otherwise, Pre-Existing conditions, and 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. Other conditions and limitations related to Pre-Existing Conditions are included in the CLEA Plan Document and Summary Plan Description. Please contact the Plan Administrator for additional information or to request a copy of the Plan.

**PLEASE COMPLETE APPLICATION ON REVERSE OF CARD**

CLEA-APP-LTD Rev. 07/10

## CLEA Long-Term Disability Group Coverage *(continued)*

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 Corporate By-laws. 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 twenty-four (24) months. Additionally, HIV, AIDS, ARC, and death caused by pre-existing medical conditions will not be covered for forty-eight (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.

Effective April 1, 2000, members not covered by Penal Code 830.1 and 830.2(a) will have limited benefits (36 months maximum benefit) 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.

By signing below you are indicating that you have read these statements and that you are working a full-time schedule as a safety or sworn employee.

Beneficiary information is required for the Plan Death benefits. Contact the Plan Administrator at 1-800-832-7333 or visit [www.clea.org](http://www.clea.org) to update your beneficiary choice or for additional information.

<b>PLEASE DO NOT WRITE IN THIS SPACE. OFFICE USE ONLY.</b>	
REC'D: _____	EFFECTIVE DATE: _____
DEPT.: _____	
CERT. NO.: _____	SPD SENT: _____

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Beneficiary / Relationship \_\_\_\_\_  
(Do not list minors)

Contingent Beneficiary / Relationship \_\_\_\_\_  
(Do not list minors)