



# Insurance & Benefits Trust of PORAC

## Premier Short and Long Term Disability Plan Summary of Benefits For **Safety** Members

Plan Features	Short-Term Disability (Plan # 610007 - M)	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</b> -A.M. Best rated A (excellent); Standard and Poor's rated A+ (strong). Ratings as of March 2013. Ratings include the Standard Life Insurance Company of New York.
<b>Percentage of Wages Protected</b>	<b>66 2/3%</b> of the first <b>\$10,500</b> monthly Pre-Disability Earnings, reduced by Deductible Income	<b>66 2/3%</b> of the first <b>\$10,500</b> monthly Pre-Disability Earnings, reduced by Deductible Income.
<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 \$10,500 of monthly Pre-Disability Earnings, not to exceed \$3,500.	N/A
<b>Maximum Monthly Benefit</b>	<b>\$7,000</b> (66 2/3% of \$10,500) before reduction by Deductible Income.	<b>\$7,000</b> (66 2/3% of \$10,500) 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>Freeze of Sick Leave</b>	After <b>60</b> Days	(Premium payments are waived while Disability Benefits are payable)
<b>Minimum Benefit</b>	<b>\$200</b> per month while receiving sick leave/annual leave 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>Sick Leave Integration Benefit (Non-Industrial only)</b>	Receive <b>100%</b> of base pay through use of 50% leave time and 50% STD Benefit.	Receive <b>100%</b> of base pay through use of 50% leave time and 50% LTD Benefit.
<b>Cost of Living Benefit (COLA) (Non-Industrial only)</b>	N/A	Up to 5% compounded annually based on increases in Consumer Price Index (CPI-W)
<b>STD Benefit Eligibility Waiting Period</b> <b>LTD Waiting Period</b>	Non-Industrial: <b>0</b> days, if you have been unable to work for 15 days due to a non-industrial Disability. (Contributions waived after 60 days and claim approval) Industrial: <b>0</b> days	<b>365</b> days
<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>Pays Benefits During Disputed Worker's Compensation Cases</b>	After 15 days - <b>66 2/3%</b> of wages to a maximum monthly benefit of \$7,000 (Repayable if determined to be an industrial Disability)	<b>66 2/3%</b> of wages to a maximum monthly benefit of \$7,000 (Repayable if determined to be an industrial Disability)
<b>Disability Pension Advance</b>	Up to 66 2/3% of wages (max. \$7,000 per month benefit) may be advanced during retirement processing.	Up to 66 2/3% of wages (max. \$7,000 per month benefit) may be advanced during retirement processing.
<b>Survivor's Benefit</b>	Dependents will receive a lump sum benefit equal to 6 times the member's last STD monthly benefit.	Dependents will receive a lump sum benefit equal to 6 times the member's LTD monthly benefit.
<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: \$21.50**

# **“Premier” Short Term Disability Plan**

## **(Plan #610007 - M)**

### **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:

- 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 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 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 condition for which you previously received a medical disability retirement from your position as a peace officer
- 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
- You are not covered for a Disability caused or contributed to by an 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.

### **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 (or a reasonably prudent person would 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 STD coverage becomes effective.

### **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

### **How is “disability” defined?**

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

**Own Occupation Definition:**

During the Benefit Eligibility 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.

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. See Return To Work Provisions, Deductible Income, and When STD Benefits End.

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 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.

# **“Premier” 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 condition for which you previously received a medical disability retirement from your position as a peace officer
- 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
- Scheduled to be away from work without pay
- In addition, payment of LTD benefits is limited in duration:
  - 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 safety members for each period of continuous disability caused or contributed to by a mental disorder (unless you are hospital-confined at the end of the 6 months)
  - To 12 months for each period of continuous disability caused or contributed to by musculoskeletal for connective tissue disorders for at least one full day after the end of the exclusion period

### **How is “disability” defined?**

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

**Own Occupation Definition:**

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- **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:

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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.



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



# Group Disability Application

## **PREMIER** - 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 - M) 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

### “Premier” 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

CA License No. 0425942 | 800-827-4695 | fax 949-348-2630

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For additional assistance please contact your Myers-Stevens & Toohey & Co., Inc. representative at: 800-827-4695