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Positively different.



CSLEA - California Statewide Law Enforcement Association Voluntary Long Term Disability Insurance for Active Members



About This Booklet

This booklet is designed to answer some common questions about the group Voluntary Long Term Disability (LTD) insurance coverage being offered by the California Statewide Law Enforcement Association (CSLEA) to eligible members. It is not intended to provide a detailed description of the coverage.

If you become insured, you will receive a group insurance certificate 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* issued by Standard Insurance Company. Neither the certificate nor the information presented in this booklet modifies the *group policy* or the insurance coverage in any way. If you have additional questions, please contact Myers-Stevens & Toohey & Co., Inc. at 1-800-827-4695.

Please note that defined terms and provisions from the *group policy* are italicized in this booklet.



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Voluntary Long Term Disability Insurance Features

Chances are you already purchase home, auto and life insurance to protect yourself against the threat of loss. And you probably have health insurance to guard against costly medical bills.

So, what steps have you taken to help shield yourself, your lifestyle and those who count on you from an unexpected loss of income? Would you be able to meet your financial obligations if you became disabled and unable to work?

LTD insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

By sponsoring group Voluntary LTD insurance from Standard Insurance Company, CSLEA offers you an excellent opportunity to help protect yourself and your lifestyle. The advantages to you include:

- **Convenience.** With premiums deducted directly from your paycheck, you don't have to worry about mailing monthly payments.
- **Savings.** Typically, group insurance rates are lower than the rates of individual insurance plans, generally providing you with coverage at a lower cost.
- **Peace of Mind.** You can take comfort and satisfaction in knowing that you have taken a step toward securing your income during a period of disability.

Commonly Asked Questions

The following information provides details to give you a better understanding of group Voluntary LTD insurance available from The Standard. Written in non-technical language, this is not intended as a complete description of the coverage.

Do I need LTD insurance?

If you are not certain that you need LTD coverage, consider if you will be able to meet your financial obligations if you become disabled and unable to work for an extended period of time. The risk of disability may be greater than you think. Recent statistics have shown:

- A disabling injury occurs every 1.3 seconds – on and off the job. That's over 63,000 every day, more than 23 million every year. (Source: National Safety Council, *Injury Facts* 2005-2006 Edition)
- Three in ten workers entering the workforce today will become disabled before retiring. (Source: Social Security Administration, *Fact Sheet* 2007)
- Over 6.8 million workers are receiving Social Security disability benefits; almost half are under age 50. (Source: Social Security Administration, *Fact Sheet* 2007)

Am I eligible for this coverage?

To be a *member* and eligible for Voluntary LTD insurance coverage, you must be:

- An active, full member in good standing of CSLEA (excluding Fair-Share members, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors)
- Regularly working at least 20 hours each week for a participating unit in CSLEA
- A citizen or resident of the United States or Canada

When does my insurance go into effect?

The effective date of your coverage depends on when you become an eligible *member*, when you apply and whether you are required to provide *evidence of insurability*.

If you are **not** required to provide *evidence of insurability*, if you apply within 90 days following your hire date and agree to pay premiums, your Voluntary LTD coverage becomes effective on the date you apply.

If you are required to provide *evidence of insurability*, if you apply and agree to pay premiums, your Voluntary LTD coverage becomes effective on the date The Standard approves your *evidence of insurability*.

In every case, you must meet the *active work* requirement before your insurance becomes effective.

What is the active work requirement?

Active work means performing with reasonable continuity, the *material duties* of your *own occupation* at your *employer's* usual place of business. You must be capable of *active work* on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of *active work* as an eligible employee.

Will I have to provide information regarding my medical history?

If you apply for Voluntary LTD insurance within 90 days following your hire date and meet the *active work* requirement, you will automatically qualify for coverage. This means that you will not have to submit satisfactory *evidence of insurability* to purchase coverage.

If you apply more than 90 days following your hire date or if you later wish to decrease your *benefit waiting period* or increase your *maximum benefit period*, satisfactory *evidence of insurability* is required. You will need to complete and submit a Medical History Statement. In some cases, we may request additional medical information or a physical exam.

Evidence of insurability is also required for reinstatement of terminated coverage.

When do LTD benefits become payable?

If you become *disabled* and your claim for *LTD benefits* is approved by The Standard, *LTD benefits* become payable after you have been continuously *disabled* for the entire *benefit waiting period* and remain continuously *disabled*. *LTD benefits* are not payable during the *benefit waiting period*.

You may elect a *benefit waiting period* of either 60 days or 90 days at the time you become insured.

If you later wish to decrease your *benefit waiting period* from 90 days to 60 days, the decrease will not become effective until The Standard approves your *evidence of insurability*. In addition, the change in *benefit waiting period* will be subject to a new *preexisting condition* exclusion.

When am I considered disabled?

During the *benefit waiting period* and the *own occupation period*, you are considered *disabled* if, as a result of *physical disease, injury, pregnancy or mental disorder*.

- You are unable to perform with reasonable continuity the *material duties* of your *own occupation*, and
- You suffer a loss of at least 20 percent of your *indexed predisability earnings* when working in your *own occupation*.

The *own occupation period* for the Voluntary LTD coverage is the first 24 months for which *LTD benefits* are paid. You are not *disabled* merely because your right to perform your *own occupation* is restricted, including a restriction or loss of license. You may work in another occupation while you are *disabled* from your *own occupation*. However, you will not be considered *disabled* when your *work earnings* from another occupation exceed 80 percent of your *indexed predisability earnings*.

After the *own occupation period*, you are considered *disabled* if, as a result of *physical disease, injury, pregnancy or mental disorder*, you are unable to perform with reasonable continuity the *material duties* of *any occupation* that you are able to perform, whether due to education, training or experience:

- Which is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 60 percent of your *indexed predisability earnings* within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

How much is the LTD benefit amount?

Your monthly *LTD benefit* is 60 percent of your insured *predisability earnings* reduced by *deductible income*. The plan minimum and maximum *LTD benefit* amounts are indicated below.

Plan maximum monthly <i>LTD benefit</i>	Plan minimum monthly <i>LTD benefit</i>
\$5,000	\$100

How is the LTD benefit amount calculated?

The *LTD benefit* amount is determined by multiplying your insured *predisability earnings* by 60 percent. This amount is then reduced by other income you receive or are eligible to receive while *LTD benefits* are payable. This other income is referred to as *deductible income*.

In the example below, the *LTD benefit* amount is 60 percent of insured *predisability earnings*. If your monthly earnings (or *predisability earnings*) before becoming *disabled* were \$8,000 and you now receive a monthly Social Security disability benefit of \$600, your monthly *LTD benefit* would be calculated as follows:

Insured <i>predisability earnings</i>	\$8,000
<i>LTD benefit</i> percentage	x 60%
	\$4,800
Less Social Security disability benefit	- 600
Amount of <i>LTD benefit</i>	\$4,200

What are predisability earnings?

Predisability earnings are your monthly rate of earnings from your *employer* and include:

- Salary
- Shift differential pay
- Contributions you make through a salary reduction agreement with your *employer* to an IRC Section 401(k), 403(b), 408(k), 408(p) or 457 deferred compensation arrangement, or an executive nonqualified deferred compensation arrangement
- Amounts contributed to fringe benefits according to salary reduction agreements under an IRC Section 125 plan

Predisability earnings exclude bonuses, commissions, overtime pay, your *employer's* contribution to a deferred compensation arrangement or pension plan or any other extra compensation. They are based on your earnings in effect on the last full day of *active work*.

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 benefit* and includes, but is not limited to, the following:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) payable by your *employer*
- Benefits under any workers' compensation law, state disability income benefit law or similar law
- Amounts under unemployment compensation law or similar law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your *employer's* retirement plan
- Earnings from work activity while you are *disabled*, plus the earnings you could receive if you worked as much as you are able to considering your *disability*
- Earnings or compensation included in your *predisability earnings* and which you receive or are eligible to receive while *LTD benefits* are payable
- Amounts due from or on behalf of a third party because of your *disability*
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

What is the maximum benefit period?

If you become *disabled*, *LTD benefits* may continue during *disability* until you reach the end of the *maximum benefit period*. At the time you become insured, you will elect one of the two plans: 1) Age 65 Benefit Plan or 2) Two Year Benefit Plan, shown in the tables below.

Age 65 Benefit Plan	
Age when <i>disability</i> begins	<i>Maximum benefit period</i>
61 or younger	To age 65
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 and above	1 year

OR

2 Year Benefit Plan	
Age when <i>disability</i> begins	Maximum benefit period
65 or younger	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 and above	1 year

If you become insured under the 2-year option and you later wish to increase your *maximum benefit period* to pay benefits up to age 65, the increase will not become effective until The Standard approves your *evidence of insurability*. In addition, the change in *maximum benefit period* will be subject to a new *preexisting condition* exclusion.

When do LTD benefits end?

LTD 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 LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to benefits

What are some of the other features of this coverage?

This LTD coverage has the following features:

- It covers *disabilities* that occur 24 hours a day, both on and off the job.
- If premium payments are made with “after-tax” dollars, *LTD benefits* are federally tax-free under current federal tax law.
- If your employer makes an approved work-site modification that enables you to return to work while *disabled*, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
- While *LTD benefits* are payable, you may qualify to participate in a *rehabilitation plan* that prepares you to return to work. If you qualify, The Standard may pay for return to work expenses you incur, such as job search, training and education and family care expenses.
- If you die while *LTD benefits* are payable, and on the date you die you have been continuously *disabled* for at least 180 days, a *survivors benefit* equal to three times your unreduced *LTD benefit* may be payable. Any *survivors benefit* payable will first be applied to any overpayment of your claim due to The Standard.
- If the *group policy* terminates, *LTD benefits* will continue as long as you are eligible to receive them.

What exclusions apply to 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)
- The loss of your professional or occupational license or certification
- A *preexisting condition* or the medical or surgical treatment of a *preexisting condition* unless on the date you become *disabled*, you have been continuously insured under the *group policy* for the 12-month *exclusion period* and *actively at work* for at least one full day after the end of the *exclusion period*

(Note: If you later elect to decrease your *benefit waiting period* or increase your *maximum benefit period*, your coverage will be subject to a new *preexisting condition* exclusion, based on the effective date of your decreased *benefit waiting period* or increased *maximum benefit period*. If you become *disabled*, and benefits are not payable due to this new *preexisting condition* exclusion, your claim will be administered as if you had not elected to make the change.)

What is a preexisting condition?

A *preexisting 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 *preexisting 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 *preexisting condition period*.

The *preexisting condition period* is the 180-day period just before your coverage (or decreased *benefit waiting period* or increased *maximum benefit period*) becomes effective.

What limitations apply to this coverage?

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a *physician* in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your *disability* prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your *indexed predisability earnings*, but you elect not to work; during the *own occupation period*, the responsibility to work is limited to work in your *own occupation*; thereafter, the responsibility to work includes work in *any occupation*

In addition, payment of *LTD benefits* is limited in duration:

- To 12 months if you reside outside the United States or Canada
- To 24 months in your lifetime if your disability is caused or contributed to by *mental disorders, substance abuse or other limited conditions*, including but not limited to chronic fatigue conditions, allergy or sensitivity to chemicals or the environment, chronic pain conditions, carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder or craniomandibular joint disorder

When does my Voluntary LTD insurance coverage end?

The Voluntary LTD insurance ends automatically on the earliest of the following:

- The date the last period ends for which you make a premium contribution (except if premiums are waived while *disabled*)
- The date your employment terminates
- The date the *group policy* terminates
- The date you cease to be a *member*; however, insurance may continue for limited periods under certain circumstances as described in the *group policy*
- The date your *employer* ceases to participate under the *group policy*

How much will the Voluntary LTD coverage cost?

The monthly premium rates for the group Voluntary LTD coverage are based on your earnings, and the *benefit waiting period* and *maximum benefit period* you have elected, and are indicated in the table below.

Benefits to age 65	60-day <i>benefit waiting period</i>	90-day <i>benefit waiting period</i>
Member's age on April 1	Premium rate per \$100 of <i>pre disability earnings</i>	Premium rate per \$100 of <i>pre disability earnings</i>
Age 29 and under	\$0.288	\$0.206
Age 30 to 34	\$0.444	\$0.348
Age 35 to 39	\$0.765	\$0.602
Age 40 to 44	\$1.103	\$0.887
Age 45 to 49	\$1.605	\$1.313
Age 50 to 54	\$2.519	\$2.060
Age 55 to 59	\$3.478	\$2.851
Age 60 to 64	\$3.520	\$2.873
Age 65 or older	\$3.530	\$2.880

<u>Benefits up to 2 years</u>	<u>60-day benefit waiting period</u>	<u>90-day benefit waiting period</u>
Member's age on April 1	Premium rate per \$100 of <i>predisability earnings</i>	Premium rate per \$100 of <i>predisability earnings</i>
Age 29 and under	\$0.219	\$0.141
Age 30 to 34	\$0.259	\$0.188
Age 35 to 39	\$0.405	\$0.289
Age 40 to 44	\$0.529	\$0.399
Age 45 to 49	\$0.713	\$0.559
Age 50 to 54	\$1.086	\$0.865
Age 55 to 59	\$1.712	\$1.379
Age 60 to 64	\$2.482	\$2.033
Age 65 or older	\$3.530	\$2.880

To calculate the monthly payroll deduction for your Voluntary LTD coverage, use the following formula:

1. Enter your *predisability earnings*, not to exceed \$8,333. Line 1: _____
2. Select your rate from the rate tables and divide this by 100 Line 2: _____
3. Multiply Line 1 by the amount shown on Line 2. Line 3: _____

The amount shown on Line 3 is your estimated monthly payroll deduction.

How do I apply for Voluntary LTD insurance coverage?

1. Detach the Group Voluntary LTD Insurance Program Application form at the back of This brochure.
2. Complete, sign and date the Group Voluntary LTD Insurance Program Application.
3. If you are applying for Voluntary LTD Insurance and Evidence of Insurability is required, complete and sign a Medical History Statement. If your spouse is also applying for Additional Life Insurance, they must complete a separate Medical History Statement.
4. Put the forms in an envelope and mail to:
Myers-Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA 92692
5. If you have any questions, call Myers-Stevens & Toohey & Co., Inc. at 800.827.4695.

Plan is arranged and administered by:



Myers-Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203

CA Lic. #0425824

Remember, if you are required to submit a Medical History Statement, coverage will not become effective until your *evidence of insurability* is approved.

GROUP VOLUNTARY LTD INSURANCE PROGRAM APPLICATION

CSLEA - California Statewide Law Enforcement Association

Please print

Member's Name _____ Soc. Sec. Number _____

Home Address _____

City _____ State _____ Zip _____

Phone Number Home: (____) _____ Work: (____) _____ Date of Birth _____ Sex: Male Female
mo / day / yr

Email Address (Work): _____

Full Name of Your Employer (Department) _____ Date Employed _____
mo / day / yr

Date of CSLEA Membership _____ I am an active: full member in good standing of CSLEA
mo / day / yr

As an active member in good standing of CSLEA and having read the attached brochure describing benefits, I hereby apply for insurance under the provisions of the California Statewide Law Enforcement Association Group Long Term Disability Insurance Plan. I certify that I am now able to perform the full-time duties of my occupation. Upon approval of this application, I authorize my employer (if applicable) to make the necessary deductions from my wages or salary to cover my contribution for the cost of this insurance, underwritten by Standard Insurance Company of Portland, Oregon.

Member's Signature _____ Date _____

IMPORTANT: If you are applying for Group Voluntary LTD insurance and Evidence of Insurability is required, please complete the enclosed Medical History Statement and return it to Myers-Stevens & Toohey & Co., Inc. with this application form. LTD insurance subject to Evidence of Insurability will not become effective until Evidence of Insurability has been approved by Standard Insurance Company.

I apply for the following Benefit Waiting Period:

60-day Benefit Waiting Period 90-day Benefit Waiting Period

I apply for the following Maximum Benefit Period:

2-year Maximum Benefit Period To age 65 Maximum Benefit Period

Note that coverage may be subject to approval of your Evidence of Insurability. A decrease in your Benefit Waiting Period or an increase in your Maximum Benefit Period are subject to approval of your Evidence of Insurability. Please see this booklet for further details.

MEMBER
Medical History Statement
For Residents of California

DIRECTIONS FOR APPLYING FOR COVERAGE

This form must be completed when Evidence Of Insurability is required. To apply for coverage (as a Member/Employee Spouse or Child), read the Information Practices Notice(s). Then complete all items, date, and sign as instructed. Please keep a copy for your records.

MEMBER/EMPLOYEE INFORMATION

Name of Group CSLEA - California Statewide Law Enforcement Association		Group Number 641790-A	Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Member/Employee Name		Birthdate (Mo/Day/Year)	Date Hired (Mo/Day/Year)	
Occupation	Salary	Social Security Number	Member/Employee Identification No.	

APPLICANT INFORMATION

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

APPLICATION INFORMATION

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

Check the insurance coverage you are requesting.

Voluntary Long Term Disability _____ + _____ = _____
 (Member only) Current Amount In Force, if any Additional Amount Requested Total Amount Requested

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

Applicant Name <i>(to be completed if applying online)</i>	Social Security Number
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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.

Signature of Applicant (or Member/Employee for Dependent Child)	Date
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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.

Applicant Name <i>(to be completed if applying online)</i>	Social Security Number
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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. (Medical Information Bureau). We will use the authorization you signed on this form when we seek this information.

- MIB (MEDICAL INFORMATION BUREAU) – 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 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: Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

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 insurance, or to whom a claim for benefits may be submitted.

- 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.

About Standard Insurance Company

California Statewide Law Enforcement Association has chosen Standard Insurance Company to provide group Voluntary LTD coverage to eligible members. The Standard has earned a solid reputation for its quality products, superior customer service, expert resources, steady growth, innovation and strong financial performance. Founded in 1906, The Standard has developed a national presence in the employee benefits industry, providing customers with group and individual disability insurance and retirement plans, and group life and dental insurance.

Just as others count on you, you can count on The Standard for Voluntary LTD insurance in a time of need. Contact Myers-Stevens & Toohey & Co., Inc. for more information about group Voluntary LTD insurance from The Standard.



Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

A subsidiary of StanCorp Financial Group, Inc.