



# CLEA

## San Diego Co. Deputy Sheriff Assoc. Sworn Officers' Group Long Term Disability Plan FEATURES & BENEFITS: PLAN A

<b>MONTHLY COST</b>	<b>\$22.00</b> (DSA Member rate) per month, level cost payroll deduction.
<b>PERCENTAGE OF WAGES PROTECTED*</b>	<ul style="list-style-type: none"><li>▪ <b>85%</b> of wages Non-Industrial Disability.</li><li>▪ <b>70%</b> of wages Industrial Disability (<i>No Workers' Compensation Permanent Disability offsets</i>).</li><li>▪ <b>100%</b> of wages for Catastrophic Disabilities for up to 30 months – not to exceed maximum monthly benefit.</li><li>▪ Maximum Benefit of <b>\$10,000</b> per month, <i>tax-free</i>.</li></ul>
<b>WAITING PERIOD</b>	<b>30 calendar days</b> – If less than 60 calendar days of personal leave, you may receive 70% of wages after 30 calendar days. Otherwise, 60 calendar days.
<b>BENEFIT PERIOD</b>	<ul style="list-style-type: none"><li>▪ <b>Lifetime:</b> Sickness, Accident and Pregnancy (<i>Industrial Disabilities and Non-Industrial Disabilities</i>).</li><li>▪ Two (2) year "Own Occupation" definition of disability, thereafter any occupation that you may be reasonably suited for based on education, experience, or training.</li></ul>
<b>BENEFITS PAYABLE DURING CHALLENGED WORKERS' COMPENSATION CASES</b>	After <b>60</b> calendar days – <b>70%</b> of wages to a Maximum Benefit of <b>\$10,000</b> per month ( <i>repayable only if settled in your favor</i> ).
<b>PERSONAL LEAVE INTEGRATION BENEFIT</b>	After <b>60</b> calendar days, you may use personal leave and receive a supplemental benefit from the Plan up to the Maximum Benefit ( <i>if employer approved</i> ).
<b>MINIMUM MONTHLY BENEFIT</b>	<b>\$1,000</b> per month – paid in addition to personal leave after 60 calendar days ( <i>\$100 per month for Industrial or Disputed Workers' Compensation claim</i> ).
<b>FREEZE OF PERSONAL LEAVE OPTION</b>	After <b>60</b> calendar days ( <i>if employer approved</i> ).
<b>COST OF LIVING BENEFIT (COLA)</b>	<b>4%</b> compounded per year (years 3-8) thereafter, <b>CPI</b> increases to age 65 and then continued <b>lifetime</b> .
<b>RETURN TO WORK INCENTIVE BENEFIT</b>	<b>\$1,800</b> per month for Non-Industrial Catastrophic Total Disability if a Member returns to gainful employment.
<b>WAIVER OF CONTRIBUTIONS</b>	Waiver of Contributions after no-pay status from employer.
<b>STRESS &amp; PSYCHOLOGICAL CONDITIONS BENEFIT</b>	<ul style="list-style-type: none"><li>▪ <b>Three (3)</b> months per occurrence, <b>eighteen (18)</b> months maximum aggregate lifetime benefit.</li><li>▪ Must return to work for 1 year between each occurrence.</li><li>▪ Additional benefits may be payable if hospitalized.</li></ul>

This is a highlight page only – certain exceptions & limitations apply. See the complete Plan Document provisions for a more complete description of coverage. For additional information, please contact the Plan Administrator at 800-832-7333. CA Insurance Lic. #0544968.

# CLEA

## Sworn Officers' Group Long Term Disability Plan

### FEATURES & BENEFITS: PLAN A ... CONTINUED

<b>DEATH BENEFIT</b>	<ul style="list-style-type: none"> <li>▪ <b>\$65,000</b> Death Benefit on- or off-duty natural, accidental, or terminal illness (\$15,000 initial benefit then \$1,000 per month for 50 months).</li> <li>▪ <b>\$10,000</b> for suicide (\$2,000 first 2 Years in Plan**).</li> <li>▪ <b>\$20,000</b> Military Active Service Benefit.</li> <li>▪ Benefits may be payable within 24 hours of notification.</li> </ul>
<b>SURVIVORSHIP BENEFIT</b>	<b>Six (6)</b> months additional benefits to dependent beneficiary.
<b>PRE-EXISTING MEDICAL CONDITION COVERAGE</b>	If you enroll during your initial enrollment period, all pre-existing medical conditions will be covered once you have been in the Plan for twenty-four (24)/forty-eight (48) months, unless you are eligible for the Prior Coverage Credit – otherwise, pre-existing medical conditions will not be covered. ***
<b>OWNERSHIP OF PLAN</b>	Operated, managed, and funded by its Participants through a representative Board of Directors ( <i>non-profit California Corporation since 1985</i> ).
<b>CAREOPTIONS® PROGRAM</b>	Free to all CLEA Participants – an app-based family health care reference program. Completely mobile and confidential.
<b>NPFBA LONG TERM CARE PLAN</b>	CLEA is an exclusive partner with the NPFBA Long Term Care Plan. Available to all California sworn and non-sworn law enforcement personnel and spouses. CLEA participation not required for enrollment.

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**Special Provision:** Participants not covered by Penal Code 830.1 and 830.2(a) will have limited benefits (36 months Maximum Benefit at 70% of wages and one (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.

\* Maximum percentages reflect amount payable after completion of (a) waiting period, (b) freeze of personal leave option, or (c) personal leave integration. Offsetting Benefit/Income Amounts are applied to reduce amount from the Plan.

\*\* The Death Benefit for suicide is limited to \$2,000 for the first twenty-four (24) months of participation in the Plan.

\*\*\* Forty-eight (48) months of Plan participation is required for Disability Benefits and Death Benefits related to HIV, AIDS, and ARC.

The California Law Enforcement Association (Safety Personnel) Long Term Disability Plan was established pursuant to the California Department of Insurance, Insurance Code Sections 11400 – 11407 (Peace Officers Benefit and Relief Association). CLEA is a non-profit corporation exempt from tax under Internal Revenue Code Section 501(c)(9). The Plan has been independently reviewed by third-party actuaries and determined to have reserves that are expected to be adequate to satisfy obligations and is annually audited in conformity with generally accepted accounting principles.

**Special Notice:** If the LTD Plan is a union/association sponsored benefit and your payments are included as a negotiated benefit and you cease to be a member of your union or other participating association, you will not be eligible to be a Plan member unless continuing union/association membership is waived by your union or other participating association. Even if waived, your continued participation will be through your union or other participating association.

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# 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 ( )	
<b>Employment Designation—REQUIRED</b> <input type="checkbox"/> Sworn <input type="checkbox"/> 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](http://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 \_\_\_\_\_

<b>Please do not write in this space. Office use only.</b>				
Received: _____	Effective Date: _____	Dept.: _____	Cert. No.: _____	Plan Sent: _____