



California Law Enforcement Association

A Non-Profit Mutual Benefit Association

Post Office Box 31, Martell, CA 95654-0031
 (209) 223-3971 • (800) 832-7333 • Fax (209) 223-2966
 www.clea.org

California Correctional Supervisors Organization Group Long Term Disability Plan

Special Notice: You must enroll within 60 days of promotion or no pre-existing medical conditions will be covered.

FEATURES / BENEFITS

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Jerry Hall
DSA of Santa Clara Co.

PLAN COUNSEL
Christopher Chediak, Esq.
Weintraub Tobin Chediak Coleman Grodin Law Corporation Sacramento, CA

PLAN ADMINISTRATORS
California Public Safety Administrators, Inc.
 CA Ins. Lic. #0544968

Monthly Cost	\$28.00 per month – CCSO membership required
Percentage Of Wages Protected*	66.67% of wages Non-Industrial Disability 66.67% of wages Industrial Disability (80% of wages for Catastrophic Disabilities for up to 30 months – not to exceed maximum monthly benefit) (No Workers' Compensation permanent disability offsets) Maximum Benefit of \$9,500 per month, <i>tax-free</i>
Waiting Period	30 Calendar days – If less than 60 calendar days of personal leave, you may receive 66.67% of wages after 30 calendar days. Otherwise, 60 calendar days.
Benefit Period	Lifetime: Sickness, Accident and Pregnancy (Industrial Disability and Non-Industrial Disabilities)
Freeze of Personal Leave Option	After 60 calendar days
Personal Leave Integration Benefit	After 60 calendar days, you may use personal leave and receive a supplemental benefit from the Plan up to the Maximum Percentage or use 100% personal leave and receive \$1,000 per month (\$100 per month for Industrial or Disputed Workers' Comp.)
Cost of Living Benefit (COLA)	4% compounded per year (years 3-8) thereafter, CPI increase to age 65 and then continued lifetime benefits
Return To Work Incentive Benefit	\$1,000 per month for Non-Industrial Catastrophic Total Disability if a Participant returns to gainful employment.
Waiver of Payment	Waiver of Payment after no-pay status
Benefits Payable During Challenged Workers' Compensation Cases	After 60 calendar days – 66.67% of wages to a Maximum Benefit of \$9,500 per month (Repayable only if settled in your favor)
Minimum Monthly Benefit	\$1,000 per month – paid in addition to personal leave after 60 calendar days. (\$100 per month for Industrial or Disputed Workers' Compensation claims.)
Death Benefit	\$65,000 Death Benefit on- or off-duty natural, accidental or terminal illness (\$15,000 initial benefit then \$1,000 per month for 50 months) \$10,000 for suicide (\$2,000 first 2 Years in Plan**) <i>(Benefits may be payable within 24 hours of notification)</i>
Survivorship Benefit	Six (6) months addition benefits to dependent beneficiary
Pre-Existing Medical Condition Coverage	If you enroll within 60 days of promotion, all pre-existing medical conditions will be covered once you have been in the Plan for twenty-four (24)/forty-eight (48)*** months. Otherwise, pre-existing medical conditions will not be covered.
Ownership of Plan	Operated, managed and funded by its Participants through a representative Board of Directors (<i>non-profit California Corporation since 1985</i>)

Special Provision: Effective 4-1-2000, members not covered by Penal Code 830.1 and 830.2(a) will have limited benefits (36 months maximum benefits at 66 2/3 of wages with a \$100 Minimum 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.

* 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 24 months of participation in the Plan.

*** Forty-eight months for Death Benefits, and for 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) by CLEA, a police officers benefit and relief association. CLEA is a non-profit corporation exempt from tax under Internal Revenue Code Section 501(c)(9). The Plan, CLEA and the Trust, are annually audited by independent certified public accountants in conformity with generally accepted accounting principles.

5-17 This is a highlight page only – certain exceptions & limitations apply. See the Summary Plan Description or the complete Plan Document provisions for a more complete description of coverage.
 CA Insurance Lic. #0544968

PLAN ADMINISTRATORS: California Public Safety Administrators, Inc.





Top 20 CLEA Claims Paid

Department	Cause	Total Since Inception
Fremont PBA	Back	\$1,014,201
Santa Clara POA	Back/Arms	\$704,814
San Francisco DSA	Multiple Sclerosis	\$600,656
Salinas POA	Back	\$593,854
San Diego Co. DSA	Spine/Neck/Collar Bone/Legs	\$547,701
Los Angeles PPL	Lupus	\$481,775
Riverside SA	Coma	\$475,413
Morgan Hill POA	Parkinson's	\$455,664
Los Angeles PPL	Multiple Sclerosis	\$425,944
Long Beach POA	Huntington's Disease	\$416,724
Alameda POA	Brain/Head Injury	\$369,700
DSA of Santa Clara Co.	Cancer	\$350,295
San Diego Co. DSA	Stroke	\$350,156
Riverside SA	Stroke	\$337,259
CSLEA-CA Hospital Police	Back/Lung	\$305,709
Los Angeles PPL	Lupus	\$294,091
Alameda Co. DSA	Lupus	\$278,497
Emeryville POA	Diabetes Eyes Vectrectomy	\$241,616
Riverside SA	Brain	\$232,395
Merced Co. DSA	Chiari Malformation Syringomy	\$208,609



California Law Enforcement Association

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			E-Mail Address		Promotion Date:	
<input type="checkbox"/> Sworn <input type="checkbox"/> Non-Sworn						

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 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.

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

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

CLEA – APP– LTD REV. 1/13

PLEASE COMPLETE APPLICATION ON REVERSE SIDE • SEE ADDITIONAL TERMS ON REVERSE SIDE

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.

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 66 2/3% 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.

Non-Sworn Participants will be participating in the CLEA Non-Sworn Plan and will have LTD Benefits limited to 36 months (3 years). Please refer to the Non-Sworn Plan Documents for Plan provisions.

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.

By signing below I indicate that I have read these statements including the Special Note 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 and Summary Plan Description.

Your Signature _____ Date _____

Beneficiary *(Please do not list minors)* _____ Relationship _____

Contingent Beneficiary *(Please do not list minors)* _____ Relationship _____