



# CTA Member Disability And Life Insurance Plans



David A. Sanchez  
President, CTA

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**Enroll online now at [www.cta.org/mycta](http://www.cta.org/mycta).** For more information, call The Standard's CTA Customer Service Department at 800.522.0406, 7:00 a.m. to 7:00 p.m. Pacific Time.

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Dear Colleague,

A lot of what you put into your work often goes unrecognized. At CTA, we realize that and have worked very hard to offer you benefits that live up to the dedication you invest in your job. That's why we've chosen Standard Insurance Company to provide you with the protection you need for voluntary disability and life insurance. Like you, Standard Insurance Company is committed to service with integrity and acts on that commitment every day.

CTA has partnered with Standard Insurance Company to bring you reliable and trustworthy protection for what matters most should the unexpected occur. Voluntary disability and life insurance plans through Standard Insurance Company include many new enhancements — *with no increase in premiums* — as well as new conveniences such as online enrollment and disability claim submission.

With more than a 100-year history of financial service, Standard Insurance Company ranks among the top 10 insurance carriers in the nation. Standard Insurance Company offers strong, empathetic and personalized service at every opportunity. I know you'll appreciate their caring and respectful service.

For more details on enrollment opportunities or to complete your enrollment online, visit [www.cta.org/mycta](http://www.cta.org/mycta) now.

Sincerely,

David A. Sanchez  
President, CTA

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## What's Important Is Often Hard To See

You give so much to your work as an educator or an education support professional. You often don't have time to remember that there's someone looking out for your future while you're helping inspire students to make the most of theirs.

## It's Not What You Expect

Financial hardship often comes from unexpected sources. In the U.S., a disabling injury occurs every 1.3 seconds.<sup>1</sup> And the expense of life-changing injury or death can be shocking. Consider the numbers:

- The average insured American adult has life insurance coverage that is roughly three times his or her gross annual income,<sup>2</sup> but the true need for coverage is often 10, 15 or even 20 times your gross annual income.
- In the U.S., the average annual mortgage expense is over \$14,000.<sup>3</sup>
- An average funeral costs \$6,500.<sup>4</sup>

CTA has partnered with Standard Insurance Company to provide you and your family with protection against these unexpected, but very real risks. Please take a few moments to review the important features of each plan and how they can help provide you with the additional financial protection you and your family may need.

**After reviewing this booklet, be sure to go to [www.cta.org/mycta](http://www.cta.org/mycta) to enroll online or complete the enclosed forms for coverage.**

<sup>1</sup> National Safety Council, Injury Facts 2005–2006 Edition

<sup>2</sup> Life and Health Insurance Foundation for Education (LIMRA) International

<sup>3</sup> "Household Debt: Give Americans Credit," Magali Rheault, Katy Marquardt  
*Kiplinger's Personal Finance Magazine*, 2-1-2005

<sup>4</sup> The National Funeral Directors Association  
(<http://www.nfda.org/nfdafactsheets.php>)

## A Partnership On Your Behalf

For over 100 years, CTA has been working hard on your behalf. We have a long history of doing the right thing for our members. And for over 100 years Standard Insurance Company has been protecting the futures and finances of families nationwide.

It's a natural partnership to bring you upgraded member Disability and Life Insurance plans that include many valuable new enhancements — **all with no increase in premiums.**

Take a look at some of the improvements you'll enjoy:

**MEDEX® Travel Assistance** — Worldwide access to 24-hour professional, medical, legal and travel assistance information, and referral and coordination services.

**Beneficiary Financial Support and Counseling** — To help your family create a financial plan in case of death.

**Family Status Change** — You can add or change your Disability and/or Life Insurance coverage when applying within 31 days after a Family Status Change without having to provide proof of good health in most cases. Family Status Change includes marriage or a Domestic Partnership, Divorce or Domestic Partner Dissolution and Birth/Adoption of a Child.

**Dependent Education Benefit** — Should a Disability occur, this provision helps you keep your dependents in school with a monthly benefit to help pay for licensing and/or accreditation costs for Children or a Spouse/Domestic Partner.

To enroll now, go to [www.cta.org/mycta](http://www.cta.org/mycta), or complete the enclosed enrollment forms and return in the postage-paid envelope. For more information, call The Standard's CTA Customer Service Department at 800.522.0406.

CTA and The Standard  
— a strong partnership  
for your benefit.



TheStandard®  
Positively different.

## Important Information For Educators

You put a lot into your work every day — and your Disability coverage should do the same for you. CTA understands this and has designed your Voluntary Disability Insurance Plan to work with your other benefit programs to help you maintain an adequate level of income in the event you suffer a covered Sickness or Injury that results in your becoming Disabled. And, more importantly, it helps provide financial assistance when no other income replacement benefits are available.

The following is a brief summary of benefits. Please consult your Certificate Of Insurance for plan details. *(A Certificate Of Insurance is a document that tells Participants what the plan provides and how it operates. It provides information on when a CTA Participant can begin participating in the plan, how benefits are calculated, when benefits are paid and how to file a claim for benefits.)*

### Educators

<b>BENEFIT WAITING PERIOD</b>	Lesser of seven consecutive Regular Days Of Required Attendance or Extra Duty days and 30 calendar days.										
<b>BENEFIT PERIOD</b>	<p><b>Class 1</b> — the period for which you are eligible to receive Fully Paid Sick Leave for the following two Benefit Years.</p> <p><b>Class 2</b> — the period for which you are eligible to receive Fully Paid Sick Leave and the following two Benefit Years, plus the following applicable period:</p> <table border="1"> <thead> <tr> <th>Your Age When Disability Begins</th> <th>Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td>59 or younger</td> <td>To age 65</td> </tr> <tr> <td>60 through 64</td> <td>5 years</td> </tr> <tr> <td>65 through 69</td> <td>To age 70, or 1 year, whichever is greater</td> </tr> <tr> <td>70 or older</td> <td>1 year</td> </tr> </tbody> </table>	Your Age When Disability Begins	Maximum Benefit Period	59 or younger	To age 65	60 through 64	5 years	65 through 69	To age 70, or 1 year, whichever is greater	70 or older	1 year
Your Age When Disability Begins	Maximum Benefit Period										
59 or younger	To age 65										
60 through 64	5 years										
65 through 69	To age 70, or 1 year, whichever is greater										
70 or older	1 year										
<b>BENEFITS:</b>											
• During Fully Paid Sick Leave or Restored Sick Leave	\$25 per Regular Day Of Required Attendance.										
• First and Second Benefit Years	Up to 75% of Regular Daily Contract Salary.										
• After Second Benefit Year (Class 2 only)	50% of Regular Monthly Contract Salary reduced by Deductible Income.										
<b>MINIMUM BENEFIT</b>	\$30 per Regular Day Of Required Attendance (after Fully Paid Sick Leave expires).										
<b>BENEFIT BASIS</b>	First and Second Benefit Years, benefits are calculated based on your Regular Daily Contract Salary for each Regular Day Of Required Attendance. After second Benefit Year (Class 2 only) benefits are calculated based on your Regular Monthly Contract Salary for each Regular Day Of Required Attendance.										
<b>DEDUCTIBLE INCOME</b>	Benefits after Fully Paid Sick Leave are reduced by Deductible Income. <sup>5</sup>										
<b>PREEXISTING CONDITIONS</b>	Disabilities caused or substantially contributed to by a Preexisting Condition are not covered unless you have been continuously insured and Actively At Work for 10 Regular Days Of Required Attendance on the date you become Disabled.										

For definitions of important terms, see page 11.

### Additional Plan Features For Educators

- Pays up to 75% of Extra Duty Pay lost due to Disability.
- \$35 per calendar day while confined to a hospital — **no Benefit Waiting Period!** Maximum 60 days per Disability, and the 60 days must occur during the Usual Occupation Period.
- Disability Benefits for Class 2 are for those educators who are ineligible for PERS/STRS Disability because they have less than five years of credited service. After the two-year

<sup>5</sup> Examples of Deductible Income (see your Certificate Of Insurance for a full listing and exceptions): Personal Leave Pay, Severance Pay, Substitute Differential Pay, Salary Continuation, Workers' Compensation, Work Earnings, Social Security, State Disability, PERS/STRS Benefits.

Benefit Period, the plan provides 50% of your Regular Monthly Contract Salary up to the maximum Benefit Period providing you remain Disabled as defined in the policy. Benefits are reduced by Deductible Income with a minimum benefit of \$500 per month.

- Family Care Expense Disability Adjustment helps CTA Participants who are working while Disabled by providing up to \$250 per month per family member (not to exceed a total of \$500 per month) for CTA Participants who have the added expense of family care for up to 24 months. The Family Care Expense Adjustment is a deduction to Work Earnings.
- \$10,000 Accidental Death And Dismemberment coverage.
- Child Care Benefit assists with child care expenses incurred within 36 months from the date of the CTA Participant's covered accidental death, up to \$1,000 per year.
- Survivors Benefit pays up to three times the unreduced Disability Benefit to your Beneficiary if you die while receiving Disability Benefits under the plan.
- Partial Disability definition allows eligibility for benefits if you are working and unable to earn 80% of your Indexed Regular Daily Contract Salary.

- Convenient payroll deduction — your premium payments are deducted automatically through district payroll deduction.
- The Standard SecureCard<sup>SM</sup> is a fast and safe payment method offering bank debit card-style convenience for monthly Disability Benefit payment.
- Dependent Education Benefit provides a monthly benefit — \$150 for each Eligible Student, with a maximum of \$600 per month for all Eligible Students — for Disabled Participants who have Children or a Spouse/Domestic Partner who are registered and in full-time attendance at a licensed or accredited educational institution beyond high school. Benefit is capped at 48 months for each Eligible Student.

### With Your Coverage You Get Even More

- Reasonable Accommodation Expense payment is up to \$25,000 of an Employer's expenses toward work-site modifications to allow Participant's return to work following a Disability.
- Rehabilitation Plan incentives that may include training and education expenses, family (child and elder) care expenses, and job-related and job-search expenses.

## Annual Contract Salary Range Premiums For Educators

FROM – TO	MONTHLY PREMIUM	TENTHLY PREMIUM
\$ 0 – \$11,249	\$ 4.60	\$ 5.52
\$ 11,250 – \$14,249	\$ 6.01	\$ 7.21
\$ 14,250 – \$17,249	\$ 7.41	\$ 8.90
\$ 17,250 – \$20,749	\$ 8.95	\$ 10.75
\$ 20,750 – \$24,999	\$ 10.77	\$ 12.93
\$ 25,000 – \$30,249	\$ 13.01	\$ 15.62
\$ 30,250 – \$36,749	\$ 15.79	\$ 18.94
\$ 36,750 – \$44,499	\$ 19.14	\$ 22.97
\$ 44,500 – \$53,249	\$ 23.02	\$ 27.63
\$ 53,250 – \$60,249	\$ 27.20	\$ 32.65
\$ 60,250 – \$67,249	\$ 30.75	\$ 36.89
\$ 67,250 and over	\$ 34.19	\$ 41.03

For definitions of important terms, see page 11.



## Important Information For CTA Education Support Professionals

Every day, you bring the highest level of commitment to supporting the goal of giving students the finest educational experience possible. CTA understands your commitment to the cause of education and has designed your Voluntary Disability Insurance Plan to work with your other benefit programs to help you maintain an adequate level of income in the event you suffer a covered Sickness or Injury that results in your becoming Disabled. And more importantly, it helps provide financial assistance when no other income replacement benefits are available.

The following is a brief summary of benefits. Please consult your Certificate Of Insurance for plan details. *(A Certificate Of Insurance is a document that tells Participants what the plan provides and how it operates. It provides information on when a CTA Participant can begin participating in the plan, how benefits are calculated, when benefits are paid and how to file a claim for benefits.)*

### Education Support Professionals (ESP)

BENEFIT WAITING PERIOD	Longer of 7 consecutive Required Days Of Attendance or the expiration of Fully Paid Sick Leave.
BENEFIT PERIOD	One Benefit Year. Benefit Period can be composed of total time at multiple districts under different Employers.
BENEFIT	66 2/3% of Regular Daily Contract Salary.
BENEFIT BASIS	Benefits are based on your Regular Daily Contract Salary for each Required Day Of Attendance.
DEDUCTIBLE INCOME	Benefits are reduced by Deductible Income. <sup>6</sup>
PREEXISTING CONDITIONS	Disabilities caused or substantially contributed to by a Preexisting Condition are not covered unless you have been continuously insured and Actively At Work for 10 Regular Required Days Of Attendance on the date you become Disabled.

For definitions of important terms, see page 11.

<sup>6</sup> Examples of Deductible Income (see your Certificate Of Insurance for a full listing and exceptions): Personal Leave Pay, Severance Pay, Substitute Differential Pay, Salary Continuation, Workers' Compensation, Work Earnings, Social Security, State Disability, PERS/STRS Benefits.

### Additional Plan Features For Education Support Professionals (ESP)

- \$10,000 Accidental Death And Dismemberment coverage.
- Child Care Benefit assists with child care expenses incurred within 36 months from the date of the CTA Participant’s covered accidental death, up to \$1,000 per year.
- Survivors Benefit pays up to three times the unreduced Disability Benefit to your Beneficiary if you die while receiving Disability Benefits under the plan.
- Partial Disability definition allows eligibility for benefits if you are working and unable to earn 80% of your Indexed Regular Daily Contract Salary.
- Convenient payroll deduction — your premium payments are deducted automatically through district payroll deduction.

- The Standard SecureCard<sup>SM</sup> is a fast and safe payment method offering bank debit card-style convenience for monthly Disability Benefit payment.
- Dependent Education Benefit provides a monthly benefit — \$150 for each Eligible Student, with a maximum of \$600 per month for all Eligible Students — for Disabled employees who have Children or a Spouse/Domestic Partner who are registered and in full-time attendance at a licensed or accredited educational institution beyond high school. Benefit is capped at 48 months for each Eligible Student.

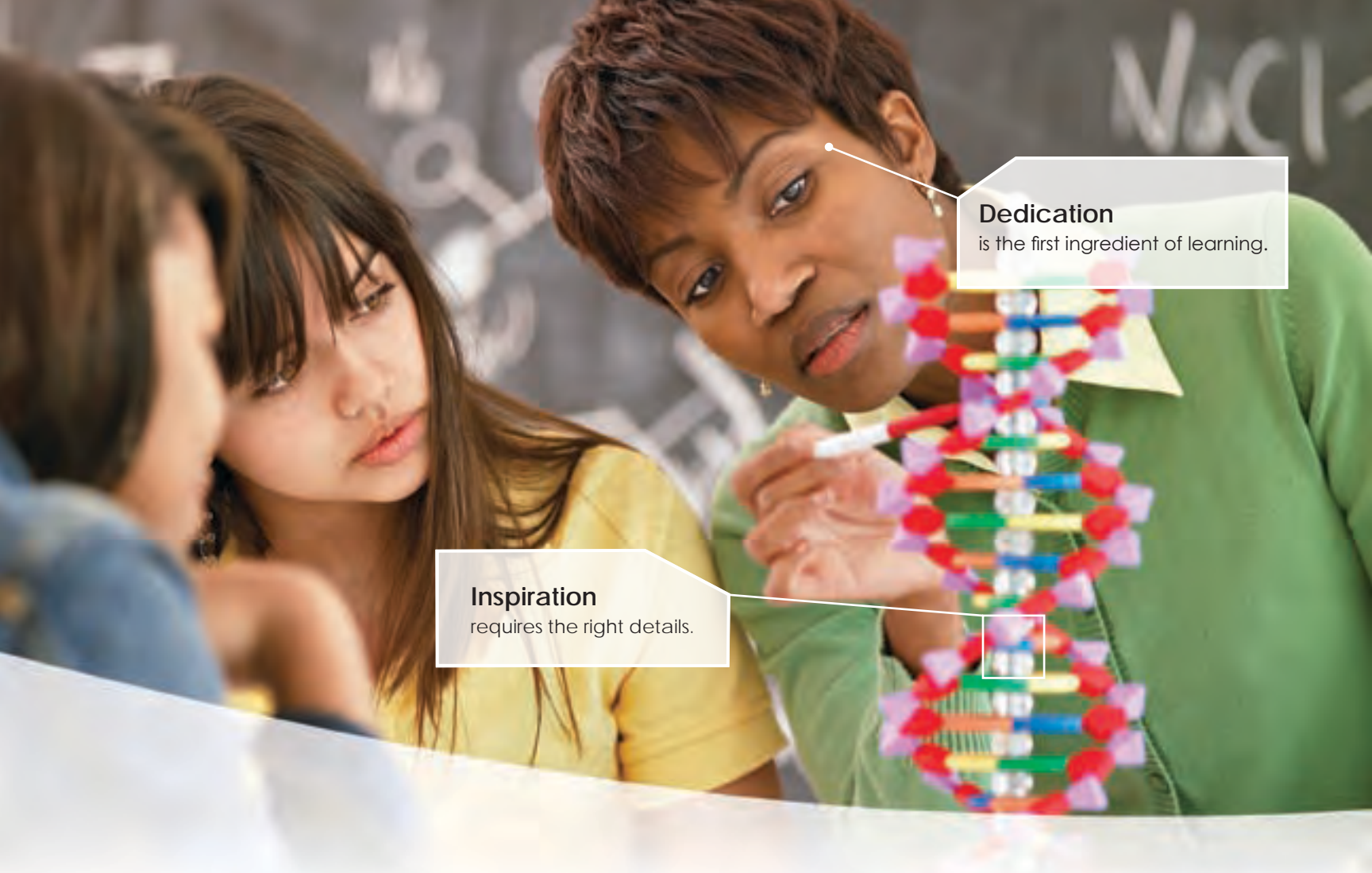
### With Your Coverage You Get Even More

- Reasonable Accommodation Expense payment is up to \$25,000 of an Employer’s expenses toward work-site modifications to allow Participant’s return to work following a Disability.
- Rehabilitation Plan incentives that may include training and education expenses, family (child and elder) care expenses, and job-related and job-search expenses.

### Annual Contract Salary Range Premiums For ESP

FROM – TO	MONTHLY PREMIUM	TENTHLY PREMIUM
\$ 0 – \$8,249	\$ 5.94	\$ 7.13
\$ 8,250 – \$11,249	\$ 7.24	\$ 8.69
\$ 11,250 – \$14,249	\$ 9.47	\$ 11.36
\$ 14,250 – \$17,249	\$ 11.68	\$ 14.02
\$ 17,250 – \$20,749	\$ 14.10	\$ 16.92
\$20,750 – \$24,999	\$ 16.97	\$ 20.36
\$25,000 – \$30,249	\$ 20.50	\$ 24.60
\$30,250 – \$36,749	\$ 24.87	\$ 29.84
\$36,750 – \$44,499	\$ 30.15	\$ 36.18
\$44,500 – \$53,249	\$ 35.59	\$ 42.71
\$53,250 and over	\$ 42.87	\$ 51.44

**Questions?** Visit the Web site at [www.cta.org/mycta](http://www.cta.org/mycta), or call The Standard’s CTA Customer Service Department at **800.522.0406**, 7:00 a.m. to 7:00 p.m. Pacific Time.



**Dedication**  
is the first ingredient of learning.

**Inspiration**  
requires the right details.

## → Disability Insurance Needs Calculator

To help determine your need for Disability income protection, complete the worksheet below. Fill in amounts for your monthly expenses and income and compare the two.

### → Monthly Income

After-Tax Pay \$ \_\_\_\_\_  
 Spouse/Domestic Partner Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
**Total Monthly Income** \$ \_\_\_\_\_

Utilities (electricity, gas, cable, phone, etc.) \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Debts (credit cards, student and auto loans, etc.) \$ \_\_\_\_\_  
 Insurance (health, life, auto, home, etc.) \$ \_\_\_\_\_

### → Monthly Expenses

Food \$ \_\_\_\_\_  
 Mortgage/Rent \$ \_\_\_\_\_  
 Child Care/Education \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Monthly Expenses** \$ \_\_\_\_\_

*Now that you've determined your need, help protect you and your family by enrolling today.*

→ **Apply Today!** Enroll online at [www.cta.org/mycta](http://www.cta.org/mycta) or complete the enrollment forms in the back of this brochure. When you go online, find out about special enrollment opportunities.

## Important Disability Insurance Terms You Should Know

**Active Work** and **Actively At Work** mean performing with reasonable continuity the Substantial And Material Acts of your Usual Occupation at your Employer's usual place of business.

**Benefit Year for Educators** means (a) a period equal to the number of your Regular Days Of Required Attendance under the terms of your employment contract with your Employer for the contract year in which you become Disabled, plus (b) any additional periods of Restored Sick Leave.

**Benefit Year for Education Support Professionals** means (a) a period equal to the number of your Required Days Of Attendance under the terms of your employment contract with the Employer for the contract year in which you become Disabled, plus (b) any additional periods of Restored Sick Leave.

**Class 1:** Participants who, on the date of Disability, (a) have five or more years of credited service under the California State Teachers Retirement System (STRS) and/or the Public Employees Retirement System (PERS) or (b) are not Participants in either system.

**Class 2:** Participants who, on the date of Disability, participate in, but have less than five years of, credited service under the California STRS and/or PERS.

**Regular Contract Salary** means your annual salary from the Employer under the terms of your employment contract with the Employer in effect for the contract year in which you become Disabled. Regular Contract Salary does not include any additional compensation, such as overtime pay, weekend or summer school work compensation, Extra Duty Pay, bonuses or district-funded fringe benefits.

**Regular Daily Contract Salary** means your Regular Contract Salary, divided by the number of your Regular Days Of Required Attendance for the contract year in which you become Disabled.

**Regular Monthly Contract Salary** means your Regular Contract Salary divided by 12. The Regular Contract Salary and the number of Regular Days Of Required Attendance will not change after your date of Disability.

**Regular Day(s) Of Required Attendance for Educators** means any day(s) you are required to be Actively At Work based on the calendar dates of the school calendar and your employment contract in effect on the date you become Disabled. The calendar dates in a subsequent contract year may not fall on the same days of the week as the school calendar in effect on your date of Disability.

**Required Day(s) Of Attendance for Education Support Professionals** means any day(s) you are required to be Actively At Work under the terms of your employment on the date you become Disabled. The calendar dates in a subsequent employment contract year may not fall on the same days of the week as the employment calendar in effect on your date of Disability.

**Total Disability** means you are Totally Disabled from your Usual Occupation if, as a result of Sickness or Injury, you are unable to perform with reasonable continuity the Substantial And Material Acts necessary to pursue your Usual Occupation and you are not working in your Usual Occupation. For Class 2 Participants, after Benefit Year 2, you must be Disabled from Any Occupation.

**Partial Disability** means you are partially Disabled from your Usual Occupation if you are not totally Disabled and you are actually working in your Usual Occupation but, as a result of Sickness or Injury, you are unable to earn 80% or more of your Indexed Regular Daily Contract Salary. For Class 2 Participants, after Benefit Year 2, you must be Disabled from Any Occupation.



## Life Insurance — An Essential Part Of Your Complete Financial Plan

Have you considered the consequences for your family if they were to lose you tomorrow? Would they experience a major financial burden? Could they cope with a loss of income? Help protect your family by taking an easy and affordable precautionary step today. The CTA Voluntary Life Insurance Plan offers educators and education support professionals like you an opportunity to supplement your existing Life Insurance or start a new plan.

### CTA Voluntary Insurance Plan Features:

- Level benefit term Life Insurance coverage with options from \$25,000 to \$400,000.
- Retiree level benefit term Life Insurance coverage with options from \$5,000 to \$80,000.
- Optional life coverage for your Spouse/Domestic Partner and Children.
- Accidental Death And Dismemberment (AD&D) benefits.
- Convenient payroll deduction.
- Advance payments in the event of a terminal illness.
- Continuation of coverage during Total Disability.
- Individual policy conversion options.
- Additional Repatriation Benefits to pay for expenses related to transporting remains.
- Accommodations for a leave of absence, employment transfer, labor dispute or temporary layoff.

## CTA Voluntary Life Insurance Plan Features:

**Qualified Disability Benefit:** If you provide acceptable proof to The Standard that, while insured, you are unable to perform two or more activities of daily living, The Standard will pay you up to 60% of the amount of Life Insurance in force. Complete details are available in the Certificate Of Insurance.

**Accelerated Benefit:** If you provide acceptable proof to The Standard that, while insured, you have been diagnosed as Terminally Ill with a life expectancy of less than 12 months, The Standard will pay you up to 80% of the amount of Life Insurance in force. Complete details are available in the Certificate Of Insurance.

**Family Protection Period:** In the event of your death, your Spouse/Domestic Partner and dependent coverage may continue for two years after your death, without further premium payments.

**Conversion Privileges:** When insurance coverage terminates for you or your dependents, conversion to an individual policy, other than term Life Insurance, is available as described in your Certificate Of Insurance.

**Leave of Absence or Total Disability:** During an approved leave of absence or Total Disability, you may arrange to continue your coverage

in the CTA Voluntary Life Insurance Plan subject to payment of the required premiums and approval by your Employer.

**Coverage Available Upon Retirement:** If you are covered under the CTA Voluntary Life Insurance Plan as an active Participant, you may enroll in the CTA Retiree Group Life Insurance Plan upon retirement. For information please contact The Standard's CTA Customer Service Department.

**Travel Assistance:** MEDEX® travel assistance provides access to professional, 24-hour medical, legal and travel assistance information and referral and coordination services whenever traveling 100 miles or more from home or when traveling in a foreign country for trips of up to 90 days.

**Beneficiary Financial Counseling:** Beneficiary financial support and counseling helps Beneficiaries understand their current financial situation and provides guidance in completing a financial plan. This service is also available to Participants receiving an Accelerated Benefit or Qualified Disability Benefit.

**Accidental Death And Dismemberment:** Voluntary Life Insurance for CTA Participants through The Standard includes coverage for covered accidental Death or Loss.

**Questions?** Visit the Web site at [www.cta.org/mycta](http://www.cta.org/mycta), or call The Standard's CTA Customer Service Department at **800.522.0406**, 7:00 a.m. to 7:00 p.m. Pacific Time.

## Accidental Death And Dismemberment Benefits (AD&D)

If while insured under the plan you suffer a covered accidental loss, an additional benefit may be paid as follows:

### AD&D Insurance Benefits

Loss of life	100% of the AD&D Insurance Benefit
Maximum of all losses from any one accident	100% of the AD&D Insurance Benefit
Paraplegia, quadriplegia or hemiplegia	100% of the AD&D Insurance Benefit
Loss of one member (hand, foot, sight in one eye) or loss of speech or hearing	50% of the AD&D Insurance Benefit
Loss of two or more members	100% of the AD&D Insurance Benefit
Loss of thumb and index finger (same hand)	25% of the AD&D Insurance Benefit
Loss of finger	5% of the AD&D Insurance Benefit
Coma	1% of the remainder of the AD&D Insurance Benefit, for up to 30 months

### Additional AD&D benefits include:

- Occupational Assault Benefit
- Air Bag Benefit
- Child Care Benefit
- Seat Belt Benefit
- Higher Education Benefit
- Public Transportation Benefit
- Career Adjustment Benefit

## → Life Insurance Needs Calculator

Monthly expenses can add up quickly. If you were to die, what would it take to help maintain your family's standard of living and cover future expenses?

### → Estimated Monthly Expenses

Mortgage/Rent	\$ _____
Homeowner's or Renter's Insurance	\$ _____
Property Tax	\$ _____
Utilities	\$ _____
Food	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____
Medical/Dental Insurance Co-pays	\$ _____
Credit Card/Installment Payments	\$ _____
Clothing	\$ _____
Child Care	\$ _____
Savings	\$ _____
Misc. (entertainment, travel, gifts, etc.)	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>

### → Anticipated Monthly Income Without Your Paycheck

Spouse/Domestic Partner's Take-Home Pay	\$ _____
Other Income Sources	\$ _____
<b>Total Anticipated Monthly Income</b>	<b>\$ _____</b>

If expenses exceed anticipated income enter the difference here \$ \_\_\_\_\_

*Multiply by the number of months additional income that might be needed (i.e. 5 years = 60 months)*

**Enter result here** \$ \_\_\_\_\_ **(A)**

### → Final Expenses

Funeral Expense, Medical Bills, Student Loans, Other	\$ _____
<b>Total</b>	<b>\$ _____ (B)</b>

### → Future Plans

Emergency Fund, College Education(s), Wedding(s), Home Maintenance, Other	\$ _____
<b>Total</b>	<b>\$ _____ (C)</b>

**→ Total of A, B and C** \$ \_\_\_\_\_

*If you're not covered for at least this amount, help protect your family by increasing your coverage.*

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Premium Schedule: Monthly

PREMIUM AMOUNTS FOR PARTICIPANT COVERAGE OPTIONS

Attained Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000
Under 25	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
25 – 29	\$1.75	\$3.50	\$5.25	\$7.00	\$10.50	\$14.00	\$16.50	\$19.00	\$21.50	\$24.00
30 – 34	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$19.00	\$22.00	\$25.00	\$28.00
35 – 39	\$2.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00
40 – 44	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$31.50	\$37.00	\$42.50	\$48.00
45 – 49	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$44.00	\$52.00	\$60.00	\$68.00
50 – 54	\$8.25	\$16.50	\$24.75	\$33.00	\$49.50	\$66.00	\$81.50	\$97.00	\$112.50	\$128.00
55 – 59	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$101.50	\$121.00	\$140.50	\$160.00
60 – 64	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$104.00	\$129.00	\$154.00	\$179.00	\$204.00
65 – 69	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
70 + <sup>7</sup>	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
<ul style="list-style-type: none"> <li>Participant's coverage is guarantee issue during first 120 days of employment.</li> <li>Participant AD&amp;D coverage equal to Life Insurance amount.</li> </ul>							<ul style="list-style-type: none"> <li>Participant AD&amp;D coverage equal to \$200,000.</li> <li>Optional spouse/domestic partner coverage equal to \$100,000. See \$100,000 option for premium amount.</li> <li>Proof of good health is always required (complete Medical History Statement Form C). Guarantee issue is \$200,000 for life.</li> </ul>			

<sup>7</sup> Coverage reduces to 65% of the original amount at age 70, 45% of the original amount at age 75 and 30% of original amount at age 80.

→ Family Coverage Options

Spouse/domestic partner coverage

- 50% of the Participant's Life and AD&D Insurance coverage, up to \$100,000. Premium: varies up to 50% of Participant's premium.
- Proof of good health is required for total Dependent's Life Insurance in excess of \$17,500.

Dependent coverage (includes spouse/ domestic partner and eligible dependent children)

- \$5,000 term Life and \$5,000 AD&D Insurance coverage Premium: \$1.00 monthly, \$1.20 tenthly.

## Premium Schedule: Tenthly

### PREMIUM AMOUNTS FOR PARTICIPANT COVERAGE OPTIONS

Attained Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000
Under 25	\$1.80	\$3.60	\$5.40	\$7.20	\$10.80	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
25 – 29	\$2.10	\$4.20	\$6.30	\$8.40	\$12.60	\$16.80	\$19.80	\$22.80	\$25.80	\$28.80
30 – 34	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40	\$19.20	\$22.80	\$26.40	\$30.00	\$33.60
35 – 39	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20
40 – 44	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$31.20	\$37.80	\$44.40	\$51.00	\$57.60
45 – 49	\$5.40	\$10.80	\$16.20	\$21.60	\$32.40	\$43.20	\$52.80	\$62.40	\$72.00	\$81.60
50 – 54	\$9.90	\$19.80	\$29.70	\$39.60	\$59.40	\$79.20	\$97.80	\$116.40	\$135.00	\$153.60
55 – 59	\$12.30	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$121.80	\$145.20	\$168.60	\$192.00
60 – 64	\$15.60	\$31.20	\$46.80	\$62.40	\$93.60	\$124.80	\$154.80	\$184.80	\$214.80	\$244.80
65 – 69	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
70 + <sup>8</sup>	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
	<ul style="list-style-type: none"> <li>Participant's coverage is guarantee issue during first 120 days of employment.</li> <li>Participant AD&amp;D coverage equal to Life Insurance amount.</li> </ul>						<ul style="list-style-type: none"> <li>Participant AD&amp;D coverage equal to \$200,000.</li> <li>Optional spouse/domestic partner coverage equal to \$100,000. See \$100,000 option for premium amount.</li> <li>Proof of good health is always required (complete Medical History Statement Form C). Guarantee issue is \$200,000 for life.</li> </ul>			

<sup>8</sup> Coverage reduces to 65% of the original amount at age 70, 45% of the original amount at age 75 and 30% of original amount at age 80.

### → Questions?

Visit the Web site at [www.cta.org/mycta](http://www.cta.org/mycta), or call The Standard's CTA Customer Service Department at 800.522.0406, 7:00 a.m. to 7:00 p.m. Pacific Time.

## General Questions And Answers

### 1 Who is eligible to purchase this coverage?

**Disability Insurance for Educators:** You are a Participant if you are an active employee who (1) has an annual contract with an Employer, or the equivalent, as agreed to by The Standard and the Policyholder; (2) is a member in good standing of California Teachers Association (CTA); (3) is a citizen or resident of the United States or Canada; and, (4) if you're an educator, you also need to be regularly working for an Employer at least 15 hours a week.

**Disability Insurance for Education Support Professionals:**

You are a Participant if you are an active classified employee who (1) is regularly working for an Employer(s) at least 20 hours per week for at least 180 days per year under the terms of your employment with the Employer(s), (2) is a member in good standing of California Teachers Association (CTA) and (3) is a citizen or resident of the United States or Canada.

**Life Insurance:** You are a Participant if you are one of the following (1) an active employee of an Employer and a member in good standing of California Teachers Association or (2) a retired employee who (a) is a retired employee of an Employer and a California Teachers Association Retired Lifetime Member (CTA-R) and (b) was insured under the Group Policy or Prior Plan immediately prior to retirement and (c) is eligible to receive benefits under the State Teachers Retirement System (STRS) or Public Employees Retirement System (PERS) and authorizes premium deductions.

### 2 When will my coverage become effective?

You must satisfy the Active Work requirement in the applicable group insurance policy before your Disability or Life Insurance coverage will become effective.

**Disability Insurance:** If you are not required to submit proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date you apply (for ESP: first day of the calendar month following the date you apply). If you are required to provide proof of good health, your insurance will become effective on the later of (a) the date you become eligible; and (b) the first day of the calendar month coinciding with or next following the date The Standard approves your proof of good health.

**Life Insurance:** Life Insurance amounts not subject to proof of good health and for which you apply within 31 days following a Family Status Change become effective on the later of (a) the date of the Family Status Change and (b) the first day of the calendar month coinciding with or next following the date you apply, provided the required premium contribution has been made for that month. Life Insurance amounts subject to proof of good health become effective on the first day of the calendar month coinciding with or following the date The Standard approves your proof of good health, provided the required premium contribution has been made for that month.

Life Insurance amounts not subject to proof of good health and for which you apply at any other time become effective on the first day of the calendar month coinciding with or following the date you apply, provided the required premium contribution has been made for that month.<sup>9</sup>

### 3 When can I enroll?

You can apply for coverage any time online or by completing the enclosed forms and returning them in the postage-paid envelope. Coverage is subject to approval by The Standard. This year, you'll have several opportunities to increase your Disability and Life Insurance coverage through CTA and The Standard, including opportunities to add coverage without proof of good health.

- For CTA Participants during the first 120 days of your regular employment for Disability Insurance or up to \$200,000 of Life Insurance coverage.
- Within 31 days of a Family Status Change, including Marriage/Domestic Partnership, Divorce/Dissolution or Birth/Adoption of a Child.
- During a successful enrollment campaign conducted by your local chapter. (Chapter must meet a target enrollment number.)
- During direct mail enrollment campaigns conducted by The Standard. The guarantee issue of Life Insurance coverage is dependent on your age on the date you apply.
- If you already have Disability or Life Insurance coverage with a non-CTA-endorsed provider (such as American Fidelity or AFLAC), you may change this coverage to the CTA Voluntary Plan with The Standard from October 15, 2007 – December 15, 2007, or April 15, 2008 – June 15, 2008.

<sup>9</sup> If a premium contribution was not made because your Employer makes payroll deductions only 10 months each year, your Life Insurance will become effective as if the premium contribution had been made. However, premium contributions must begin the next following month in which employee payroll deductions are made by your Employer.

**4 What should I do if I'm transferring my coverage from another, non-CTA-endorsed insurer and I need proof of coverage?**

If you are transferring your coverage from another, non-CTA-endorsed insurer and you need proof of coverage, here's what you'll need: You can use the cover page from your current Certificate Of Insurance as proof of coverage. It should have your name, the name of your coverage plan, the type of coverage and the amount of coverage. If the cover page of your current Certificate Of Insurance doesn't have that information, a letter from your current insurer with the same information can serve as Proof Of Coverage. And if you don't have either right now, complete and send this form, and you can send the Proof Of Coverage as soon as possible.

**5 How will I know when I am covered?**

Payroll deductions for the amount you authorized usually begin within a month of signing up, or after notice of approval. The Standard will mail you a benefit Certificate Of Insurance that describes the plan in detail. If you have any questions, please contact The Standard's CTA Customer Service Department at 800.522.0406, 7:00 a.m. to 7:00 p.m. Pacific Time.

**6 Can I continue coverage if I transfer?**

Yes, if you transfer to another Employer or to an institution whose primary purpose is research or development of public education in California. Once you transfer, you can enroll in CTA's Disability or Life Plans from The Standard without proof of good health if you enroll during your first 120 days of employment.

**7 Are scheduled vacation periods covered under the plans?**

Your coverage remains in effect during scheduled vacation periods.

## Questions And Answers About Disability Coverage

**8 Am I covered for Disability while on a leave of absence?**

If you take a leave of absence, your insurance will be continued through the last day of the calendar month for which you are absent from Active Work due to the leave of absence. If your coverage remains in

force and subject to the terms and conditions of the Group Policy, a Disability that occurs while you are on an approved leave of absence may be covered.

**9 Is coaching pay or a summer school contract covered under the Disability plan?**

Yes. The plan pays up to 75% of Extra Duty Pay lost due to your Disability. The plan will consider additional income that is included in your local chapter's bargaining agreement as Extra Duty Pay. This may include, but is not limited to, income received for coaching, after-school programs, summer school sessions, advising or mentoring. Extra Duty Pay must be defined in a special contract or letter of agreement between the insured and the school district. The benefit covers those extra duty assignments that are in place at the time your Disability begins. It does not include any future agreements/opportunities. Nor does it include additional compensation such as overtime pay, bonuses or district-funded fringe benefits. The Extra Duty Pay Benefits may be reduced by Deductible Income.<sup>10</sup>

**10 Is maternity leave covered under the Disability plan?**

After your coverage is effective, maternity leave is covered as any other Disability. As an administrative claims management practice, you will be considered Disabled four weeks prior to your due date and six weeks following a vaginal delivery or eight weeks following a C-section. Medical complications that result in Disabilities outside of these guidelines will be considered based on medical records. All plan provisions, including those regarding Disability, medical necessity and Preexisting Conditions apply.

**11 Do I pay premiums while I'm disabled?**

Premium payments for Disability Insurance are waived while Disability Benefits or Extra Duty Pay Benefits are payable.

**12 How do I file a Disability claim?**

For greater convenience, you can submit claims online at [www.cta.org/mycta](http://www.cta.org/mycta) or contact The Standard's CTA Customer Service Department at 800.522.0406, 7:00 a.m. to 7:00 p.m. Pacific Time. Written notice must be provided within 90 days of the date you are Disabled.

<sup>10</sup> Examples of Deductible Income (see your Certificate Of Insurance for a full listing and exceptions): Personal Leave Pay, Severance Pay, Substitute Differential Pay, Salary Continuation, Workers' Compensation, Work Earnings, Social Security, State Disability, PERS/ STRS Benefits.

# Termination Of Insurance, Exclusions And Limitations

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## Disability Exclusions And Limitations

Benefits are not payable for any Disability:

- Due to a Preexisting Condition unless following 10 consecutive Regular Days Of Required Attendance.

**Preexisting Condition** means a diagnosed mental or physical condition for which you have received medical treatment, care or services or have taken prescribed medication at any time during the Preexisting Condition period shown in the Coverage Features (of your Certificate).

- That starts while you are not working on a regularly scheduled basis due to layoff, leave of absence (except for regular vacation periods) or other reason.
- Due to intentionally self-inflicted injuries, committing or attempting to commit an assault or a felony, War or any act of War, declared or undeclared.
- Unless under the care of a Physician appropriate to the condition(s) causing Disability.

**Physician** means a licensed medical professional, diagnosing and treating individuals within the scope of the license. The term includes a legally licensed physician, dentist, optometrist, podiatrist, psychologist or chiropractor. Physician does not include you or your spouse/domestic partner, or the brother, sister, parent or child of either you or your spouse/domestic partner.

- Benefits are limited for any Disability due to Mental Disorder or Substance Abuse.

**Mental Disorder** means those psychiatric or psychological conditions, regardless of cause, that are classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association, most current as of the start of Disability. If the DSM is discontinued or repealed, Mental Disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of Disability.

The Mental Disorder limitation will not apply to a Disability caused or substantially contributed to by dementia if the dementia is the result of: 1) stroke; 2) physical trauma; 3) Alzheimer's disease; or 4) other medical conditions not listed that are not usually treated by a mental health or other qualified provider using psychotherapy, behavioral therapy, psychotropic drugs or similar methods of treatment.

**Substance Abuse** means your being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

## For Ongoing Disability Benefits for Class 2 Employees Only

After Fully Paid Sick Leave and the following 2 years of benefits, no benefits are payable for any Disability resulting from Mental Disorder or Substance Abuse unless you are confined in a hospital or participating in a rehabilitation program approved by The Standard.

## Disability Insurance Termination Provisions

Disability coverage will cease on the earliest of:

- The date the last period ends for which a premium was paid for your insurance.
- The date the Group Policy terminates.
- The date your employment terminates.
- The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
- The first day of the calendar month following the date you cease to be a Participant.<sup>11</sup>

## Accidental Death And Dismemberment (AD&D) Limitations

Benefits are not payable for bodily or mental disease or pregnancy, bacterial infections, medical or surgical treatment, War or any act of War, suicide or self-inflicted injury or the commission or attempt to commit an assault or felony. AD&D Benefits are not payable for losses occurring more than 365 days after the date of the accident.

## Life Insurance Termination Provisions

Coverage for the Participant will cease on the earliest of:

- The date the last period ends for which a premium was paid for your Life Insurance.
- The date the Group Policy terminates.
- The date your employment terminates, unless you are covered as a retired Participant.
- The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
- The first day of the calendar month following the date you cease to be Actively At Work.<sup>11</sup>

*Note: This section provides an overview of certificate sections including, but not limited to, sections relating to when insurance ends, the definition of a Participant, exclusions and limitations. Consult your Certificate Of Insurance for full explanation.*

<sup>11</sup> There are special provisions for continuing coverage under these circumstances. Please consult your Certificate Of Insurance for plan details.

## 2 Easy Ways to Enroll

1. Enroll online at [www.cta.org/mycta](http://www.cta.org/mycta)  
or
2. Complete and return the attached forms

Complete Forms A and B, then sign and return in the enclosed postage-paid envelope.

Complete and sign Form C if you are applying for more than \$200,000 of Life Insurance or you are applying for more than \$17,500 in total Dependents Life Insurance (reference page 16).

Please be sure to complete the forms in their entirety to expedite processing.

**Educators Remember:** If you work for more than one school district, you'll need to fill out Form A for each of the districts through which you are eligible to get coverage. For instance, you'll need to fill out a Form A for each district with the hours and income specific to that district to be paid benefits on the full 40 hours of work if you become Disabled and file a claim.

**Education Support Professionals Remember:** If you work for more than one school district, fill out your Form A assigning all your hours from all the districts you work for to the single district from which you would like to receive your benefits.

To enroll online go to: <http://www.cta.org/mycta>

Mark all boxes and complete all sections that apply. Please return completed form to The Standard at the address or fax number above.

FIRST NAME		MIDDLE INITIAL	LAST NAME		CTA MEMBER ID*
HOME MAILING ADDRESS			CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE		HOME EMAIL ADDRESS		
DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	FAMILY STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner		DEPENDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	ENROLLMENT CAMPAIGN ID (IF KNOWN)
GROUP NAME <b>California Teachers Association</b>	CTA CHAPTER			SIC USE ONLY	GROUP NO. VR
SCHOOL DISTRICT			BUILDING/WORK SITE		
DATE FIRST EMPLOYED (CURRENT SCHOOL DISTRICT)	HRS WORKED PER WEEK	PAYROLL MODE <input type="checkbox"/> 12thly <input type="checkbox"/> 10thly <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			
ANNUAL CONTRACT WITH EMPLOYER OR EQUIVALENT <input type="checkbox"/> Yes <input type="checkbox"/> No	CTA EDUCATION SUPPORT PROFESSIONAL (CTA ESP) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, days worked per year _____			FULL TIME MEMBER OF THE ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you switching your Disability and/or Life insurance from your current insurance company to the CTA plan? (applies to companies other than The Standard) <input type="checkbox"/> Yes - Please attach proof of coverage <input type="checkbox"/> No					
How did you learn of this enrollment opportunity? (please check one) <input type="checkbox"/> Advertisement <input type="checkbox"/> CTA Web Site <input type="checkbox"/> Direct Mail <input type="checkbox"/> Enrollment Packet <input type="checkbox"/> Event <input type="checkbox"/> Newsletter <input type="checkbox"/> Personal Referral <input type="checkbox"/> Other _____					

\* CTA Member ID number is located on your CTA Membership card.

**COVERAGES**

Refer to the enrollment materials provided when completing the following and mark the coverages you wish to elect. If applying for coverage more than 120 days from the date first employed by your current school district, attach a completed Medical History Statement. Coverage options may be subject to Evidence Of Insurability requirements (proof of good health). This form lists only the most common situations where Evidence Of Insurability is required for coverage to become effective. There are other situations where Evidence Of Insurability may be required. If you have questions please contact The Standard at 800.522.0406.

<p><b>Life Insurance with Accidental Death and Dismemberment (AD&amp;D) - Complete Section 1 of the Beneficiary Designation.</b></p> <p><input type="checkbox"/> Voluntary Life with AD&amp;D Your AD&amp;D insurance amount will match your life insurance amount up to a maximum of \$200,000. For life insurance amounts greater than \$200,000 attach a completed Medical History Statement. Choose one: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$400,000</p> <p><b>Dependents Life Insurance - You may choose one or both of the following options. For total dependents life insurance amounts greater than \$17,500, attach a completed Medical History Statement for your spouse/domestic partner.</b></p> <p><input type="checkbox"/> Spouse/Domestic Partner and/or Children \$5,000</p> <p><input type="checkbox"/> Spouse/Domestic Partner up to 50% of participant's life insurance amount Choose one: <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$37,500 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000</p> <p>Spouse/Domestic Partner Name _____</p> <p><b>Disability Insurance - Complete Section 2 of the Beneficiary Designation.</b></p> <p><input type="checkbox"/> Voluntary Disability Salary \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
---

**SIGNATURE REQUIRED**

I wish to make the choices indicated on this form. If electing coverage, I authorize my employer to deduct premiums from my wages to cover my cost of insurance sponsored by California Teachers Association. I understand that my employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that a copy of this form will be provided to my employer to facilitate payroll deduction for the coverages that I have elected. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard. I certify that I am a member of California Teachers Association and understand that termination of CTA membership will cancel my coverage and deductions.

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

You may use this form to designate beneficiary(ies) for the insurance that you elected through California Teachers Association. Designations are not valid unless signed, dated, and delivered to The Standard during your lifetime.

- Complete Section 1 if you elected Voluntary Life with Accidental Death and Dismemberment (AD&D) Insurance
- Complete Section 2 if you elected Voluntary Disability Insurance.
- You may elect to have the same beneficiary(ies) for all of your voluntary insurance coverage by checking the appropriate box below and then entering the beneficiary information in one section.
- If you name more than two primary or contingent Beneficiaries, please attach a separate sheet of paper.

*Sign and date the completed form and return it to The Standard at the address above. See page 2 for further information.*

*If you have questions about completing this form please contact The Standard at 800.522.0406.*

SIC USE ONLY	GROUP NO.
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FIRST NAME	MIDDLE INITIAL	LAST NAME			CTA MEMBER ID
ADDRESS		CITY	STATE	ZIP	DATE OF BIRTH
GROUP NAME <b>California Teachers Association</b>	CTA CHAPTER	SCHOOL DISTRICT		BUILDING/WORK SITE	

**BENEFICIARY INFORMATION**

Check this box and enter information in only one section below if you wish to designate the same beneficiary(ies) for all of your voluntary insurance coverage.

**1. Beneficiary designation for Life with Accidental Death and Dismemberment Insurance**

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

**2. a. Beneficiary designation for Disability Insurance Survivors Benefit**

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

**b. Beneficiary designation for Accidental Death and Dismemberment Insurance associated with your Disability Insurance**

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

**SIGNATURE REQUIRED**

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

## BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under the Group Policy.
- If you currently have a Beneficiary designation on file with your plan administrator for Life coverage under Standard’s Group Policy, that designation will also apply to any approved Additional/Optional Life, or other coverage increase. If you have no Beneficiary designation on file or wish to change the name of a current designee, visit our Web site at [www.cta.org/mycta](http://www.cta.org/mycta) and fill out a Beneficiary Designation/Change form. For questions, contact The Standard’s CTA Customer Service Department at 800.522.0406.

Standard Insurance Company

California Teachers Association Voluntary Plan for Active Employees

Medical Underwriting, PO Box 4744 • Portland OR 97208

MEDICAL HISTORY STATEMENT

FOR RESIDENTS OF CALIFORNIA. This form must be completed when Evidence Of Insurability is required under your plan. If you and your Dependent(s), (Spouse/Domestic Partner and/or Child) are applying, each applicant must complete one of these forms. To apply for coverage, read the notice(s) on page 2. Complete all items, sign, and date below. When finished, send the original to Standard Insurance Company at the address above and keep a copy for your records.

Form with fields: SCHOOL DISTRICT, CTA MEMBER ID, TYPE OF APPLICATION, MEMBER NAME, DATE OF BIRTH, SOCIAL SECURITY NO., DATE FIRST EMPLOYED, ANNUAL SALARY, WHO IS APPLYING, APPLICANT'S NAME, ADDRESS, SOCIAL SECURITY NO., GENDER, DATE OF BIRTH, PLACE OF BIRTH, HOME PHONE, MOBILE PHONE.

Mark the insurance coverage you are requesting.

- Voluntary Life - Choose one: \$25,000 to \$400,000
Spouse/Domestic Partner and/or Child Life \$5,000
Spouse/Domestic Partner up to 50% of participant's life insurance amount - Choose one: \$12,500 to \$100,000
Voluntary Disability

Table with 5 columns: SIC USE ONLY, GROUP NO., CAMPAIGN ID, GUARANTEE ISSUE AMOUNT, CURRENT AMOUNT IN FORCE

For approved applicants, premiums shall be paid in accordance with the provisions of the Group Policy(ies). Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Check yes or no for each of these questions, and give details as shown on page 2 for any "yes" answers. Attach a separate sheet if necessary.

- 1. Have you had any physical, mental or emotional condition, injury, sickness, or surgery in the past 5 years?
2. Have you consulted or been attended by a physician or practitioner for any cause in the past 5 years?
3. Are you now unable to work full time because of any physical, mental or emotional condition, injury, or sickness?
4. Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
A. High blood pressure, cardiovascular disease, heart ailment, arteriosclerosis, or stroke?
B. Mental condition, depression, epilepsy, or nervous system disorder?
C. Cancer, diabetes, or nephritis?
D. Arthritis, strained or injured back, slipped disc, or any bone, joint, or muscle disorder?
E. Lung, kidney, stomach, genital, urinary, or intestinal ailment?
F. Blindness or deafness?
G. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or an immune system disorder?
5. Have you sought or received advice or treatment for the use of alcohol or drugs in the past 10 years?
6. In the past 10 years have you had a persistent cough, unintentional weight loss of 10 pounds or more, persistent fatigue, persistent lymph node enlargement, prolonged night sweats, pneumonia, lesions, or growths?
7. Do you take medication for any physical, mental or emotional condition, injury, or sickness?
8. Do you plan any operation or visit to a doctor or practitioner for an existing physical, mental or emotional condition, injury, or sickness?
9. Are you now pregnant?

Form with fields: HEIGHT, WEIGHT, PHYSICIAN OR MEDICAL FACILITY WITH APPLICANT'S COMPLETE MEDICAL RECORDS - NAME AND FULL MAILING ADDRESS

Acknowledgment and Authorization for Release of Information. (Please read carefully.)

I represent that the statements contained herein, including those made on page 2 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 acknowledge that I have read and received the Information Practices Notice (on page 2) and I have kept a copy of this Medical History Statement. To any physician, health care provider, hospital, insurance or reinsurance company, the Medical Information Bureau, Inc. (MIB), or any employer: I authorize you to release to Standard or its reinsurers all medical information you have about me including medical history, diagnosis, prognosis and treatment of any physical, mental or emotional condition.

I understand a copy of this authorization will be provided upon request. This authorization will remain valid one year from the date below. A photocopy of this authorization shall be as valid as the original. I understand that I have the right to revoke this authorization at any time by sending a written statement to Standard. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair 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 FOR DEPENDENT CHILD)

DATED

Describe below any "yes" answers which were given for questions on page 1. (Please provide the entire question number.)

Question #	Description of Injuries, Disorders and Operations	Months/Year	Duration	Final Result	Physicians Consulted, City & State

**BENEFICIARY DESIGNATION:** If you currently have a beneficiary designation on file with your plan administrator for Life coverage under Standard's Group Policy, that designation will also apply to any approved Additional/Optional Life, or other coverage increase. If you have no beneficiary designation on file or wish to change the name of the current designee, contact The Standard at 800-522-0406.

### 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, PO Box 4744, Portland, Oregon 97208 or call 800-522-0406.

PLEASE RETAIN A COPY FOR YOUR RECORDS



**A strong team**  
will see your vision through  
when it counts.

**A smart plan**  
helps you face the unexpected  
without fear.



The Standard<sup>®</sup>  
Positively different.

If you have any questions regarding your Disability Insurance or Life Insurance Plans, visit the Web site at [www.cta.org/mycta](http://www.cta.org/mycta) or call The Standard's CTA Customer Service Department at **800.522.0406**, 7:00 a.m. to 7:00 p.m. Pacific Time.