

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

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: _____



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 _____