



DISABILITY AND LIFE

2009–2010 CTA GROUP INSURANCE PLANS



David A. Sanchez
President, CTA



Dear Colleague,

As an education professional and a California Teachers Association member, you know the value of being ready. It's a basic lesson, and one CTA takes to heart in every benefit we offer you.

To equip you for life's challenges as well as its triumphs, CTA offers you voluntary disability and life insurance coverage through Standard Insurance Company (The Standard).

When it comes to being ready, you can count on The Standard. They've been protecting their customers for more than 100 years and stand as one of the top 10 disability and life insurance carriers in the nation. The Standard is well known for their deeply held philosophy of integrity and constant readiness.

With their long record of strength, stability and service orientation, it's no wonder we chose The Standard to be the only provider of disability and life insurance endorsed by CTA. Very simply, we trust The Standard and believe you can too.

This brochure contains the information and forms you need to enroll in disability and life insurance from The Standard. If you'd like more details and convenient online enrollment, visit MyCTA at www.cta.org now.

I wish all the best for you and your loved ones, and I want to help you prepare for whatever life brings you with the kind of quality coverage available from The Standard.

Sincerely,

A handwritten signature in blue ink that reads "David A. Sanchez". The signature is fluid and cursive.

David A. Sanchez
President, CTA

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NOW IS THE TIME

FOR SECURE COVERAGE

When the unexpected occurs, it's too late to prepare. This is the time to make sure you're ready. As a CTA member, you have the opportunity to enroll in Disability and Life Insurance with one of the nation's most stable and reliable insurance companies, The Standard.

BE PREPARED. IT'S THE RIGHT THING TO DO.

Unexpected financial hardship is more common than you may think. Did you know that a disabling injury occurs every 1.2 seconds in the United States?¹ The costs of even a minor disability can be devastating to your long-term financial plans. Consider the numbers:

- ▶ 498: The number of Americans who became disabled in the last 10 minutes.¹
- ▶ 4.8: The number of deaths every minute in the United States.²
- ▶ 2.4%: The average savings rate of Americans in 2008. Compare that to 10.3% in 1985.³
- ▶ 74%: The number of American families who live paycheck to paycheck.⁴

The Standard has over 100 years of experience covering families and individuals against these unplanned hardships. Please take a few moments of your time 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 **MyCTA at www.cta.org** to enroll online or complete the forms for coverage starting on page 23.

¹National Safety Council, Injury Facts 2008 Edition

²CIA World Fact Book; United States Entry (<https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>); April 23, 2009

³A Guide to the National Income and Product Accounts of the United States (NIPA), 2008

⁴American Payroll Association, "Getting Paid in America" Survey, 2008

THE STANDARD IS YOUR RELIABLE CHOICE

You earn your reputation for reliability by keeping promises. At The Standard, we consistently earn ours with:

- ▶ **Over 100 years** of industry-leading experience and expertise
- ▶ **8.5 million members** depending on us every day
- ▶ **An 80-plus-year record** of straight "A" or higher financial ratings
- ▶ **A record that continues** to exceed expectations

➔ **QUESTIONS?** Visit MyCTA at www.cta.org
or call The Standard's dedicated
CTA Customer Service Department at
800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m.
Pacific Time.



DISABILITY

COVERAGE NO EDUCATOR SHOULD BE WITHOUT

No one can predict how or when your circumstances will change. The key is to be ready when they do. With a disability occurring every 1.2 seconds in this country alone, protection is more than prudent, it's necessary.⁵ CTA 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 a disability. More important, it helps provide financial assistance when no other income replacement benefits are available.

EDUCATORS											
BENEFIT WAITING PERIOD	Lesser of seven consecutive Regular Days Of Required Attendance or Extra Duty Days Of Required Attendance, or 30 calendar days.										
BENEFIT PERIOD	<p>Class 1 — the period for which you are eligible to receive Fully Paid Sick Leave and for the following two Benefit Years.</p> <p>Class 2 — the period for which you are eligible to receive Fully Paid Sick Leave and for the following two Benefit Years, plus the following applicable period: <i>For Class definitions, see page 9.</i></p> <table> <tr> <td>YOUR AGE WHEN DISABILITY BEGINS:</td> <td>MAXIMUM BENEFIT PERIOD:</td> </tr> <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 comes first</td> </tr> <tr> <td>70 or older</td> <td>1 year</td> </tr> </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 comes first	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 comes first										
70 or older	1 year										
BENEFITS	<ul style="list-style-type: none"> ▶ 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 reduced by Deductible Income payable for each Regular Day Of Required Attendance on which you are Disabled.⁶ Minimum Benefit of \$30 per Regular Day Of Required Attendance. ▶ After Second Benefit Year (Class 2 only): 50% of Regular Monthly Contract Salary reduced by Deductible Income.⁶ Minimum Benefit of \$500 per calendar month for which Disability benefits are payable. 										
BENEFIT BASIS	First and Second Benefit Years: benefits are calculated based on your Regular Daily Contract Salary for each Regular Day Of Required Attendance based on your salary in effect for the contract year in which you become Disabled. After Second Benefit Year (Class 2 only) benefits are calculated based on your Regular Monthly Contract Salary for each Regular Day Of Required Attendance for each calendar month.										
REDUCTION OF BENEFITS	Benefits after Fully Paid Sick Leave are reduced by Deductible Income. ⁶										
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 Days Of Required Attendance on the date you become Disabled. Preexisting Condition Period is the 30-calendar-day period just before your insurance becomes effective.										

⁵ National Safety Council, Injury Facts 2008 Edition

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

ADDITIONAL PLAN FEATURES

- ▶ Pays \$35 per calendar day while confined to a hospital as a result of your Disability with no Benefit Waiting Period. This is paid in addition to any Disability benefits that may be payable.
- ▶ Pays up to 75% of Extra Duty Pay lost due to Disability, reduced by Deductible Income.
- ▶ Partial Disability, subject to any Benefit Waiting Period, allows eligibility for benefits even if you continue to work while Disabled — for the duration of your claim.
- ▶ Covers Disabilities occurring on or off the job.
- ▶ No premiums required during Disability.
- ▶ Dependent Education Benefit helps you keep your dependents in school with a monthly benefit to help pay post-secondary costs for Children or a Spouse/Domestic Partner, should you become unable to work.
- ▶ Rehabilitation Plan incentives that may include training and education expenses, family (child and elder) care expenses and job-related and job-search expenses.
- ▶ Reasonable Accommodation Expense payment provides up to \$25,000 of an Employer's expenses toward work-site modifications to allow your return to work following a Disability.
- ▶ Ability to appeal denial of coverage and/or claims to CTA Advisory Panel on Endorsed Services (APES).
- ▶ \$10,000 Accidental Death And Dismemberment coverage.
- ▶ Child Care Benefit for expenses incurred within 36 months from the date of the CTA Participant's covered accidental death, up to \$1,000 per year.
- ▶ Survivors Benefit of up to three times the unreduced Disability Benefit to your Beneficiary if you die while receiving Disability Benefits under the plan.

PREMIUMS FOR EDUCATORS

ANNUAL CONTRACT SALARY RANGES	MONTHLY PREMIUM ⁷	TENTHLY PREMIUM ⁷
\$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

⁷ Frequency of required premium payments (monthly, tenthly, etc.) is determined by the district you are employed by. While monthly and tenthly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

CALCULATOR

FOR YOUR DISABILITY INSURANCE NEEDS

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 EXPENSES

Food/Household Supplies \$ _____

Mortgage/Rent \$ _____

Home Maintenance/
Association Dues \$ _____

Medical Expenses \$ _____

Savings/Investments \$ _____

Child Care/Education \$ _____

Utilities
(electricity, gas, cable,
phone, etc.) \$ _____

Clothing \$ _____

Debts
(credit cards, student
and auto loans, etc.) \$ _____

Insurance
(health, life, auto,
home, etc.) \$ _____

Taxes \$ _____

Other \$ _____

Total Monthly Expenses \$ _____

MONTHLY INCOME AVAILABLE WHILE DISABLED


Spouse/Domestic
Partner Income \$ _____

Interest/Dividend/
Investment Income \$ _____

Other Income \$ _____

Total Monthly Income \$ _____

Now that you've determined your need, if you don't currently have Disability Insurance, help protect you and your family by applying today.

 **QUESTIONS?** Visit MyCTA at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

TERMS

FOR DISABILITY INSURANCE YOU SHOULD KNOW

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 unable to work, 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 (CalSTRS) and/or the Public Employees Retirement System (CalPERS) 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 CalSTRS and/or CalPERS.

REGULAR CONTRACT SALARY means your annual salary under the terms of your employment contract with the Employer(s) in effect for the contract year in which you become unable to work. 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 unable to work.

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 unable to work. 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.

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.



ESP DISABILITY

COVERAGE DESIGNED FOR EDUCATION SUPPORT PROFESSIONALS

You don't know what the future holds, but you can be prepared. CTA 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 leaves you unable to work.

EDUCATION SUPPORT PROFESSIONALS (ESP)	
BENEFIT WAITING PERIOD	Longer of seven 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 reduced by Deductible Income, payable for all Required Days Of Attendance on which you are Disabled. ⁸
BENEFIT BASIS	Benefits are based on your Regular Daily Contract Salary for each Required Day Of Attendance based on your salary in effect for the contract year in which you become Disabled.
REDUCTION OF BENEFITS	Benefits are reduced by Deductible Income. ⁸
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 Consecutive Required Days Of Attendance on the date you become Disabled. Preexisting Condition Period is the 30-calendar-day period just before your insurance becomes effective.

ADDITIONAL PLAN FEATURES FOR EDUCATION SUPPORT PROFESSIONALS

- ▶ Partial Disability, subject to any Benefit Waiting Period, allows eligibility for benefits even if you continue to work while Disabled — for the duration of your claim.
- ▶ Convenient payroll deduction — your premium payments are deducted automatically through district payroll deduction.
- ▶ Dependent Education Benefit provides a monthly benefit for Disabled CTA members who have Children or a Spouse/Domestic Partner who is registered and in full-time attendance at a licensed or accredited educational institution beyond high school.
- ▶ Reasonable Accommodation Expense payment provides up to \$25,000 of an Employer's expenses toward work-site modifications to allow your return to work following a Disability.
- ▶ Rehabilitation Plan may provide reimbursement of some or all expenses related to training and education, family care expenses (child and elder) and your job or job search.
- ▶ Ability to appeal denial of coverage and/or claims to CTA Advisory Panel on Endorsed Services (APES).
- ▶ \$10,000 Accidental Death And Dismemberment coverage.

⁸ Examples of Deductible Income (see your Certificate Of Insurance for a full listing and exceptions): Personal Leave Pay, Severance Pay, Substitute Differential Pay, Catastrophic/Extraordinary Leave Bank, Salary Continuation, Workers' Compensation, Work Earnings, Social Security, State Disability, CalPERS/CalSTRS Benefits.



- ▶ Child Care Benefit assists with child care expenses incurred within 36 months from the date of the 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.

PREMIUMS FOR EDUCATION SUPPORT PROFESSIONALS

ANNUAL CONTRACT SALARY RANGE	MONTHLY PREMIUM ⁹	TENTHLY PREMIUM ⁹
\$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

⁹ Frequency of required premium of payments (monthly, tenthly, etc.) is determined by the district you are employed by. While monthly and tenthly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

CALCULATOR

FOR YOUR DISABILITY INSURANCE NEEDS

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 EXPENSES

Food/Household Supplies	\$ _____
Mortgage/Rent	\$ _____
Home Maintenance/ Association Dues	\$ _____
Medical Expenses	\$ _____
Savings/Investments	\$ _____
Child Care/Education	\$ _____
Utilities (electricity, gas, cable, phone, etc.)	\$ _____
Clothing	\$ _____
Debts (credit cards, student and auto loans, etc.)	\$ _____
Insurance (health, life, auto, home, etc.)	\$ _____
Taxes	\$ _____
Other	\$ _____


Total Monthly Expenses \$ _____

MONTHLY INCOME AVAILABLE WHILE DISABLED

Spouse/Domestic Partner Income	\$ _____
Interest/Dividend/ Investment Income	\$ _____
Other Income	\$ _____

Total Monthly Income \$ _____

Now that you've determined your need, if you don't currently have Disability Insurance, help protect you and your family by applying today.

 **QUESTIONS?** Visit MyCTA at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

TERMS

FOR DISABILITY INSURANCE YOU SHOULD KNOW

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 unable to work, plus (b) any additional periods of Restored Sick Leave.

REGULAR CONTRACT SALARY means your annual salary under the terms of your employment contract with the Employer(s) in effect for the contract year in which you become unable to work. 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 unable to work.

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.

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 unable to work. 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.

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.



LIFE INSURANCE

AN ESSENTIAL PART OF YOUR COMPLETE FINANCIAL PLAN

As an educator or education support professional, you need to consider the consequences for your family if they were to lose you tomorrow. Would they experience a major financial loss? Could they cope with a loss of income? Help protect your family by taking an affordable, precautionary step today. The CTA Voluntary Life Insurance Plan offers you an opportunity to supplement your existing Life Insurance or start a new plan.



CTA VOLUNTARY LIFE INSURANCE PLAN FEATURES

- ▶ Term Life Insurance coverage with options from \$25,000 to \$400,000.¹⁰
- ▶ Optional Life and Accidental Death And Dismemberment coverage for your Spouse/Domestic Partner and Children with your Life Insurance.
- ▶ CTA-NEA Retired Term Life Insurance coverage available upon retirement.¹⁰ Coverage election as an active Participant predetermines the amount of coverage when you retire. Coverage will be reduced to one-fifth (1/5) of the amount in force on the day of your retirement.¹¹
- ▶ Accidental Death And Dismemberment (AD&D) benefits.
- ▶ Convenient payroll deduction.
- ▶ Accelerated Benefit provides advance payments in the event of a terminal illness.
- ▶ Continuation of coverage during Total Disability.
- ▶ Additional Repatriation Benefits to pay for expenses related to transporting remains.
- ▶ Accommodations for a leave of absence, employment transfer, labor dispute or temporary layoff.

¹⁰ Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

¹¹ Dependent Life Insurance amount is based on the amount of Life Insurance in force as a retired Participant.

AD&D

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

When you enroll in Life Insurance, you'll also get protection against a covered accidental loss. At no additional cost, you'll get Accidental Death And Dismemberment Benefits equal to the amount of your Life Insurance coverage (up to \$200,000), including the following:

LOSS	PERCENTAGE PAYABLE
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 (hand, foot, sight in eye, speech and/or hearing)	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 ¹²

YOUR ADDITIONAL AD&D BENEFITS INCLUDE:

- ▶ **Occupation Assault Benefit** provides an additional benefit if you suffer a covered Loss while Actively At Work and the Loss is the result of an act of physical violence against you that is punishable by law and evidenced by a police report.
- ▶ **Higher Education Benefit** provides a benefit for a child's higher education in the event of the death of a parent.
- ▶ **Child Care Benefit** provides a benefit for the surviving spouse in order for them to work or obtain training to help cover the cost of providing care for children under age 13.
- ▶ **Seat Belt Benefit** provides an additional benefit if you die as a result of an automobile accident while properly wearing and using a seat belt system.
- ▶ **Air Bag Benefit** provides an additional benefit if you die as a result of an automobile accident, the Seat Belt Benefit is payable and your air bag system meets the requirements as outlined in the Certificate Of Insurance.
- ▶ **Career Adjustment Benefit** provides a benefit to the surviving spouse to make a career adjustment.
- ▶ **Public Transportation Benefit** provides a benefit in the event you die as a result of an accident while riding as a fare-paying passenger on public transportation.

¹² Participant or Dependent AD&D Insurance Benefit is payable for Loss of Life after reduction by any Participant or Dependent AD&D Insurance Benefit paid for any other Loss as a result of the same accident.

LIFE INSURANCE PREMIUM AMOUNTS AND 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
	\$1.80	\$3.60	\$5.40	\$7.20	\$10.80	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
25-29	\$1.75	\$3.50	\$5.25	\$7.00	\$10.50	\$14.00	\$16.50	\$19.00	\$21.50	\$24.00
	\$2.10	\$4.20	\$6.30	\$8.40	\$12.60	\$16.80	\$19.80	\$22.80	\$25.80	\$28.80
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$19.00	\$22.00	\$25.00	\$28.00
	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40	\$19.20	\$22.80	\$26.40	\$30.00	\$33.60
35-39	\$2.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00
	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20
40-44	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$31.50	\$37.00	\$42.50	\$48.00
	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$31.20	\$37.80	\$44.40	\$51.00	\$57.60
45-49	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$44.00	\$52.00	\$60.00	\$68.00
	\$5.40	\$10.80	\$16.20	\$21.60	\$32.40	\$43.20	\$52.80	\$62.40	\$72.00	\$81.60
50-54	\$8.25	\$16.50	\$24.75	\$33.00	\$49.50	\$66.00	\$81.50	\$97.00	\$112.50	\$128.00
	\$9.90	\$19.80	\$29.70	\$39.60	\$59.40	\$79.20	\$97.80	\$116.40	\$135.00	\$153.60
55-59	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$101.50	\$121.00	\$140.50	\$160.00
	\$12.30	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$121.80	\$145.20	\$168.60	\$192.00
60-64	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$104.00	\$129.00	\$154.00	\$179.00	\$204.00
	\$15.60	\$31.20	\$46.80	\$62.40	\$93.60	\$124.80	\$154.80	\$184.80	\$214.80	\$244.80
65-69	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
70+ ¹³	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80

- ▶ Participant AD&D coverage equal to Life Insurance amount.
- ▶ Life coverage up to \$200,000 is guarantee issue during first 120 days of employment for newly hired CTA members or members transferring to a new district.

Calculated as Monthly Premiums¹⁴

Calculated as Tenthly Premiums¹⁴

- ▶ Participant AD&D coverage equal to \$200,000.
- ▶ Optional Spouse/Domestic Partner coverage equal to \$100,000. See \$100,000 option for premium amount.
- ▶ Proof of good health is always required for amounts above \$200,000.

FAMILY COVERAGE OPTIONS

- ▶ 50% of the Participant's Life and AD&D Insurance coverage, up to \$100,000 of coverage for Spouse/Domestic Partner. Premium: varies up to 50% of Participant's premium.
- ▶ \$5,000 Term Life and \$5,000 AD&D Insurance coverage for Dependents, including Spouse/Domestic Partner and eligible Children. Premium: \$1.00 monthly, \$1.20 tenthly.
- ▶ Proof of good health is required for Spouse/Domestic Partner and/or Dependent Children if applying more than 31 days after the Participant's effective date. If applying within 31 days of the Participant's effective date or within 31 days following a Family Status Change, and for amounts of \$17,500 or less, proof of good health is not required.

¹³ Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

¹⁴ Type of payment (monthly, tenthly, etc.) is determined by the district you are employed by.

CALCULATOR

FOR YOUR LIFE INSURANCE NEEDS

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

INCOME EVALUATION

Current Annual Income \$ _____

Multiply by the number of years your beneficiaries will need this income
X _____
(number of years)

Total Income \$ _____

AVAILABLE RESOURCES

Other Income Available \$ _____
 (401K, stocks, etc.)

Existing Life Insurance \$ _____

Total Available Resources \$ _____

EXPENSE EVALUATION

Funeral Expenses \$ _____

Medical Expenses \$ _____

Amount of mortgage to be paid off \$ _____

Loans/Debts (requiring payment upon death) \$ _____

Future Education Funding (college tuition, other expenses) \$ _____

Other Future Expenses (wedding, home maintenance, emergency fund) \$ _____

Total Expenses \$ _____

Total Income \$ _____

Total Expenses + \$ _____

Total Available Resources - \$ _____

Total Life Insurance Needed \$ _____

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

→ QUESTIONS? Visit MyCTA at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

TERMS

FOR LIFE INSURANCE YOU SHOULD KNOW

QUALIFIED DISABILITY BENEFIT: If you provide satisfactory 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 satisfactory 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 passing, your Spouse/Domestic Partner and Dependent coverage may continue for two years after your passing, 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 a Total Disability or an approved leave of absence, 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 were covered under the CTA Voluntary Life Insurance Plan as an active Participant and you become a CTA-NEA Retired Lifetime Member, you may stay in the same plan and continue to receive a portion of your active Life Insurance coverage upon retirement. For information, please contact The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY).

TRAVEL ASSISTANCE: MEDEX® travel assistance provides access to 24-hour professional, medical, legal and travel assistance information and referral and coordination services whenever you travel 100 miles or more from home or when you travel 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 includes AD&D benefits equal to the amount of your Life Insurance coverage (up to \$200,000) at no additional cost.

QUESTIONS

IMPORTANT QUESTIONS AND ANSWERS

WHEN CAN I ENROLL?

You can apply for coverage anytime online or by completing the enclosed forms and returning them in the postage-paid envelope. Coverage requires satisfactory proof of good health and is subject to approval by The Standard. Opportunities to enroll without proof of good health include:

During the first 120 days from new employment, CTA members have a one-time opportunity to enroll in Disability Insurance and/or up to \$200,000 of Life Insurance — without showing proof of good health.

During the first 120 days of transferring employment to a new district, CTA members have the opportunity to continue their coverage at its current level or members can enroll in Disability Insurance and/or up to \$200,000 of Life Insurance — without showing proof of good health.

Within 31 days following the date of a Family Status Change, including birth/adoption, marriage/domestic partnership, divorce/dissolution or other qualifying events, members may add or change Disability and/or Life Insurance coverage — without showing proof of good health.¹⁵

There may be several other opportunities throughout the year to add or increase coverage without proof of good health, including but not limited to chapter campaigns and members transferring from another carrier. To learn more about these enrollment opportunities, visit the Member Benefit pages on MyCTA at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

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 (for ESP: first day of the calendar month following the date your proof of good health is approved).

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.¹⁶

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 don't receive your Certificate or if you have any questions, please contact Standard Insurance Company's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

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 Employers, you can transfer your CTA Disability or Life Insurance Plans from The Standard without proof of good health if you apply during your first 120 days of employment.

ARE SCHEDULED VACATION PERIODS COVERED UNDER THE PLANS?

Your coverage remains in effect during scheduled vacation periods.

¹⁵ If a previous application submitted with proof of good health was denied by The Standard, then proof of good health will be required.

¹⁶ 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.

QUESTIONS

IMPORTANT QUESTIONS AND ANSWERS ABOUT DISABILITY COVERAGE

AM I COVERED FOR DISABILITY WHILE ON A LEAVE OF ABSENCE?

If you take an approved leave of absence, your insurance will be continued with premium payment through the last day of the first 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.

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 contract or letter of agreement between the insured and the school district before the date of a Disability. 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.¹⁷

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.

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.

HOW DO I FILE A DISABILITY CLAIM?

For greater convenience, you have three options to submit claims:

- 1. Complete a form by hand** and either mail it in or fax it to 888.414.0393.
- 2. Go online to MyCTA at www.cta.org.**
- 3. Call** The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

Written notice must be provided within 90 days of the date you are unable to work.

 **QUESTIONS?** Visit MyCTA at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

¹⁷ Examples of Deductible Income (see your Certificate Of Insurance for a full listing and exceptions): Personal Leave Pay, Severance Pay, Substitute Differential Pay, Catastrophic/Extraordinary Leave Bank, Salary Continuation, Workers' Compensation, Work Earnings, Social Security, State Disability, CalPERS/CalSTRS Benefits.

TERMS AND EXCLUSIONS

CHANGES IN PREMIUM/TERMINATION OF THE GROUP POLICIES/MISCELLANEOUS

The Standard's Disability Insurance and Life Insurance are provided under two separate policies. The Group Policies may be terminated by The Standard or CTA according to its terms. CTA may terminate the Group Policy, in whole, and may terminate insurance for any class or any group of Participants at any time by giving The Standard written notice. The Standard may change premiums in accordance with the terms of the Group Policies.

DISABILITY INSURANCE ELIGIBILITY

Educator: You must be an active employee who (1) has an annual contract with an Employer, or the equivalent, as agreed to by The Standard and California Teachers Association (CTA); (2) is a member in good standing of CTA; (3) is a citizen or resident of the United States or Canada; and (4) is scheduled to work an average of at least 15 hours a week over a four-week period, or during your period of employment if less than four weeks.

Education Support Professional (ESP): 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 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.

ACTIVE WORK REQUIREMENT

All coverage is subject to an Active Work Requirement. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of Active Work as an eligible Participant.

DISABILITY INSURANCE EVIDENCE OF INSURABILITY

You are required to submit Evidence of Insurability (proof of good health, which may include a medical examination and/or a blood test) if you apply more than 120 days after you become an employee of an Employer, or if you fail to make the required premium contribution by the third month following the date you apply for insurance; if you have been eligible for insurance under the Policyholder's Group Disability plan for more than 120 days but are not insured under the plan; or for certain reinstatements.

DEFINITION OF DISABILITY

Educator: During the Benefit Waiting Period and the Usual Occupation Period you must be unable, as a result of Sickness or Injury, to perform with reasonable continuity the substantial and material acts necessary to pursue your Usual Occupation and are not working in your Usual Occupation. You are also Disabled if you are working in your Usual Occupation but, as a result of Sickness or Injury, are unable to earn 80% or more of your Indexed Regular Daily Contract Salary. Usual Occupation Period is the period for which you are eligible to receive Fully Paid Sick Leave and the following two Benefit Years.

During the Any Occupation Period you are Disabled if, as a result of Sickness or Injury, you are unable to engage with reasonable continuity in Any Occupation. You are also Disabled if you are working in an occupation but, as a result of Sickness or Injury, you are unable to engage in that occupation or Any Occupation with reasonable continuity. Any Occupation Period occurs from the end of the Usual Occupation Period to the end of the Maximum Benefit Period.

ESP: For the Benefit Waiting Period and during the Usual Occupation Period (one Benefit Year), you are Disabled if you are unable, as a result of Sickness or Injury, to perform with reasonable continuity the substantial and material duties of your Usual Occupation. You are also Disabled if you are working in your Usual Occupation but are unable, as a result of Sickness or Injury, to earn 80% or more of your Indexed Regular Daily Contract Salary.

DISABILITY INSURANCE EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any Disability:

- Caused or substantially contributed to by a Preexisting Condition unless you have been continuously insured and Actively At Work for 10 Regular Days Of Required Attendance or Extra Duty Days Of Required Attendance (for ESP: 10 consecutive Required Days Of Attendance) on the date you became Disabled.

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 30-calendar-day period just before your insurance becomes effective.

- 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 following 2 Benefit Years, 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

Your Disability Benefits and Extra Duty Pay 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 group long term Disability Insurance policy under which you become insured during a period of Temporary Recovery, or the date you fail to provide proof of continued Disability and entitlement to benefit.

Disability coverage including AD&D will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.

4. 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.
5. The first day of the calendar month following the date you cease to be a Participant. However, if you cease to be a Participant because you are not working the required minimum number of hours, your insurance will be continued during the following periods, unless it ends under 1 through 4 above:
 - During the Benefit Waiting Period.
 - During a leave of absence if continuation of your insurance under the Group Policy is required by a federal or state-mandated family or medical leave act or law.
 - During the first 90 days of a temporary layoff.
 - Through the last day of the calendar month in which you are absent from Active Work due to a labor dispute (See Strike Continuation).
 - Through the last day of the first calendar month for which you are absent from Active Work due to a leave of absence.
 - During a Scheduled Vacation Period.

LIFE INSURANCE ELIGIBILITY

You must be one of the following: (1) an active employee of an Employer and a member in good standing of California Teachers Association (CTA) or (2) a retired employee who (a) is a retired employee of an Employer and a CTA-NEA Retired Lifetime Member 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 (CalSTRS) or Public Employees Retirement System (CalPERS) and authorizes premium deductions.

ACTIVE WORK REQUIREMENT

All coverage is subject to an Active Work requirement. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of Active Work as an eligible Participant.

LIFE INSURANCE EVIDENCE OF INSURABILITY

Evidence of Insurability (proof of good health, which may include a medical examination and/or a blood test) is required if you apply for Life Insurance more than 120 days after you become an employee of an Employer, or fail to make the required premium contribution by the third month following the date you apply for Life Insurance; if you apply for Dependents Life Insurance more than 31 days after you become eligible for Dependents coverage under the Policyholder's Group Life Insurance plan, or you fail to make required premium contribution by the third month following the date you apply; to become insured for an amount of Life Insurance in excess of \$200,000; to become insured for an amount of Dependents Life Insurance in excess of \$17,500; to become insured for an amount greater than the amount for which you or your Dependent was insured under the Prior Plan, if insured under the Prior Plan; for any increase in Life Insurance or Dependents Life Insurance; and certain reinstatements.

LIFE INSURANCE TERMINATION PROVISIONS

Coverage for the Participant will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates, unless you are covered as a retired Participant.
4. 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.
5. The first day of the calendar month following the date you cease to be Actively At Work. However, if you cease to be Actively At Work, your Life Insurance may be continued with advance written notice to us and provided premiums are paid

during the following periods, unless it ends under 1 through 4 above:

- During the first 90 days of a temporary layoff.
- During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
- During any other scheduled leave of absence approved by your Employer in advance and in writing, and lasting not more than 24 months.
- During the period of your service on active duty in the National Guard or the Reserves of the armed forces of the United States within the limits of the United States.

DEPENDENTS LIFE INSURANCE TERMINATION PROVISIONS

Dependents Life Insurance ends automatically on the earliest of:

1. Two years after you die (no premiums will be charged for your Dependents Life Insurance during this time). However, coverage for your Spouse/Domestic Partner will not be continued beyond the date your surviving Spouse/Domestic Partner remarries or enters a Domestic Partner relationship.
2. The date your Life Insurance ends (except as provided in 1 above).
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your Dependents Life Insurance (except as provided in 1 above).
5. For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship.
6. For any Dependent, the date the Dependent ceases to be a Dependent.
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) EXCLUSIONS AND LIMITATIONS¹⁸

Benefits are not payable for losses caused or contributed to by Physical Disease or Mental Disorder 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 accident. Losses must be caused solely by the accident.

ACCIDENTAL DEATH AND DISMEMBERMENT TERMINATION PROVISIONS

AD&D Insurance ends automatically for Participants on the earliest of:

- The date your Life Insurance ends.
- The date the last period ends for which a premium was paid for your AD&D Insurance.
- The date AD&D Insurance terminates under the Group Policy.
- The date you retire.

Dependent AD&D Insurance ends automatically on the earliest of:

- The date your Dependent Life Insurance ends.
- The date Dependent AD&D Insurance terminates under the Group Policy.
- The date the last period ends for which a premium was paid for your Dependent AD&D Insurance.
- For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship.
- For any Dependent, the date the Dependent ceases to be a Dependent.
- For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.
- The date you retire.

¹⁸ The Accidental Death And Dismemberment provisions described here apply to both the Group Disability and Life policies sponsored by CTA and issued by The Standard.



2 WAYS TO ENROLL

- 1 Enroll online at MyCTA at www.cta.org
- or
- 2 Complete and return the attached forms

Complete both forms, then sign and return in the enclosed postage-paid envelope. Complete and sign the Medical History Statement form if you are applying for more than \$200,000 of Life Insurance or for each Dependent's Life Insurance in excess of \$17,500 (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 an Enrollment form for each of the districts through which you are eligible to get coverage. For instance, you'll need to fill out an Enrollment form 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 unable to work and file a claim.

EDUCATION SUPPORT PROFESSIONALS REMEMBER: If you work for more than one school district, fill out your Enrollment form assigning all your hours from all the districts you work for to the single district from which you would like to receive your monthly benefits and pay your premiums.

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel & TTY 800.522.0406 Fax 888.414.0393

**Disability and Life Plans Enrollment
 for Active Employees**

For additional information and forms go to: <http://www.cta.org/mycta>

Please be sure to complete all sections that apply to ensure prompt processing of your enrollment. Sign and date the completed form and return it to The Standard at the address or fax number above.

EMPLOYEE INFORMATION * Required fields.

CTA MEMBER ID		SIC USE ONLY	POLICY NO.	PARTICIPANT ID		ENROLLMENT CAMPAIGN ID	
FIRST NAME *			MIDDLE INITIAL	LAST NAME *			
HOME MAILING ADDRESS *			CITY *		STATE *	ZIP *	
PRIMARY PHONE		SECONDARY PHONE		HOME EMAIL ADDRESS			
DATE OF BIRTH *		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		HAVE YOU HAD A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? * <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____ Type _____			
SCHOOL DISTRICT * <i>Please do not abbreviate.</i>			CTA CHAPTER		JOB TITLE		
DATE FIRST WORKED AT CURRENT SCHOOL DISTRICT *		ARE YOU CURRENTLY WORKING? * <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY HOURS PER WEEK? * _____ hours			
ANNUAL CONTRACT OR EQUIVALENT WITH EMPLOYER? * <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		
HAVE YOU PREVIOUSLY APPLIED FOR COVERAGE WITH THE STANDARD? * <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 endorsed plan? <input type="checkbox"/> Yes (Disability) For Disability : Proof you are paying premium is required.		<input type="checkbox"/> Yes (Life) For Life : Proof you are paying premium and certificate of insurance showing amount of Life Insurance is required.		<input type="checkbox"/> Neither	
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 _____							

ELECT COVERAGE

Refer to the enrollment materials provided when completing the following section. Coverage options may be subject to Evidence of Insurability (satisfactory proof of good health) requirements. If you have questions, please call The Standard's dedicated Customer Service Department at 800.522.0406, email ctaservice@standard.com, or visit MyCTA at www.cta.org.

SIC USE ONLY DB _____ L _____ DL _____ DP L _____

Voluntary Disability Insurance <input type="checkbox"/> Disability * Gross Annual Salary (Required) \$ _____	Voluntary Life Insurance with Accidental Death & Dismemberment (AD&D)	
	Self <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	Dependents (choose one or both) Spouse/Domestic Partner <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 Spouse/Domestic Partner and Children <input type="checkbox"/> \$5,000 Dependent Information (check one) <input type="checkbox"/> Spouse and Domestic Partner only <input type="checkbox"/> Child(ren) only Number of Child(ren) _____ <input type="checkbox"/> Spouse/Domestic Partner and Child(ren) Number of Child(ren) _____ Please Note: The amount of Dependents Life Insurance for each dependent may not exceed 50% of your Life Insurance amount under the Group Policy.

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.

I understand that Disability Insurance coverage will not pay for benefits for Disability due to any diagnosed mental or physical condition for which I have received treatment, care, services or taken prescription medication in the 30 calendar days prior to my insurance effective date unless I have worked 10 consecutive Regular Days of Required Attendance after my insurance effective date and prior to becoming Disabled.

Signature _____ Date _____



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.

SCHOOL DISTRICT		CTA MEMBER ID	TYPE OF APPLICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> INCREASE IN COVERAGE <input type="checkbox"/> LATE APPLICATION	
MEMBER NAME			DATE OF BIRTH	
SOCIAL SECURITY NO.	DATE FIRST EMPLOYED (Current School District)	ANNUAL SALARY	WHO IS APPLYING (One Per Form) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> CHILD	
APPLICANT'S NAME (Person To Be Insured)		ADDRESS STREET CITY STATE ZIP		
SOCIAL SECURITY NO.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	PLACE OF BIRTH	HOME PHONE () MOBILE PHONE ()

Mark the insurance coverage you are requesting.

- Voluntary Life - Choose one: \$25,000 \$50,000 \$75,000 \$100,000 \$150,000 \$200,000 \$250,000 \$300,000 \$350,000 \$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 \$25,000 \$37,500 \$50,000 \$75,000 \$100,000
- Voluntary Disability

SIC USE ONLY	GROUP NO.	CAMPAIGN ID	GUARANTEE ISSUE AMOUNT	CURRENT AMOUNT IN FORCE
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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. Coverage will be subject to all applicable terms and conditions of the Group Policy(ies) and state limitations.

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.

- Have you had any physical, mental or emotional condition, injury, sickness, or surgery in the past 5 years? Yes No
- Have you consulted or been attended by a physician or practitioner for any cause in the past 5 years? Yes No
- Are you now unable to work full time because of any physical, mental or emotional condition, injury, or sickness? Yes No
- Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - High blood pressure, cardiovascular disease, heart ailment, arteriosclerosis, or stroke? Yes No
 - Mental condition, depression, epilepsy, or nervous system disorder? Yes No
 - Cancer, diabetes, or nephritis? Yes No
 - Arthritis, strained or injured back, slipped disc, or any bone, joint, or muscle disorder? Yes No
 - Lung, kidney, stomach, genital, urinary, or intestinal ailment? Yes No
 - Blindness or deafness? Yes No
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or an immune system disorder? Yes No
- Have you sought or received advice or treatment for the use of alcohol or drugs in the past 10 years? Yes No
- 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? Yes No
- Do you take medication for any physical, mental or emotional condition, injury, or sickness? Yes No
- Do you plan any operation or visit to a doctor or practitioner for an existing physical, mental or emotional condition, injury, or sickness? Yes No
- Are you now pregnant? Yes No

HEIGHT	WEIGHT	PHYSICIAN OR MEDICAL FACILITY WITH APPLICANT'S COMPLETE MEDICAL RECORDS - NAME AND FULL MAILING ADDRESS
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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 agree to notify Standard Insurance Company of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by 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, Standard's liability is limited to the return of any premium which may have been paid.

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 that Standard will use the information obtained by this authorization to determine my eligibility for group insurance coverage. I further authorize Standard to release this information to its reinsurers, MIB, and to other insurance companies to which I have applied for insurance coverage or benefits.

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)
 SI 18 8738 W CTAvol

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	Month/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.



BE PREPARED WITH THE STANDARD.

Students count on CTA members like you to open their minds to all of life's possibilities. You and your loved ones can count on The Standard for the Disability and Life Insurance you deserve.



If you have any questions regarding your Disability Insurance or Life Insurance plans, log on to **MyCTA at www.cta.org** or call The Standard's dedicated CTA Customer Service Department at **800.522.0406** (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

GP 190-LTD/S399/CTA.1
GP 190-LIFE/S399/CTA.3
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Standard Insurance Company, 1100 SW Sixth Avenue, Portland, OR 97204



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