

Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



Insurance and Benefits Trust of PORAC

ELIGIBILITY

Each active Member of the Peace Officers Research Association of California under age 70, who is a Member in good standing.

BENEFIT AMOUNT

Member:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments

Spouse and Child(ren):

Spouse: A choice of 50% or 100% of Member benefit amount

Eligible Dependent Child(ren): 20% of Member benefit amount

Dependents:

You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse under age 70, not legally separated or divorced from you or your domestic partner named on an Affidavit of Domestic Partnership.
- ▶ your unmarried dependent children from birth to age 26.

A person may not have coverage as both an Member and Dependent. Only one insured spouse may cover Dependent children.

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Two or more Members	100%
Speech and hearing	100%
One Member	50%*
Speech or Hearing	50%*
Thumb & Index Finger of Same Hand	25%

*"Member" means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Member paid.

RATES

See attached Rate Sheet.

FEATURES

- ▶ Common Disaster
- ▶ Common Carrier Benefit
- ▶ COMA Benefit
- ▶ ~~Common Carrier Benefit~~
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ Seat Belt & Air Bag Benefit
- ▶ Therapeutic Counseling Benefit
- ▶ Total Loss of Use Benefit

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8604, et al.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

www.RelianceStandard.com

IT'S SIMPLE TO ENROLL!

Using the AD&D Enrollment Form below:

1. Complete all Member and Beneficiary information
2. Check the box (es) next to the selections that best fit your needs
3. Check the box (es) for spouse and/or children selections if you want this added protection, otherwise only the Member will be insured
4. Premiums will be deducted monthly from your payroll if this service is available. If not, you will be billed quarterly, semi-annually, or annually by Myers-Stevens & Toohey Co., Inc. Retired members will also be billed quarterly, semi-annually or annually.
5. Don't forget to SIGN AND DATE your enrollment form.
6. Submit your enrollment form by either:
 - **Email**- for fastest processing! Print and complete the form below, scan the application and email it to cross@myers-stevens.com
 - **Fax**- print and complete form below and fax to (949) 348-2630
 - **Mail**- print and complete form below and mail to: Myers-Stevens & Toohey, 26101 Marguerite Pkwy., Mission Viejo, CA 92692

AD&D ENROLLMENT FORM

Full Name	S.S. #	Date of Birth
Home Address		
City	State	ZIP
Phone Number	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Active <input type="checkbox"/> Retired <input type="checkbox"/>
Full Name of Your Department		
Beneficiary		Relationship

(Example: Jane Doe, not Mrs. John Doe) The member is the beneficiary on any coverage in effect on his/her eligible dependents.

Plan Selection, Principal Sum and Monthly Cost

	Principal Sum	Monthly Cost
<input type="checkbox"/> Member Principal Sum	\$ _____	\$ _____
<input type="checkbox"/> Spouse's Principal Sum Must be equal to 100% or 50% of the Member's Principal Sum	\$ _____	\$ _____
<input type="checkbox"/> Children's Principal Sum Must be equal to 20% of the Member's Principal Sum	\$ _____	\$ _____

As a member in good standing of the Peace Officer's Research Association of California and having read the attached brochure, I hereby request to participate in the Accidental Death & Dismemberment Insurance plan sponsored by Insurance and Benefits Trust of PORAC and underwritten by Reliance Standard Life Insurance Company. I agree that premiums, if required, for this insurance shall be paid by payroll deduction, if available; otherwise, as billed by Myers-Stevens & Toohey Co., Inc. Coverage shall be effective on the first day of the month following receipt of this completed enrollment form by Myers-Stevens & Toohey Co., Inc., provided any required premiums are paid when billed. If payroll deduction is not available, I prefer to pay premiums:

Quarterly Semi-Annually Annually

Member's Signature _____

Date _____

Policy No. SR 228250 (CORE AD&D)
Policy No. VAR 100.005 (VOLUNTARY AD&D)

PORAC Voluntary AD&D Insurance Premium Table

Monthly Premium

Benefit Amount	Member	Spouse	Benefit Amount	Member	Spouse	Benefit Amount	Member	Spouse
\$5,000	n/a	\$0.20	\$200,000	\$14.00	\$8.00	\$400,000	\$28.00	\$16.00
\$10,000	\$0.70	\$0.40	\$210,000	\$14.70	\$8.40	\$410,000	\$28.70	\$16.40
\$20,000	\$1.40	\$0.80	\$220,000	\$15.40	\$8.80	\$420,000	\$29.40	\$16.80
\$30,000	\$2.10	\$1.20	\$230,000	\$16.10	\$9.20	\$430,000	\$30.10	\$17.20
\$40,000	\$2.80	\$1.60	\$240,000	\$16.80	\$9.60	\$440,000	\$30.80	\$17.60
\$50,000	\$3.50	\$2.00	\$250,000	\$17.50	\$10.00	\$450,000	\$31.50	\$18.00
\$60,000	\$4.20	\$2.40	\$260,000	\$18.20	\$10.40	\$460,000	\$32.20	\$18.40
\$70,000	\$4.90	\$2.80	\$270,000	\$18.90	\$10.80	\$470,000	\$32.90	\$18.80
\$80,000	\$5.60	\$3.20	\$280,000	\$19.60	\$11.20	\$480,000	\$33.60	\$19.20
\$90,000	\$6.30	\$3.60	\$290,000	\$20.30	\$11.60	\$490,000	\$34.30	\$19.60
\$100,000	\$7.00	\$4.00	\$300,000	\$21.00	\$12.00	\$500,000	\$35.00	\$20.00
\$110,000	\$7.70	\$4.40	\$310,000	\$21.70	\$12.40			
\$120,000	\$8.40	\$4.80	\$320,000	\$22.40	\$12.80			
\$130,000	\$9.10	\$5.20	\$330,000	\$23.10	\$13.20			
\$140,000	\$9.80	\$5.60	\$340,000	\$23.80	\$13.60			
\$150,000	\$10.50	\$6.00	\$350,000	\$24.50	\$14.00			
\$160,000	\$11.20	\$6.40	\$360,000	\$25.20	\$14.40			
\$170,000	\$11.90	\$6.80	\$370,000	\$25.90	\$14.80			
\$180,000	\$12.60	\$7.20	\$380,000	\$26.60	\$15.20			
\$190,000	\$13.30	\$7.60	\$390,000	\$27.30	\$15.60			

Child(ren)	Monthly Premium
\$10,000	\$0.60