

Group Disability Application

GOLD - Group Short/Long Term Disability Program

DIRECTIONS: This form must be completed to apply for Group Disability Coverage. When Evidence of Insurability is required, that form will be provided separately. To apply for coverage (as a Member) read the notice(s) on back page of application. Then complete all items, sign, and date below.

When finished, send original to Myers-Stevens & Toohy & Co., Inc. and keep a copy for your records.

Myers-Stevens & Toohy & Co., Inc. | 26101 Marguerite Parkway | Mission Viejo | CA 92692
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Insurance & Benefits Trust of PORAC (STD Plan 610007 - R) Standard Insurance Company (LTD Policy 649401- A)

Tell Us About Yourself:

Your Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN
Home Address			
City		State	ZIP
Date of Birth	E-Mail Address	Home Phone	Work Phone
Full Name of Your Employer			Date Employed
Association Name		Associate Number	
Monthly Salary \$	Date of PORAC Membership	/ /	PORAC # (if available)

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Safety Member is an employee who is eligible to receive benefits under California Labor Code Section 4850 and safety employee benefits under the County Employees Retirement Act of 1937 or Public Employees Retirement Systems (PERS) of California, or benefits comparable thereto, with their employer at the time of Disability is incurred.

As a member in good standing of PORAC and having read the attached brochure describing the benefits, I hereby apply for coverage under my association's disability plan which is subject to the provisions of the Insurance and Benefits Trust of the Peace Officers Research Association of California (Group Short Term Disability Plan) Document and The Standard Long Term Disability Policy. I certify that I am working full-time and able to perform all the required duties of my occupation. Upon approval of this application, I authorize my employer to make the necessary deductions from my wages or salary to cover my contribution (if any) for the cost of this coverage.

Member's Signature _____ Date _____

DETROIT UNION BLDG

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