

Insurance & Benefits Trust of PORAC



Accidental Death & Dismemberment Insurance Program

Your PORAC AD&D program...

The Insurance and Benefits Trust of PORAC (I & B Trust of PORAC) knows how important financial security is to you and your family and is proud to offer this Accidental Death & Dismemberment insurance program. You are urged to carefully consider the program and your own personal needs. Along with the individual and family options offered in this brochure, PORAC would also like to provide a basic level of coverage for every eligible member of PORAC.

PORAC will pay the premium for your AD&D Core Plan coverage with a Principal Sum of \$5,000 on-duty and \$1,000 off-duty.

Your PORAC Optional Plan

As a PORAC member under age 70, you are eligible to enroll in the Optional Plan

You may enroll your eligible dependents too...

If you enroll for yourself in the Optional Plan, you may also enroll your eligible dependents. Your eligible dependents include your spouse or domestic partner, under age 70, and any unmarried children under 19 years of age (25 years of age, if attending an accredited institution of higher education on a full-time basis and wholly dependent upon you for maintenance and support.) However, a PORAC member may not be covered as both an insured member and as a dependent; also, a dependent child of two members can be enrolled as a dependent of only one insured member.

No Medical Statements are required...

You are guaranteed acceptance under this plan. No medical statements or health questionnaires are required.

You will be covered 24 hours a day...

This program covers you 24 hours a day, on or off the job, worldwide, at home or on vacation, subject to the provisions, exclusions, and limitations of the Policy.

YOUR AD&D BENEFITS

Benefits are payable for the following losses that occur to a covered person within one year from the date of the accident.

Covered Loss	Benefit Amount
Loss of Life.....	The Principal Sum
Loss of Both Hands.....	The Principal Sum
Loss of Both Feet.....	The Principal Sum
Loss of Entire Sight or Both Eyes.....	The Principal Sum
Loss of One Hand and One Foot.....	The Principal Sum
Loss of One Hand and Entire Sight of One Eye.....	The Principal Sum
Loss of One Foot and Entire Sight of One Eye.....	The Principal Sum
Loss of Speech and Hearing (both ears).....	The Principal Sum
Quadriplegia (total Paralysis of both upper and lower limbs).....	The Principal Sum
Hemiplegia (total Paralysis of both upper and lower limbs on one side of the body).....	The Principal Sum
Loss of Use of One Arm and One Leg.....	The Principal Sum
Loss of Use of Both Arms.....	The Principal Sum
Loss of Use of Both Legs.....	The Principal Sum
Loss of One Hand.....	One-Half The Principal Sum
Loss of One Foot.....	One-Half The Principal Sum
Loss of Entire Sight of One Eye.....	One-Half The Principal Sum
Loss of Speech.....	One-Half The Principal Sum
Loss of Hearing (both ears).....	One-Half The Principal Sum
Loss of Use of One Arm.....	One-Half The Principal Sum
Loss of Use of One Leg.....	One-Half The Principal Sum
Loss of Thumb and Index Finger on the Same Hand.....	One Quarter The Principal Sum

Only one benefit (the largest) will be paid for all such losses due to any one accident.

DESIGNING THE OPTIONAL PLAN TO MEET YOUR NEEDS

Select your Principal Sum from the "Optional Plan Selection and Monthly Cost Table" below. You will be insured for the amount for which you enroll and pay the required premium, regardless of your health history.

Coverage for your spouse and children will be a percentage of the Principal Sum you select for yourself. You may choose either the 100% Option or the 50% Option for your spouse; coverage for each of your insured children will be 20%

OPTIONAL PLAN SELECTION AND MONTHLY COST TABLE							
MEMBER ONLY		PLUS SPOUSE COVERAGE				PLUS CHILDREN 20% EACH	
		100% OPTION		50% OPTION			
PRINCIPAL SUM	COST	PRINCIPAL SUM	COST	PRINCIPAL SUM	COST	PRINCIPAL SUM	COST*
\$ 50,000	\$ 4.00	\$ 50,000	\$ 2.16	\$ 25,000	\$ 1.08	\$ 10,000	\$.67
\$100,000	\$ 8.00	\$100,000	\$ 4.32	\$ 50,000	\$ 2.16	\$ 20,000	\$ 1.34
\$150,000	\$12.00	\$150,000	\$ 6.48	\$ 75,000	\$ 3.24	\$ 30,000	\$ 2.01
\$200,000	\$16.00	\$200,000	\$ 8.64	\$100,000	\$ 4.32	\$ 40,000	\$ 2.68
\$250,000	\$20.00	\$250,000	\$10.80	\$125,000	\$ 5.40	\$ 50,000	\$ 3.35
\$300,000	\$24.00	\$300,000	\$12.96	\$150,000	\$ 6.48	\$ 60,000	\$ 4.02
\$500,000	\$40.00	\$500,000	\$21.60	\$250,000	\$10.80	\$100,000	\$ 6.70

*FOR ONE OR MORE CHILDREN

EXAMPLES OF PRINCIPAL SUMS AND COSTS

Member and Spouse

Description	Principal Sum	Cost
Member Benefit	\$100,000	\$ 8.00
Spouse - 100% Option	\$100,000	\$ 4.32
Total Monthly Cost		\$12.32

Member, Spouse and Children

Description	Principal Sum	Cost
Member Benefit	\$100,000	\$ 8.00
Spouse - 100% Option	\$100,000	\$ 4.32
Children - 20% Each	\$ 20,000	\$ 1.34
Total Monthly Cost		\$13.66

Member, Spouse and Children

Description	Principal Sum	Cost
Member Benefit	\$100,000	\$ 8.00
Spouse - 50% Option	\$ 50,000	\$ 2.16
Children - 20% Each	\$ 20,000	\$ 1.34
Total Monthly Cost		\$11.50

Member and Children

Description	Principal Sum	Cost
Member Benefit	\$100,000	\$ 8.00
Children - 20% Each	\$ 20,000	\$ 1.34
Total Monthly Cost		\$ 9.34

INCLUSIVE TO THE OPTIONAL PLAN

The following other benefits apply only to the Optional Plan.

Common Carrier Benefit

If a covered person sustains a Covered Loss while riding as a fare-paying passenger in, or being struck by, a Common Carrier, the plan will pay an additional benefit amount equal to 25% of the AD&D Benefit Amount for that Loss. Common Carrier includes a foreign or domestic public conveyance (including commercial aircraft) licensed to carry fare-paying passengers.

Common Accident Benefit

If both you and your insured spouse die as a result of injuries sustained in a covered common accident, the plan will pay an additional amount equal to the difference, if any, between your spouse's Principal Sum and your Principal Sum.

Special Education Benefit

If you die as a result of a covered accident, the plan will pay an annual benefit amount equal to the lesser of (1) 2% of your Principal Sum or (2) \$2,500 for each insured child provided that: On the date of the accident and before reaching age 19, the child (a) was enrolled as a full-time student in an accredited school beyond the 12th grade (or was enrolled in the 12th grade, and enrolls in an accredited school beyond the 12th grade within one year) and (b) the child incurs education related expenses from the school. This benefit is payable for four consecutive years as long as the child remains a full-time student in any accredited school beyond the 12th grade.

Psychiatric / Psychological Counseling Benefit

If a covered person sustains a Covered Loss, other than Loss of Life, and as a result, one or more covered persons in the family (the insured member and his or her insured dependents) requires counseling by a licensed psychiatrist or psychologist within 365 days of the Loss, the plan will pay the actual charges incurred, up to a lifetime maximum benefit of \$5,000 per covered person or \$10,000 per family.

Coma Benefit

If a covered person becomes comatose within 31 days of a covered accident, and remains comatose beyond the 31 day waiting period, the plan will pay a monthly benefit amount equal to 1% of that covered person's Principal Sum.

This benefit will cease on the earliest of (1) the end of the month in which the covered person dies; (2) the end of the 11th month for which benefits are paid; and (3) the end of the month the covered person recovers from the coma.

The combined amount payable under this Coma Benefit and the AD&D Benefits, for any one accident, will not exceed the covered person's Principal Sum.

Spouse Restraining Benefit

If you die as a result of a covered accident, the plan will pay a benefit of up to \$3,000 for incurred expenses if your insured spouse enrolls, within one year of your death, in an accredited school for the purpose of training or refreshing skills for employment. Benefits are payable for a 36 month period beginning with the first session.

Child Care Benefit

If either you or your insured spouse die as a result of a covered accident, the plan will pay an annual benefit amount equal to the lesser of (1) 3% of your Principal Sum or (2) \$2,000 for each insured child under age 13 who is enrolled in a licensed child care center within 365 days after the date of your or your spouse's death. Benefits are payable for 5 consecutive years or until the child reaches age 13, whichever occurs first. Payments will be made at the end of each 12 month period of child care beginning after the date of your or your spouse's death.

Seat Belt Benefit

The plan will pay a benefit amount equal to 10% of a covered person's Principal Sum, if the covered person dies as a result of a covered accident which occurs while driving or riding in a private passenger car and the seat belt was certified to be in actual use and properly fastened at the time of the accident.

A Minimum Seat Belt Benefit of \$1,000 is payable if certification is not available and it is unclear whether the covered person was properly wearing a seat belt.

No Seat Belt Benefit is payable if the accident occurs while the covered person is participating in a race, speed or endurance test, or not wearing a seat belt for any reason, or sharing a seat belt.

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! Complete the form below electronically, save this PDF and email the attachment to cross@myers-stevens.com
 - **Fax**- complete form below, print and fax to (949) 348-2630
 - **Mail**- complete form below, print 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	
<small>(Example: Jane Doe, not Mrs. John Doe) The member is the beneficiary on any coverage in effect on higher eligible dependents.</small>			
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		\$ _____	\$ _____
<small>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 BCS 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</small>			
		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually
		<input type="checkbox"/> Annually	
Member's Signature _____		Date _____	
P-24 11/15		Policy No. MSC - 00001, Accident Only Policy Form No. 50.227 (CA)	

When Coverage Begins

Coverage will begin for you and your eligible dependents the first day of the month for which premiums are paid. This is usually the first month following receipt of your enrollment form by Myers-Stevens & Toohy & Co., Inc., so act now. As long as you maintain your PORAC membership, the Master Policy remains in effect, and you pay premiums when due, your coverage will continue through age 69.

When Coverage Ends

Coverage will end for you and all your dependents when (1) the Policy terminates, (2) your PORAC membership ends, (3) you reach age 70, or (4) premiums are not paid when due. Coverage ends for your spouse when your spouse reaches the age of 70; and for a dependent child when the child reaches the limiting age. Complete details of provisions concerning insureds are found in the Policy.

Exclusions and Limitations

Benefits will not be paid for a Covered Person's loss which:

- Is caused by or results from a covered person's own:
 - Intentionally self-inflicted injury, suicide, or any attempt thereof;
 - voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the direction of, a doctor (accidental ingestion of a poisonous substance is not excluded);
 - participation of a riot or insurrection except while on official duty as a peace officer;
 - engaging in any illegal or criminal enterprise or activity;
- Is caused by or results from:
 - declared or undeclared war or act of war;
 - an accident which occurs while you are on active duty service in any Armed Forces (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days);
 - aviation, except as specifically provided in the Policy;
 - sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental cut or wound or accidental food poisoning.

Core Plan Aggregate Limit of Liability: Total benefits for all covered persons in any one accident are limited to \$150,000; a proportionate share is payable to each person.

This program is sponsored,
endorsed and recommended by:



Plans arranged by:



Mission Viejo

26101 Marguerite Parkway
Mission Viejo, CA 92692
Office (800) 827-4695
Fax (949) 348-2630

Roseville

9075 Foothills Blvd. #4
Roseville, CA 95747
Office (800) 827-4695
Fax (916) 772-0697

CA License #0425842

www.myers-stevens.com

Underwritten by:



BCS Insurance Company
Oakbrook Terrace, Illinois
Rated A- (Excellent) by A. M. Best, an
independent insurance company rating agency

This brochure provides a brief description of the benefits available. Complete details may be found in Policy No. MSC 00001, Accident only Policy Form No. 50 227 (CA). The only way your rates or benefits can be changed is if the same action is taken for all others in your insurance class.