

Member Info: Ross, we'll need some way for each member to sign in with a code such as their badge # to get into this page so it stays secure.

☐ **Messages from the Board** We'll have stuff for this page, but just don't have it yet.

☐ **Welcome from the President:**

On behalf of the WPOA Board of Directors, I'd like to welcome you to the Department give you information about the benefits of becoming a member of WPOA. WPOA includes 100% of sworn officers and sergeants employed with the City. The Association was formed in 1970 as a non-profit organization. We are dedicated to supporting officers of the Department and community-based organizations. Our objective is to promote a closer bond of fraternity for mutual protection, to encourage and improve professionalism, and to increase efficiency within the ranks of the Department.

Annually the Association holds a "Cops Helping Kids" Golf Tournament. Funds raised from the tournament are used to support non-profit organizations which an emphasis on youth groups. The Board encourages you to get involved in this event and help us support the people we serve.

As President of the WPOA Board of Directors, I would like to again welcome you to our family. Please let me know if I can be of any assistance or answer questions on member benefits.

☐ **Board of Directors and contact info:**

President: Chris Leffler
Email: bdaddy2@mac.com
Phone: (562) 201-3183

1st Vice President: Tom Nordbak
Email: wpoa856@gmail.com

2nd Vice President: Mike Rosario
Email: wpoa854@gmail.com

Secretary: Tom Osendorf
Email: moil1236@aol.com

Treasurer: Dave Perez
Email: espanadvp10@gmail.com

Board Members: Angel Garcia DeAlba
Email: garciadealbaangel@gmail.com

Tim Jakcsy

Email:
Paul Salazar
Email: psalazar491@gmail.com

Kelly Wilson
Email:

Association

Executive Director: Fran Shields
Email: franwpoa@gmail.com
Phone: (562) 631-5093

☐ Info on Membership Dues:

The Association dues are \$120 per month and they cover the following benefits:

- Foundation: The Association formed the WPOA Foundation which is a tax-deductible organization dedicated to support its members and families in time of need. \$10 of the dues paid per month goes to this fund.
- PORAC Membership – PORAC stands for “Peace Officer Research Association of California”. They are vital to each officer as they represent and protect your rights and benefits. The PORAC membership fee is \$7 per month. As part of PORAC you are automatically enrolled in their “Legal Defense Fund” (LDF) the cost of \$34.95 is included in what you pay in your dues. The LDF fund provides legal service benefits for public safety personnel whether you are a target of a civil or criminal action or involved in a critical incident the PORAC LDF fund is there for you. *Marked #1*
- Long Term Disability (LTD) - The LTD Program is administered through Myers-Stevens, Toohey and Company, Inc. Simply put, this program helps to protect your paycheck 24/7 in the event you are disabled and cannot work. The cost for this program is \$29.70 and included in your monthly dues deductions. *Marked #2*
- Rains, Lucia and Sterns Attorney’s – This group supports WPOA with City salary negotiation and items contained in the “Memorandum of Understanding” with the City. The dollar benefit is based on hours of service and the amount shown in monthly expenses.
- WPOA Operations – The remaining funds pay for the operation of the Association includes costs associated with members and family only events, operating expenses including office and staff and the Association's website.
-

☐ Additional opportunities for members: These opportunities have additional charges which are outlined below:

- Accidental Death and Dismemberment Insurance (AD&D) – Myers-Stevens also offers you the option to purchase AD&D insurance as an additional charge. When the amount is determined you will be notified, and the additional charge will be deducted from your paycheck. *Click here to see a brochure with more information Marked #3*

- AFLAC – AFLAC provides supplemental insurance to help pay benefits your major medical insurance does not cover. Price varies depending on coverage. [Click here to see a brochure with more information on AFLAC.](#) *Marked #4*
- LEO Web Protect – LEO Web is a privately-owned company operated by active duty law enforcement officers. Their mission is to assist officers and their families by removing their private information from the Internet. [Click here to see a brochure with more information](#) *Marked #5*

☐ New Member Sign Up

- Forms that must be completed: [Needs to be a submit button after each of these to the WPOA email address – franwpoa@gmail.com](#)
 - ☐ Dues Deduction form *Marked #6*
 - ☐ Membership contact information sheet *Marked #7*
 - ☐ Myers-Stevens & Toohey Long Term Disability Form *Marked #8*
- Option opportunity forms: [Needs to be a submit button after each of these to the WPOA email address – franwpoa@gmail.com](#)
 - ☐ Myers-Stevens & Toohey Additional AD&D *Marked #9*
 - ☐ AFLAC *Marked #10*
 - ☐ LEO Web (Make sure you attach a copy of your driver's license and PD Phot ID to complete the application. If you would like to sign up your spouse a copy of their CDL is also required plus a one-time fee of \$39.99. LEO Web one-time payment for spouse can be paid by clicking here. [Need a connection to make payment.](#) *Marked #11*

☐ WPOA Roster

#1



NO CAP ON BENEFITS

The PORAC Legal Defense Fund prides itself on a long history of providing unlimited access to attorneys, experts, and investigators when reasonably needed to protect its members.

EXPANSIVE LIST OF EXPERIENCED PANEL ATTORNEYS

The PORAC Legal Defense Fund only engages highly experienced and well-qualified attorneys, with a history of representing peace officers.

NON-PROFIT

Unlike an insurance company, PORAC Legal Defense Fund does not have any underlying "profit motivation", as it is a non-profit trust. The Fund exists and functions solely to provide legal representation to officers in need.

24-HOUR COVERAGE

The PORAC Legal Defense Fund has attorneys available 24 hours a day, 7 days a week, to handle emergency or critical incidents.

Areas currently
serviced by LDF



MEMBERSHIP
The PORAC Legal Defense Fund is a non-profit trust that provides legal representation to peace officers who are members of the fund. The fund is funded by contributions from peace officers and their families. The fund is not a charity and does not have a 501(c)(3) status. The fund is a trust and is not subject to the same rules as a charity. The fund is a trust and is not subject to the same rules as a charity. The fund is a trust and is not subject to the same rules as a charity.



P.O. Box 893130
Tucson, AZ 85729

Phone: 858-756-7683
website: www.poracldf.org
www.facebook.com/PORAC
<https://twitter.com/poracldf>



03/2017



Legal Defense Fund



- The PORAC Legal Defense Fund is the nation's largest and most successful Legal Defense Fund, run by and for peace officers.
- The Fund is a non-profit ERISA Trust that provides legal service benefits for public safety personnel.
- The Fund has been in existence since 1974 and currently has more than 117,000 law enforcement participants.
- The LDF prides itself on a long history of providing unlimited access to attorneys, experts and investigators when reasonably needed, to protect its members. The LDF only engages highly experienced and well-qualified attorneys, with a history of representing peace officers.
- Many plans will only cover one employee in a multi-employee incident. With the Legal Defense Fund, everybody gets representation.

The Legal Defense Fund offers three specific areas of coverage:

- **Administrative Discipline:**

Representation in administrative disciplinary actions (e.g., demotion, suspension, termination). The plan covers all aspects of the administrative appeal process, beginning at the onset of the investigation. However, for acts not within scope of employment, administrative coverage is provided only through the initial administrative hearing.

- **Criminal:**

Representation by an experienced criminal attorney from the first indication of potential criminal exposure (e.g., shooting, death in custody, use of force resulting in serious physical injury) arising from an act committed within the scope of employment. This benefit is available regardless of which agency performs the criminal investigation (e.g., Federal, State, or Local). Representation begins at the onset of investigation and continues through trial.

- **Civil:**

Representation by an experienced civil attorney when a peace officer is sued for an act within the scope of employment, but the employing agency refuses to defend the officer. When the officer's employing agency defends, but fails to fully indemnify that officer, the Plan will provide an experienced attorney to monitor the case. The civil case monitor will ensure the officer receives adequate representation by the employer, ensures the representation remains free from any conflicts of interest, and is available to answer any questions the participant may have about the case or address any concerns the participant may develop regarding the representation by the employer.

The Legal Defense Fund also offers the following customary and usual services:

- Investigators
- Expert Witnesses
- Polygraph examiners
- Court Reporters
- Conflict Coverage (separate counsel when needed)

COST:

PLAN I: Begins at \$17.00 per member per month. (Subject to adjustment based upon usage.)

Coverage Includes:

- Administrative Discipline
- Criminal
- Civil

PLAN II: \$4.50 per member per month. Coverage is only for acts or omissions within the scope of employment.

Coverage Includes:

- Criminal
- Civil

PLAN III: Begins at \$9.00 per member per month. (Subject to increase/decrease based upon usage.) Coverage is only for acts or omissions within the scope of employment.

Coverage Includes:

- Administrative Discipline*
- Criminal
- Civil

**The Administrative coverage shall include only those actions in which:*

- The discharge of a weapon is involved; or
- Serious injury or death occurs; or
- The Participant has been given formal written notice of proposed administrative discipline in the form of a suspension of more than forty hours.

H2



Insurance & Benefits Trust of PORAC

Gold Short and Long Term Disability Plan Summary of Benefits For **Safety** Members

Plan Features

Short-Term Disability (Plan # 610007 - R)

Long-Term Disability (Policy # 649401 - A)

How Benefits are Funded	Fully self-funded and administered by the I&B Trust of PORAC.	Fully insured by Standard Insurance Company - A.M. Best rated A (excellent); Standard and Poor's rated A+ (strong); Ratings as of October 2017. Ratings include the Standard Life Insurance Company of New York.
Percentage of Wages Protected	Up to 66 2/3% of the first \$15,000 monthly Pre-Disability Earnings, reduced by Deductible Income.	66 2/3% of the first \$15,000 monthly Pre-Disability Earnings, reduced by Deductible income during the initial 12 months of LTD benefit eligibility. After 12 months of LTD benefit eligibility: Non Industrial Disabilities: 66 2/3% Industrial Disabilities: 16 2/3%
Catastrophic Disability Benefit	During the initial 12 months of Disability, the plan pays up to an additional 33 1/3% of the first \$15,000 of monthly Pre-Disability Earnings, not to exceed \$5,000.	N/A
Maximum Monthly Benefit	\$10,000 (66 2/3% of \$15,000) before reduction by Deductible Income.	\$10,000 (66 2/3% of \$15,000) before reduction by Deductible Income.
Maximum Benefit Period	12 Months	To age 65 if age 61 or younger when Disability began. Maximum Benefit Period for Disabilities that occur after age 61 will be determined by your age when Disability began.
Own Occupation Period	During the initial 12 months of Disability.	12 months following the waiting period.
Freeze of Sick Leave	After 60 Days	(Premium payments are waived while Disability Benefits are payable)
Minimum Benefit	\$200 per month for Non-Industrial Disabilities.	\$200 per month while receiving sick pay for Non-Industrial Disabilities. \$50 per month in all other circumstances.
Sick Leave Integration Benefit (Non-Industrial only)	After 60 days, receive 100% of base pay through use of 50% leave time and 50% STD Benefit.	After 60 days, receive 100% of base pay through use of 50% leave time and 50% LTD Benefit.
STD Benefit Eligibility Waiting Period	Industrial Disabilities: 0 days Non-Industrial Disabilities: 0 days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. During the first 60 days of Disability: • You are eligible to receive up to 33 1/3% of your monthly Pre-Disability Earnings, reduced by Deductible Income. • You are required to use any available personal leave pay you are eligible to receive from your Employer.	
LTD Waiting Period		365 days (Premium payments are waived while Disability Benefits are payable)
Musculoskeletal & Connective Tissue Disorders	No limitation	For certain conditions, benefits are limited to 12 months for each period of disability.
Mental & Nervous Disorders	No limitation	Benefits are limited to 6 months for each continuous period of disability caused or contributed to by a Mental Disorder, or as long as hospitalized.
Drug & Alcohol Use	Benefits limited to 12 months lifetime	Benefits limited to 6 months lifetime
Death Benefit	\$65,000 Death Benefit (Accidental) \$50,000 Death Benefit (Natural) (You are covered for the Death Benefit while enrolled under the STD Plan and during the first two years you continue to be disabled and receiving Disability Benefits).	\$65,000 Death Benefit (Accidental) fully insured through ReliaStar Life Insurance Company. \$50,000 Death Benefit (Natural) fully self-funded through I&B of PORAC.

Monthly Contribution: \$29.70

This is an illustration only. Refer to Plan Documents and Insurance Policy for complete details. CA License Number 0425842.
For additional assistance please contact your Myers-Stevens & Looney & Co., Inc. representative at: 800-827-4695

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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. You 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	
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:	

Example: Jane Doe, not Mr. John Doe. The member is the beneficiary on any coverage in effect on other 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 Police Officer's Association of California and having read the attached brochure, I hereby request to participate in the Accident, Death & Dismemberment Insurance Plan sponsored by Myers-Stevens & Toohey & Co., Inc. I hereby request that my enrollment be effective on the first day of the month of _____, 20____, unless otherwise specified. Coverage shall be effective on the first day of the month of _____, 20____, unless otherwise specified. I understand that my enrollment will be subject to the terms, conditions, exclusions, and limitations of the plan as set forth in the plan document. I understand that my enrollment will be subject to the terms, conditions, exclusions, and limitations of the plan as set forth in the plan document. I understand that my enrollment will be subject to the terms, conditions, exclusions, and limitations of the plan as set forth in the plan document.

Member's Signature: _____ Date: _____

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 POPAC 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 POPAC 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:

1. 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;
2. 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 Marquinto 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. MSP 00001, Accident only Policy Form No. SO 277 (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.

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
- ~~Uninsured Motorist 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

HH
How to Sign
up for
AFLAC

Aflac for
Whittier Police Officer's Association

Jamie Amstutz and Dianne Seminaris are our agents for AFLAC for PORAC:

- Feel free to contact Jamie directly at **858-344-4331** if you would like to set up a phone appointment or one on one meeting.
- We now have the ability to do telephonic enrollments
- All members are eligible for AFLAC benefits at PORAC rates.

Click this link to view the Brochures for the plans listed below:
<https://drive.google.com/open?id=0B3fmgIfUcEzYmhEbnpocm1GQ3M>

Accident Advantage – NEW AND IMPROVED! – Covers you and family for accidents, on or off the job!

- First visit increased to \$125-\$205 depending on provider (previous plans \$120).
- Includes specific-sum injury benefits based upon severity, cash for major tests, physical therapy, ambulance, appliances, and more.
- Includes an annual wellness benefit of \$60 once per Calendar year.
- NEW – Organized Sporting Activities Benefit – Adds 25% to total benefit max of \$1000 per year
- NEW – Home Modification Benefit – \$3,000
- Monthly premiums start at \$26.91 – Option 3 (Cadillac Plan) or \$30.94 – Option 4 (Lamborghini Plan)

AFLAC Cancer Care - Classic – Pays cash benefits at a time when needed most

- Receive \$4,000 for the first occurrence of cancer, plus the benefit builds by an additional \$500 per year prior to the first occurrence.
- Covers children at no extra cost!
- Cash benefits for radiation, chemo, second-surgical opinions and much more.
- Wellness incentives \$75, once per year for certain cancer screening tests.
- Monthly premiums start at \$38.48

Critical Care Protection - Option 3 – NEW AND IMPROVED! – Pays first occurrence, hospital & continuing care;

- Pays \$7,500 upon the first incident (increase of \$2,500), benefit builds by an additional \$500 per year prior to first occurrence.
- Also pays a higher re-occurrence benefit for additional events (from \$2,500 to \$3,500)
- Added Tier 1 and Tier 2 Specified Heart Surgery Benefits
- ICU for any reason
- Monthly premiums are based upon age at enrollment, starting as low as \$20.15
- Lower cost from previous plan for enrollment prior to age 45

Hospital Choice – Option 1 - Help close the gap on high deductibles, co-pays, and other unexpected costs:

- Flexible Hospitalization Confinement benefit, Rehabilitation, Short Stay and Emergency room benefits.
- Extended Benefits: Physician visit benefits, Labs and X-rays, Diagnostic and Imaging benefits, Ambulance
- Hospital and Surgical Care: Surgical benefits, Invasive Diagnostic Tests, Physician ICU, Daily Confinement and Second Surgical Opinion Benefits.
- Monthly premiums start at \$47.97

Please feel free to contact Jamie Amstutz at [858-344-4331](tel:858-344-4331) with any questions you may have.

You may also email Jamie at jamie_amstutz@us.aflac.com

*Download my app to easily connect with me on the go!
Text Jamie Amstutz to 36260*

Jamie L. Amstutz
District Sales Coordinator
AFLAC for PORAC

CA Insurance License #0B94598

California - South Coast

American Family Life Assurance Company of Columbus (Aflac)
Tel: [858-344-4331](tel:858-344-4331) | Fax: [877-828-9321](tel:877-828-9321)
[3755 Avocado Blvd. #180, La Mesa, CA 91941](https://www.aflac.com)

jamie_amstutz@us.aflac.com | [aflac.com](https://www.aflac.com)

#5

IT DOESN'T TAKE A MASTER CRIMINAL TO FIND YOUR PERSONAL INFORMATION



JUST ONE WITH AN INTERNET CONNECTION

Contact LEO Web Protect today and safeguard your privacy

- Remove details about you and your family from the web
- Results in as early as 2 weeks
- Get a free privacy report (\$40 value)
- 100% money-back guarantee

Phone (800) 976-7515 • Fax (888) 537-7515
www.leowebprotect.com • info@leowebprotect.com

Owned and operated by active and retired law enforcement

HC



Whittier Police Officers' Association

P.O. BOX 4234 • WHITTIER, CA 90607

Date _____

Monica Lo, Director of Administrative Services
City of Whittier
13230 Penn Street
Whittier, CA 90602

Dear Mr. Hill,

I, _____, hereby authorize you to deduct my regular dues of \$120 per month and an additional (please check appropriate deduction):

_____ LEO Web Protect (Officer + Spouse) - \$6.22 per month

The funds should be deposited with the Whittier Police Officers' Association for dues and insurance. This amount is to begin effective the next pay period.

Sincerely,

Member Signature

Member Info: Please send to Chris Leffler in an enclosed envelope when completed.

47

Membership Contact Information Sheet:

Name _____

Personal email: _____

Personal cell phone: _____

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 & Toohey & Co., Inc. and keep a copy for your records



Myers-Stevens & Toohey & Co., Inc. | 26101 Marguerite Parkway | Mission Viejo | CA 92692
phone 800.827.4695 | fax 949.348.2630 | PORAC@myers-stevens.com | license #0425842

Insurance & Benefits Trust of PORAC (STD Plan 610007 - R) Standard Insurance Company (LTD Policy 649401- A)

Tell Us About Yourself:

Your Name		Sex ____ Male ____ 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)

Print name of the full-time member who is applying:

on _____ day of _____

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 _____

#9

If you want

ADDITIONAL

4...

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 & Toohy & 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 & Toohy, 26101 Marguerite Pkwy, Mission Viejo, CA 92692

AD&D ENROLLMENT FORM		
<div>First Name: _____</div> <div>Last Name: _____</div> <div>Address: _____</div> <div>City: _____ State: _____ Zip: _____</div> <div>Phone: _____ Email: _____</div> <div>Member ID: _____</div> <div>Plan Selection, Principal Sum and Monthly Cost</div> <div><input type="checkbox"/> Plan A: _____</div> <div><input type="checkbox"/> Plan B: _____</div> <div><input type="checkbox"/> Plan C: _____</div> <div>Signature: _____ Date: _____</div> <div>Print Name: _____ Title: _____</div>		

HP

Aflac for
Whittier Police Officer's Association

Jamie Amstutz and Dianne Seminaris are our agents for AFLAC for PORAC:

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Please feel free to contact Jamie Amstutz at **858-344-4331** with any questions you may have.

You may also email Jamie at **jamie_amstutz@us.aflac.com**

*Download my app to easily connect with me on the go!
Text Jamie Amstutz to 36260*

**Jamie L. Amstutz -
District Sales Coordinator
AFLAC for PORAC**

CA Insurance License #0B94598

California - South Coast

**American Family Life Assurance Company of Columbus (Aflac)
Tel: 858.344.4331 | Fax: 877.828.9321
3755 Avocado Blvd. #180, La Mesa, CA 91941**

jamie_amstutz@us.aflac.com | aflac.com

LEO Web Protect-Discovery Page

Please provide the following:

A copy of your current driver's license and department identification (this information is necessary in order for websites to authenticate that the request is being made by the individual to whom the information belongs to. All pictures, driver's license numbers, signature block and department identification numbers will be removed prior to transmittal)

All requests must include:

Full name: _____

Aliases, if any: _____

Date of birth: _____

Current address: _____

Previous address: _____

Phone #'s: _____

Email addresses: _____

If you are requesting information for a website, please provide the website URL and a brief description of the information you are requesting. If you need more information, please attach additional paper with the requested information to this request.

If you are requesting information for a website, please provide the website URL and a brief description of the information you are requesting. If you need more information, please attach additional paper with the requested information to this request.

Signature

Date

SPRUSE

LEO Web Protect-Discovery Page

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All requests must include:

Full name: _____

Aliases, if any: _____

Date of birth: _____

Current address: _____

Previous address: _____

Phone #'s: _____

Email addresses: _____

I hereby warrant that all information submitted by me to this website is true and correct, and that I am not providing any false or misleading information. I understand that any false or misleading information provided to this website may result in legal action.

I understand that LEO Web Protect is not a law enforcement agency and does not have the authority to remove any information from the Internet. I understand that I am responsible for the accuracy of the information I provide.

Signature

Date