



CLEA

California Correctional Supervisors Organization Non-Custody Officer Long Term Disability Plan

FEATURES & BENEFITS: ENHANCED INDIVIDUAL II PLAN A

ELIGIBILITY	Available to active CCSO Non-Peace Officer Members under age 55.
MONTHLY COST	\$35.00 per month - payroll deduction.
PERCENTAGE OF WAGES PROTECTED*	<ul style="list-style-type: none">70% of wages Non-Industrial Disability.70% of wages Industrial Disability - No benefits if receiving IDL (70% of wages payable for a challenged Work Comp claim and post retirement if eligible less deductible income. No Workers' Compensation Permanent Disability offsets).80% of wages for Catastrophic Disabilities for up to 30 months – not to exceed maximum monthly benefit.Maximum Benefit of \$10,000 per month, tax-free.CLEA pays in addition to AFLAC and Hartford Accident Plan.
WAITING PERIOD	30 calendar days – If less than 60 calendar days of personal leave, you may receive 50% of wages after 30 calendar days. Otherwise, 60 calendar days.
BENEFIT PERIOD	<ul style="list-style-type: none">Three Years (36 months): Sickness, Accident and Pregnancy (<i>Industrial Disabilities and Non-Industrial Disabilities</i>).One (1) year "Own Occupation" definition of disability, thereafter any occupation that you may be reasonably suited for based on education, experience, or training.
BENEFITS PAYABLE DURING CHALLENGED WORKERS' COMPENSATION CASES	After 60 calendar days – 70% of wages to a Maximum Benefit of \$10,000 per month (<i>repayable only if settled in your favor</i>).
PERSONAL LEAVE INTEGRATION BENEFIT	After 60 calendar days, you may use personal leave and receive a supplemental benefit from the Plan up to the Maximum Benefit (<i>if employer approved</i>).
MINIMUM MONTHLY BENEFIT	\$1,000 per month – paid in addition to personal leave after 60 calendar days (<i>\$100 per month for Industrial or Disputed Workers' Compensation claim</i>).
FREEZE OF PERSONAL LEAVE OPTION	After 60 calendar days (<i>if employer approved</i>).
COST OF LIVING BENEFIT (COLA)	3% compounded per year (year 3).
RETURN TO WORK INCENTIVE BENEFIT	\$1,800 per month for Non-Industrial Catastrophic Total Disability if a Member returns to gainful employment.
WAIVER OF CONTRIBUTIONS	Waiver of Contributions after no-pay status from employer.

This is a highlight page only – certain exceptions & limitations apply. See the complete Plan Document provisions for a more complete description of coverage. For additional information, please contact the Plan Administrator at 800-832-7333. CA Insurance Lic. #0544968.

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FEATURES & BENEFITS: ENHANCED INDIVIDUAL II PLAN A ... CONTINUED

STRESS & PSYCHOLOGICAL CONDITIONS BENEFIT	<ul style="list-style-type: none">▪ Three (3) months per occurrence, eighteen (18) months maximum aggregate lifetime benefit.▪ Must return to work for 1 year between each occurrence.▪ Additional benefits may be payable if hospitalized.
DEATH BENEFIT	<ul style="list-style-type: none">▪ \$65,000 Death Benefit on- or off-duty natural, accidental, or terminal illness (<i>\$10,000 initial benefit then \$1,000 per month for 55 months</i>).▪ \$55,000 Accidental Death Benefit (<i>\$10,000 initial benefit then \$1,000 per month for 45 months</i>).▪ \$10,000 for suicide (<i>\$2,000 first 2 Years in Plan**</i>).▪ \$20,000 Military Active Service Benefit.▪ Benefits may be payable within 24 hours of notification.
SURVIVORSHIP BENEFIT	Six (6) months additional benefits to dependent beneficiary.
PRE-EXISTING MEDICAL CONDITION COVERAGE	All pre-existing medical conditions will be covered once you have been in the Plan for sixty (60) months – otherwise, pre-existing medical conditions will not be covered. ***
OWNERSHIP OF PLAN	Operated, managed, and funded by its Participants through a representative Board of Directors (<i>non-profit California Corporation since 1985</i>).
CAREOPTIONS® PROGRAM	Free to all CLEA Participants – an app-based family health care reference program. Completely mobile and confidential.
NPFBA LONG TERM CARE PLAN	CLEA is an exclusive partner with the NPFBA Long Term Care Plan. Available to all California sworn and non-sworn law enforcement personnel and spouses. CLEA participation not required for enrollment.

Special Provision: Participants not covered by Penal Code 830.1 and 830.2(a) will have limited benefits (36 months Maximum Benefit at 70% of wages and one (1) year Own Occupation Disability Plan Provision) if they suffer a disability that would normally be covered by Labor Code 3212 and its subchapters, and the disability is not determined to be job-related.

* Maximum percentages reflect amount payable after completion of (a) waiting period, (b) freeze of personal leave option, or (c) personal leave integration. Offsetting Benefit/Income Amounts are applied to reduce amount from the Plan.

** The Death Benefit for suicide is limited to \$2,000 for the first twenty-four (24) months of participation in the Plan.

*** Forty-eight (48) months of Plan participation is required for Disability Benefits and Death Benefits related to HIV, AIDS, and ARC. The California Law Enforcement Association (Safety Personnel) Long Term Disability Plan was established pursuant to the California Department of Insurance, Insurance Code Sections 11400 – 11407 (Peace Officers Benefit and Relief Association). CLEA is a non-profit corporation exempt from tax under Internal Revenue Code Section 501(c)(9). The Plan has been independently reviewed by third-party actuaries and determined to have reserves that are expected to be adequate to satisfy obligations and is annually audited in conformity with generally accepted accounting principles.

Special Notice: If the LTD Plan is a union/association sponsored benefit and your payments are included as a negotiated benefit and you cease to be a member of your union or other participating association, you will not be eligible to be a Plan member unless continuing union/association membership is waived by your union or other participating association. Even if waived, your continued participation will be through your union or other participating association.



Top 20 Individual CLEA Claims Paid

Member of:	Cause	Total Since Inception
Fremont PBA	Back	\$1,014,201
Santa Clara POA	Back/Arms	\$777,755
San Francisco DSA	Multiple Sclerosis	\$692,536
Salinas POA	Back	\$673,002
San Diego Co. DSA	Spine/Neck/Collar Bone/Legs	\$631,296
Riverside SA	Coma	\$591,009
Morgan Hill POA	Parkinson's	\$569,169
Alameda POA	Brain/Head Injury	\$494,454
San Diego Co. DSA	Stroke	\$430,246
Long Beach POA	Huntington's Disease	\$416,724
Riverside SA	Stroke	\$399,269
CSLEA-CA Hospital Police	Back/Lung	\$369,700
DSA of Santa Clara Co.	Cancer	\$350,295
Alameda Co. DSA	Lupus	\$329,449
Emeryville POA	Diabetes Eyes Vectrectomy	\$311,826
Merced Co. DSA	Chiari Malformation Syringomy	\$280,073
Riverside SA	Brain	\$268,395
Pismo Beach POA	Arthritis/Lung Mass	\$253,079
Sacramento Co. DSA	Huntington's Disease	\$228,808
Long Beach POA	Back/Auto Accident	\$220,587



California Law Enforcement Association

CLEA/CCSO Non-Peace Officer Long Term Disability Enhanced Individual Plan Application

Send your completed application to:
CCSO, 1481 Ullrey Ave, Escalon, CA 95320

Last Name	First Name	M.I.	Birth Date / /	Social Sec. No.
Mailing Address				Promotion Date / /
City		State	Zip Code	Phone ()
Employment Designation—REQUIRED <input type="checkbox"/> Non-Peace Officer		E-Mail Address		

I hereby apply for Enhanced Individual Long Term Disability (LTD) Benefits and certify that I am an active, full-time Non-Peace Officer member of CCSO (active membership required) under the CalPERS Miscellaneous Retirement system. Retired Annuitant Non-Peace Officers are not eligible.

I agree that I shall abide by the related provisions as noted in the Plan Documents and Corporate Bylaws. I understand that any medical condition including HIV, AIDS, ARC that existed prior to my effective date of coverage or death caused by pre-existing medical conditions will not be covered until I have been enrolled in the Plan as an Active Participant for a period of sixty (60) months. Disabilities occurring after my effective date of coverage caused by psychological or emotional disorders, or their physical manifestations, or drug, alcohol, or substance abuse, will be covered after 24 months of participation unless condition is excluded because of pre-existing medical condition. Under the terms of the Plan, any dispute not resolved through the Plan's claims procedure must be resolved by binding arbitration with the American Arbitration Association. CLEA reserves the right to increase dues periodically as determined by the Board of Directors.

Special Provision:

Non-Peace Officer Participants will be participating in the CLEA Non-Sworn Plan and will have LTD Benefits limited to 36 months (3 years). Please refer to Plan Documents for Plan provisions. **A Non-Peace Officer person is not eligible to enroll or participate in the EI Plan after he or she is 55 years of age or more.**

Beneficiary information is required for the Plan Death Benefits. Contact the Plan Administrator at 1-800-832-7333 or visit www.CLEA.org to update your beneficiary choice or for additional information.

By signing below I indicate that I have read these statements including the Special Note on the Pre-Existing Conditions and the Special Provision and acknowledge the limitations in LTD Benefits as explained. Other conditions and limitations are included in the CLEA Plan Document and Summary Plan Description.

I hereby authorize the deduction from my salaries and wages of the monthly cost plus any fees for payroll deduction, now or in the future, for CLEA Long Term Disability Coverage. This authorization will remain in effect until cancelled by me or CLEA.

Your Signature _____ Date _____

Beneficiary _____ Relationship _____
(Please do not list minors)

Contingent Beneficiary _____ Relationship _____
(Please do not list minors)

Please do not write in this space. Office use only.

Received: _____ Effective Date: _____ Dept.: _____ Cert. No.: _____ SPD Sent: _____

Protect Your Future Pension & Assets with Long Term Care Coverage



NPFBA Long Term Care Benefits

- Home Health Care, Assisted Living/Residential Care & Nursing Home Care
- Lifetime benefits
- No lifetime payments
- 3% Cost of Living increase for first 26 years
- Benefits are tax-free
- Portable coverage throughout the United States
- Death Benefit to age 75
- Respite Care – For primary caregiver

Available to all active service law enforcement and fire service personnel and their spouses.
Must apply before 61st birthday or retirement.



Jointly Sponsored by California Law Enforcement Association and California Association of Professional Firefighters



Additional features:

- Two plans available
- \$1 million dollar benefit limit
- Age based payments with multiple payment term lengths
- Waiver of payments while receiving benefits
- 60 or 90 day elimination period based on health at application
- Members choose care providers



National Peace Officers and Fire Fighters Benefit Association

(877) 582-0003 • WWW.NPFBA.ORG

PO Box 31 • Martell, CA 95640 • CA Insurance License #0544968

Illustration Only - See Plan Document for specific information.

NPFBA Long Term Care Benefits

Long Term Care Plan		130/70/50 Plan					150/70/50 Plan				
Monthly Cost		25 Year Payment Term	30 Year Payment Term	35 Year Payment Term	40 Year Payment Term	45 Year Payment Term	25 Year Payment Term	30 Year Payment Term	35 Year Payment Term	40 Year Payment Term	45 Year Payment Term
30 Years Old at Issue	\$46	\$37	\$34	\$31	\$29	\$55	\$44	\$39	\$37	\$36	
40 Years Old at Issue	\$67	\$55	\$49	\$46	\$44	\$81	\$65	\$58	\$54	\$53	
50 Years Old at Issue	\$109	\$88	\$80	N/A	N/A	\$130	\$105	\$95	N/A	N/A	
60 Years Old at Issue	\$194	N/A	N/A	N/A	N/A	\$233	N/A	N/A	N/A	N/A	
Types of Care Covered	<ul style="list-style-type: none"> Nursing Home Care Assisted Living Care Home Health Care 					<ul style="list-style-type: none"> Nursing Home Care Assisted Living Care Home Health Care 					
Elimination Period	60 or 90 days (based on medical underwriting)					60 or 90 days (based on medical underwriting)					
Inflation Protection	3% Compounded (Plan Years 2 to 26)					3% Compounded (Plan Years 2 to 26)					
Payment Term	25, 30, 35, 40, or 45 Years (Refer to Cost Schedule for eligibility)					25, 30, 35, 40, or 45 Years (Refer to Cost Schedule for eligibility)					
Death Benefit	Through age 69 – the amount of your payments up to \$5,000 Age 70 through age 74 – the amount of your payments up to \$2,500 Age 75 and thereafter no Death Benefit or if LTC benefits exceed the Death Benefit you are eligible to receive					Through age 69 – the amount of your payments up to \$5,000 Age 70 through age 74 – the amount of your payments up to \$2,500 Age 75 and thereafter no Death Benefit or if LTC benefits exceed the Death Benefit you are eligible to receive					
Respite Care	15 calendar days per year					15 calendar days per year					
Waiver of Payment	While receiving benefits.					While receiving benefits.					

130/70/50 Plan – Illustration of Inflation Protection

Number of Plan Years Since Effective Date	Nursing Home Care		Assisted Living Care		Home Health Care	
	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount
Plan Year 1	\$130	\$3,954	\$91	\$2,768	\$65	\$1,977
Plan Year 5	\$146	\$4,441	\$102	\$3,103	\$73	\$2,220
Plan Year 10	\$170	\$5,171	\$119	\$3,620	\$85	\$2,585
Plan Year 15	\$197	\$5,992	\$138	\$4,198	\$99	\$3,011
Plan Year 20	\$228	\$6,935	\$160	\$4,867	\$114	\$3,468
Plan Year 26	\$272	\$8,273	\$190	\$5,779	\$136	\$4,137

150/70/50 Plan – Illustration of Inflation Protection

Number of Plan Years Since Effective Date	Nursing Home Care		Assisted Living Care		Home Health Care	
	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount	Per Day Amount	Monthly Amount
Plan Year 1	\$150	\$4,563	\$105	\$3,194	\$75	\$2,281
Plan Year 5	\$170	\$5,171	\$119	\$3,620	\$85	\$2,585
Plan Year 10	\$197	\$5,992	\$138	\$4,198	\$99	\$3,011
Plan Year 15	\$228	\$6,935	\$160	\$4,867	\$114	\$3,468
Plan Year 20	\$264	\$8,030	\$185	\$5,627	\$132	\$4,015
Plan Year 26	\$315	\$9,581	\$221	\$6,722	\$158	\$4,806



CALIFORNIA PUBLIC SAFETY ADMINISTRATORS INC.

Department: _____

Job Site/Office Location: _____

Name: _____	Birth Date: ____ / ____ / ____	Gender: _____
Last	First	M
Dependents _____ Yes _____ No	Spouse _____ Yes _____ No	
Home Address: _____		
City: _____		State: _____ Zip: _____
Best Contact Phone: _____		
Email: _____		
Estimated Retirement Year: _____		

Please indicate which plans you are considering enrolling in:

<input type="checkbox"/> Long Term Care (Individual & Spouse)	<input type="checkbox"/> Revocable Living Trust
<input type="checkbox"/> Life Insurance (Individual)	<input type="checkbox"/> Homeowners or Auto Insurance
<input type="checkbox"/> Life Insurance (Family)	<input type="checkbox"/> Personal Financial Planning (No Fee)
<input type="checkbox"/> 401(K), 403(B), TSA, or IRA	<input type="checkbox"/> Debt Reduction
<input type="checkbox"/> 457 Deferred Compensation	Mortgage: 10 <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/>
<input type="checkbox"/> PERS - Pension Max	

Please note that completion of this sheet does *not* enroll you in benefits.

Contact: Rick Floyd
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