



CLEA CCSO Custody Plan / CCPOA Gold Plan Comparison



FEATURES / BENEFITS

Features/Benefits	CLEA CCSO Custody Plan	CCPOA Gold Shield Plan
Monthly Cost	\$36.00 per month, level cost payroll deduction.	\$55.00 per month, level cost payroll deduction.
Percentage of Wages Protected*	<p>70% of wages Non-Industrial Disability.</p> <p>70% of wages Industrial Disability – No benefits if receiving IDL (<i>70% of wages payable for challenged Work Comp Claim and post retirement if eligible less deductible income. No Workers' Compensation Permanent Disability offsets.</i></p> <p>80% of wages for Catastrophic Disabilities for up to 30 months – not to exceed the maximum monthly benefit.</p> <p>Maximum Benefit of \$10,000 per month, <i>tax-free</i> CLEA pays in addition to AFLAC and Hartford Accident Plan.</p>	<p>67% of base wages only – Maximum monthly benefit of \$6,000 <i>tax-free</i>.</p> <p>CCPOA reduces its benefits by all income benefits provided by AFLAC, Standard Insurance, and any other group or individual plan.</p>
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.	30 Calendar days
Benefit Period	<p>Lifetime: Sickness, Accident, and Pregnancy (<i>Industrial Disabilities and Non-Industrial Disabilities</i>).</p> <p>Two (2) year “Own Occupation” definition of disability, thereafter any occupation that you may be reasonably suited for based on education, experience, or training.</p>	24 months for Sickness, Accident, and pregnancy for both Industrial and Non-Industrial Disabilities. Fully integrated with all income. (Includes age 65 coverage for non-industrial disability is unable to perform two or more Activities of Daily Living).
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>).	67% of base wages to Maximum Benefit of \$6,000
Death Benefit	<p>\$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>).</p> <p>\$55,000 Accidental Death Benefit. (<i>\$10,000 initial benefit then \$1,000 per month for 45 months</i>).</p> <p>\$10,000 for suicide (<i>\$2,000 first 2 Years in Plan**</i>).</p> <p>\$20,000 Military Active Service Benefit.</p> <p>Benefits may be payable within 24 hours of notification.</p>	CCPOA membership includes a \$20,000 basic life insurance benefit and a \$5,000 Accidental Death only benefit.
Musculoskeletal & Connective Tissue Disorders	Fully covered. Lifetime coverage – 2-year own occupation definition.	Limited coverage. 67% of base wages to a Maximum Benefit of \$6,000.
Minimum Monthly Benefit	<p>\$1,000 per month – paid in addition to personal leave after 60 calendar days.</p> <p>(<i>\$100 per month for Industrial or Disputed Workers' Compensation claim</i>).</p>	\$300 per month paid in addition to personal leave after 30 days.
Stress & Psychological Conditions	<p>Three (3) months per occurrence, eighteen (18) months maximum aggregate lifetime benefit.</p> <p>Must return to work 1 year between each occurrence.</p> <p>Additional benefits may be payable if hospitalized.</p>	No coverage



CLEA CCSO Custody Plan / CCPOA Gold Plan

Comparison...Continued

FEATURES / BENEFITS

Features/Benefits	CLEA CCSO Custody Plan	CCPOA Gold Shield Plan
Freeze of Personal Leave Option	After 60 calendar days (<i>if employer approved</i>).	None. Must use all sick leave.
Cost of Living Benefit (COLA)	3% compounded per year (years 3-8) thereafter, CPI increases to age 65 and then continued lifetime .	No coverage
Return To Work Incentive Benefit	\$1,800 per month for Non-Industrial Catastrophic Total Disability if a Member returns to gainful employment.	No coverage
Waiver of Contributions	Waiver of Contributions after no-pay status from the state.	Waiver of Contributions after no-pay status from the state.
Survivorship Benefit	Six (6) months additional benefits to dependent beneficiary.	Six (6) months additional benefits to dependent beneficiary.
Pre-Existing Medical Condition Coverage	You must enroll within 60 days of promotion or no pre-existing medical conditions will be covered. If you enroll during your initial enrollment period, all pre-existing medical conditions will be covered once you have been in the Plan for twenty-four (24)/forty-eight (48) months, unless you are eligible for the Prior Coverage Credit – otherwise, pre-existing medical conditions will not be covered.***	All applications are medically underwritten and include a 2-year pre-existing medical condition exclusion and a 5-year elimination for certain conditions.
Ownership of Plan	Operated, managed, and funded by its Participants through a representative Board of Directors (<i>non-profit California Corporation since 1985</i>).	Operated, managed, and funded by CCPOA Benefit Trust Fund.
NPFBA Long Term Care Plan	CLEA is a partnership 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.	NPFBA Long Term Care Plan is available to all active sworn and non-sworn members and spouses.
CareOptions® Program	Free to all CLEA Participants – app app-based family health care reference program. Completely mobile and confidential.	Only available to CLEA / CDCR Plan members.

*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.

This is a highlight page only – certain exceptions & limitations apply. See the complete Plan Document provisions for a more complete description of coverage.
CA Insurance Lic. #0544968.



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

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

Application for California Law Enforcement Association (CLEA) Long-Term Disability Group Coverage

Last Name	First Name	M.I.	Birth Date / /	Social Sec. No.
Mailing Address		Promotion Date / /	Name of Employer	
City		State	Zip Code	Phone ()

Employment Designation—REQUIRED

Sworn Non-Sworn

E-Mail Address

Special Note: Pre-Existing Conditions are eligible for coverage after 24 months of participation if you enroll during the one-time Initial Enrollment Period with your Association or Department, or during the first 60 days of your sworn or non-sworn employment. Otherwise, Pre-Existing Conditions or conditions caused or contributed to by Pre-Existing conditions, are excluded from coverage, except as provided for in the "Prior Coverage Credit." Disabilities caused by psychological or emotional disorders, or their physical manifestations, or drug, alcohol, or substance abuse, will be covered after 24 months of participation. Please contact the Plan Administrator for additional information or to request a copy of the Plan.

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

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

CLEA – APP– LTD REV. 1/13

PLEASE COMPLETE APPLICATION ON REVERSE SIDE • SEE ADDITIONAL TERMS ON REVERSE SIDE

CLEA Long-Term Disability Group Coverage (continued)

I hereby apply for Group Long-Term Disability (LTD) Plan Benefits offered through my employee Association or Department, and agree that I shall abide by the stated provisions as noted in the Plan Documents and Corporate By-laws. Payroll deduction is authorized if applicable. Except as provided for in the "Prior Coverage Credit" provision of the Plan, I understand that any medical condition that existed prior to my effective date of coverage will not be covered until I have been enrolled in the Plan as an Active Member for a period of twenty-four (24) months. Additionally, HIV, AIDS, ARC and death caused by pre-existing medical conditions will not be covered for forty-eight (48) months. **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.** Please see the Plan Document for additional information.

Special Provisions:

Sworn Participants not covered by Penal Code 830.1, 830.2(a), and 830.2(e) will have limited benefits (36 months Maximum Benefit at 66 2/3% 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.

Non-Sworn Participants will be participating in the CLEA Non-Sworn Plan and will have LTD Benefits limited to 36 months (3 years). Please refer to the Non-Sworn Plan Documents for Plan provisions.

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 Provisions and acknowledge the limitations in LTD Benefits as explained. Other conditions and limitations are included in the CLEA Plan Document and Summary Plan Description.

Your Signature _____ Date _____

Beneficiary (Please do not list minors) _____ Relationship _____

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

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
Cell: (209) 217-4290
Email: Rick@CPSAinc.com
PO Box 31, Martell, CA 95654
CA Insurance License # 0498124