



DISABILITY AND LIFE

CTA GROUP INSURANCE PLANS





David A. Sanchez
President, CTA



Dear Colleague,

As an education professional and a California Teachers Association member, you know the value of being ready. It's a basic lesson, and one CTA takes to heart in every benefit we offer you.

To equip you for life's challenges as well as its triumphs, CTA offers you voluntary disability and life insurance coverage through Standard Insurance Company (The Standard).

When it comes to being ready, you can count on The Standard. They've been protecting their customers for more than 100 years and stand as one of the top 10 disability and life insurance carriers in the nation. The Standard is well known for their deeply held philosophy of integrity and constant readiness.

With their long record of strength, stability and service orientation, it's no wonder we chose The Standard to be the only provider of disability and life insurance endorsed by CTA. Very simply, we trust The Standard and believe you can too.

This brochure contains the information and forms you need to enroll in disability and life insurance from The Standard. If you'd like more details and convenient online enrollment, visit Member Benefits at **www.cta.org** now.

I wish all the best for you and your loved ones, and I want to help you prepare for whatever life brings you with the kind of quality coverage you deserve.

Sincerely,

A handwritten signature in blue ink that reads "David A. Sanchez". The signature is fluid and cursive, with a large initial "D" and "S".

David A. Sanchez
President, CTA

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NOW IS THE TIME

FOR SECURE COVERAGE

When the unexpected occurs, it's too late to prepare. This is the time to make sure you're ready. As a CTA member, you have the opportunity to enroll in Disability and Life Insurance with one of the nation's most stable and reliable insurance companies, The Standard.

BE PREPARED. IT'S THE RIGHT THING TO DO.

Unexpected financial hardship is more common than you may think. The costs of even a minor disability can be devastating to your long-term financial plans. Consider the numbers:

- ▶ 4.8: The number of deaths every minute in the United States.¹
- ▶ 2.4%: The average savings rate of Americans in 2008. Compare that to 10.3% in 1985.²
- ▶ 74%: The number of American families who live paycheck to paycheck.³

The Standard has over 100 years of experience covering families and individuals against these unplanned hardships. Please take a few moments of your time to review the important features of each plan and how they can help provide you with the additional financial protection you and your family may need.

After reviewing this booklet, be sure to go to **Member Benefits at www.cta.org** to enroll online or complete the forms for coverage starting on page 18.

¹CIA World Fact Book; United States Entry (<https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>); April 23, 2009

²A Guide to the National Income and Product Accounts of the United States (NIPA), 2008

³American Payroll Association, "Getting Paid in America" Survey, 2008

THE STANDARD IS YOUR FIRST CHOICE

With CTA-endorsed coverage, you can receive:

- ▶ **\$25 per day** if you're out on paid sick leave. [page 6](#)
- ▶ **Up to 75% of your regular contract salary** if you become disabled. [page 6](#)
- ▶ Peace of mind with up to **\$400,000 of Life Insurance Coverage**. [page 10](#)
- ▶ **Protection for you and your family** with Accidental Death And Dismemberment coverage. [page 11](#)
- ▶ The option to add or increase coverage following a Family Status Change and other **enrollment opportunities**. [page 15](#)

→ QUESTIONS? Visit Member Benefits at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.



DISABILITY

COVERAGE NO EDUCATOR SHOULD BE WITHOUT

CTA has designed your Voluntary Disability Insurance Plan to work with your other benefit programs to help in the event you suffer a covered Sickness or Injury that results in a disability. More important, it helps provide financial assistance when no other income replacement benefits are available.

PREEXISTING CONDITIONS	<p>Disabilities caused or substantially contributed to by a Preexisting Condition are not covered unless you have been continuously insured and Actively At Work for 10 Regular Days Of Required Attendance on the date you become Disabled. Preexisting Condition Period is the 30-calendar-day period just before your insurance becomes effective.</p> <p>This means once your insurance is effective, and you become Disabled after being at work for 10 regular work days, then Disabilities caused or contributed to by preexisting conditions are covered.</p>										
BENEFIT WAITING PERIOD	<p>Lesser of seven consecutive Regular Days Of Required Attendance or Extra Duty Days Of Required Attendance, or 30 calendar days.</p>										
BENEFIT PERIOD	<p>Class 1 — the period for which you are eligible to receive Fully Paid Sick Leave and for the following two Benefit Years.</p> <p>Class 2 — the period for which you are eligible to receive Fully Paid Sick Leave and for the following two Benefit Years, plus the following applicable period:</p> <p><i>For Class definitions, see page 9.</i></p> <table border="0"> <tr> <td>YOUR AGE WHEN DISABILITY BEGINS:</td> <td>MAXIMUM BENEFIT PERIOD:</td> </tr> <tr> <td>59 or younger</td> <td>To age 65</td> </tr> <tr> <td>60 through 64</td> <td>5 years</td> </tr> <tr> <td>65 through 69</td> <td>To age 70, or 1 year, whichever is greater</td> </tr> <tr> <td>70 or older</td> <td>1 year</td> </tr> </table>	YOUR AGE WHEN DISABILITY BEGINS:	MAXIMUM BENEFIT PERIOD:	59 or younger	To age 65	60 through 64	5 years	65 through 69	To age 70, or 1 year, whichever is greater	70 or older	1 year
YOUR AGE WHEN DISABILITY BEGINS:	MAXIMUM BENEFIT PERIOD:										
59 or younger	To age 65										
60 through 64	5 years										
65 through 69	To age 70, or 1 year, whichever is greater										
70 or older	1 year										
BENEFITS	<ul style="list-style-type: none"> ▶ During Fully Paid Sick Leave or Restored Sick Leave: \$25 per Regular Day Of Required Attendance. ▶ First and Second Benefit Years: Up to 75% of Regular Daily Contract Salary reduced by Deductible Income payable for each Regular Day Of Required Attendance on which you are Disabled.⁴ Here's an example of how it works if your Contract Salary is \$400 per day: \$400 times your Disability benefit rate of 75% is an unreduced maximum benefit of \$300 per work day. Subtract your Workers' Compensation Benefit of \$70 per work day and your Salary Continuation Benefit of \$30 per work day to get a \$200 Disability benefit per work day.⁴ Minimum Benefit of \$30 per Regular Day Of Required Attendance. ▶ After Second Benefit Year (Class 2 only): 50% of Regular Monthly Contract Salary reduced by Deductible Income. Minimum Benefit of \$500 per calendar month for which Disability benefits are payable. 										
BENEFIT BASIS	<p>First and Second Benefit Years: benefits are calculated based on your Regular Daily Contract Salary for each Regular Day Of Required Attendance based on your salary in effect for the contract year in which you become Disabled. After Second Benefit Year (Class 2 only) benefits are calculated based on your Regular Monthly Contract Salary for each Regular Day Of Required Attendance for each calendar month.</p>										
REDUCTION OF BENEFITS	<p>Benefits after Fully Paid Sick Leave are reduced by Deductible Income.⁵</p>										

⁴ Examples of Deductible Income (see your Certificate Of Insurance for a full listing and exceptions): Personal Leave Pay, Severance Pay, Substitute Differential Pay, Catastrophic/Extraordinary Leave Bank, Salary Continuation, Workers' Compensation, Work Earnings, Social Security, State Disability, CalPERS/CalSTRS Benefits.

ADDITIONAL PLAN FEATURES FOR EDUCATORS

- ▶ Pays up to 75% of Extra Duty Pay lost due to Disability, reduced by Deductible Income. Extra Duty Pay may include income received for coaching, after-school programs, summer-school sessions, advising or mentoring.
- ▶ Pays \$35 per calendar day while confined to a hospital as a result of your Disability with no Benefit Waiting Period. This means your hospital benefits start immediately, any time of year, and are paid in addition to any Disability benefits that may be payable.
- ▶ Covers Disabilities occurring on or off the job.
- ▶ Ability to appeal denial of coverage and/or claims to CTA Advisory Panel on Endorsed Services (APES).
- ▶ Partial Disability, subject to any Benefit Waiting Period, allows eligibility for benefits even if you continue to work while Disabled — for the duration of your claim.
- ▶ No premiums required during Disability.
- ▶ Dependent Education Benefit helps you keep your dependents in school with a monthly benefit to help pay post-secondary costs for Children or a Spouse/Domestic Partner, should you become unable to work.
- ▶ Rehabilitation Plan incentives that may include training and education expenses, family (child and elder) care expenses and job-related and job-search expenses.
- ▶ Reasonable Accommodation Expense payment provides up to \$25,000 of an Employer's expenses toward work-site modifications to allow your return to work following a Disability.
- ▶ \$10,000 Accidental Death And Dismemberment coverage.
- ▶ Child Care Benefit for expenses incurred within 36 months from the date of the CTA Participant's covered accidental death, up to \$1,000 per year.
- ▶ Survivors Benefit of up to three times the unreduced Disability Benefit to your Beneficiary if you die while receiving Disability Benefits under the plan.

PREMIUMS

ANNUAL CONTRACT SALARY RANGES	MONTHLY PREMIUM ⁵	TENTHLY PREMIUM ⁵
\$0 – \$11,249	\$4.60	\$5.52
\$11,250 – \$14,249	\$6.01	\$7.21
\$14,250 – \$17,249	\$7.41	\$8.90
\$17,250 – \$20,749	\$8.95	\$10.75
\$20,750 – \$24,999	\$10.77	\$12.93
\$25,000 – \$30,249	\$13.01	\$15.62
\$30,250 – \$36,749	\$15.79	\$18.94
\$36,750 – \$44,499	\$19.14	\$22.97
\$44,500 – \$53,249	\$23.02	\$27.63
\$53,250 – \$60,249	\$27.20	\$32.65
\$60,250 – \$67,249	\$30.75	\$36.89
\$67,250 and over	\$34.19	\$41.03

⁵ Frequency of required premium payments (monthly, tenthly, etc.) is determined by the district you are employed by. While monthly and tenthly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

CALCULATOR

FOR YOUR DISABILITY INSURANCE NEEDS

To help determine your need for Disability income protection, complete the worksheet below. Fill in amounts for your monthly expenses and income and compare the two.

MONTHLY EXPENSES

Food/Household Supplies \$ _____

Mortgage/Rent \$ _____

Home Maintenance/
Association Dues \$ _____

Medical Expenses \$ _____

Savings/Investments \$ _____

Child Care/Education \$ _____

Utilities
(electricity, gas, cable,
phone, etc.) \$ _____

Clothing \$ _____

Debts
(credit cards, student
and auto loans, etc.) \$ _____

Insurance
(health, life, auto,
home, etc.) \$ _____

Taxes \$ _____

Other \$ _____

Total Monthly Expenses \$ _____

MONTHLY INCOME AVAILABLE WHILE DISABLED

Spouse/Domestic
Partner Income \$ _____

Interest/Dividend/
Investment Income \$ _____

Other Income \$ _____

Total Monthly Income \$ _____

Now that you've determined your need, if you don't currently have Disability Insurance, help protect you and your family by applying today.

→ QUESTIONS? Visit **Member Benefits at www.cta.org** or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

TERMS

FOR DISABILITY INSURANCE YOU SHOULD KNOW

BENEFIT YEAR means (a) a period equal to the number of your Regular Days Of Required Attendance under the terms of your employment contract with your Employer for the contract year in which you become unable to work, plus (b) any additional periods of Restored Sick Leave.

CLASS 1: Participants who, on the date of Disability, (a) have five or more years of credited service under the California State Teachers Retirement System (CalSTRS) and/or the Public Employees Retirement System (CalPERS) or (b) are not Participants in either system.

CLASS 2: Participants who, on the date of Disability, participate in, but have less than five years of, credited service under CalSTRS and/or CalPERS.

REGULAR CONTRACT SALARY means your annual salary under the terms of your employment contract with the Employer(s) in effect for the contract year in which you become unable to work. Regular Contract Salary does not include any additional compensation, such as overtime pay, weekend or summer-school work compensation, Extra Duty Pay, bonuses or district-funded fringe benefits.

REGULAR DAILY CONTRACT SALARY means your Regular Contract Salary, divided by the number of your Regular Days Of Required Attendance for the contract year in which you become unable to work.

REGULAR MONTHLY CONTRACT SALARY means your Regular Contract Salary divided by 12. The Regular Contract Salary and the number of Regular Days Of Required Attendance will not change after your date of Disability.

REGULAR DAY(S) OF REQUIRED ATTENDANCE means any day(s) you are required to be Actively At Work based on the calendar dates of the school calendar and your employment contract in effect on the date you become unable to work. The calendar dates in a subsequent contract year may not fall on the same days of the week as the school calendar in effect on your date of Disability.

PREEXISTING CONDITION means a diagnosed mental or physical condition for which you have received medical treatment, care or services, or have taken prescribed medication at any time during the Preexisting Condition Period.



LIFE INSURANCE

AN ESSENTIAL PART OF YOUR COMPLETE FINANCIAL PLAN

As an educator, you need to consider the consequences for your family if they were to lose you tomorrow. Would they experience a major financial loss? Could they cope with a loss of income? Help protect your family by taking an affordable, precautionary step today. The CTA Voluntary Life Insurance Plan offers you an opportunity to supplement your existing Life Insurance or start a new plan.



CTA VOLUNTARY TERM LIFE INSURANCE PLAN FEATURES

- ▶ Term Life Insurance coverage with options from \$25,000 to \$400,000.⁶
- ▶ Optional Life and Accidental Death And Dismemberment coverage for your Spouse/Domestic Partner and Children with your Life Insurance.
- ▶ Retiree Term Life Insurance coverage available to CTA-NEA Lifetime Retired Members upon retirement.⁶ Coverage election as an active Participant predetermines the amount of coverage when you retire. Coverage will be reduced to one-fifth (1/5) of the amount in force on the day of your retirement.⁷
- ▶ Accidental Death And Dismemberment (AD&D) benefits.
- ▶ Convenient payroll deduction.
- ▶ Accelerated Benefit provides advance payments in the event of a terminal illness.
- ▶ Continuation of coverage during Total Disability.
- ▶ Additional Repatriation Benefits to pay for expenses related to transporting remains.
- ▶ Accommodations for a leave of absence, employment transfer, labor dispute or temporary layoff.

⁶ Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

⁷ Dependent Life Insurance amount is based on the amount of Life Insurance in force as a retired Participant.

AD&D

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

When you enroll in Life Insurance, you'll also get protection against a covered accidental loss. At no additional cost, you'll get Accidental Death And Dismemberment Benefits equal to the amount of your Life Insurance coverage (up to \$200,000), including the following:

LOSS	PERCENTAGE PAYABLE
Loss of Life	100% of the AD&D Insurance Benefit
Maximum of all losses from any one accident	100% of the AD&D Insurance Benefit
Paraplegia, quadriplegia or hemiplegia	100% of the AD&D Insurance Benefit
Loss of one member (hand, foot, sight in one eye) or loss of speech or hearing	50% of the AD&D Insurance Benefit
Loss of two or more members (hand, foot, sight in eye, speech and/or hearing)	100% of the AD&D Insurance Benefit
Loss of thumb and index finger (same hand)	25% of the AD&D Insurance Benefit
Loss of finger	5% of the AD&D Insurance Benefit
Coma	1% of the remainder of the AD&D Insurance Benefit, for up to 30 months ⁸

YOUR ADDITIONAL AD&D BENEFITS INCLUDE:

- ▶ **Occupation Assault Benefit** provides an additional benefit if you suffer a covered Loss while Actively At Work and the Loss is the result of an act of physical violence against you that is punishable by law and evidenced by a police report.
- ▶ **Higher Education Benefit** provides a benefit for a child's higher education in the event of the death of a parent.
- ▶ **Child Care Benefit** provides a benefit for the surviving spouse in order for them to work or obtain training to help cover the cost of providing care for children under age 13.
- ▶ **Seat Belt Benefit** provides an additional benefit if you die as a result of an automobile accident while properly wearing and using a seat belt system.
- ▶ **Air Bag Benefit** provides an additional benefit if you die as a result of an automobile accident, the Seat Belt Benefit is payable and your air bag system meets the requirements as outlined in the Certificate Of Insurance.
- ▶ **Career Adjustment Benefit** provides a benefit to the surviving spouse to make a career adjustment.
- ▶ **Public Transportation Benefit** provides a benefit in the event you die as a result of an accident while riding as a fare-paying passenger on public transportation.

⁸ Participant or Dependent AD&D Insurance Benefit is payable for Loss of Life after reduction by any Participant or Dependent AD&D Insurance Benefit paid for any other Loss as a result of the same accident.

LIFE INSURANCE PREMIUM AMOUNTS AND COVERAGE OPTIONS

ATTAINED AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000
Under 25	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
	\$1.80	\$3.60	\$5.40	\$7.20	\$10.80	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
25-29	\$1.75	\$3.50	\$5.25	\$7.00	\$10.50	\$14.00	\$16.50	\$19.00	\$21.50	\$24.00
	\$2.10	\$4.20	\$6.30	\$8.40	\$12.60	\$16.80	\$19.80	\$22.80	\$25.80	\$28.80
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$19.00	\$22.00	\$25.00	\$28.00
	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40	\$19.20	\$22.80	\$26.40	\$30.00	\$33.60
35-39	\$2.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00
	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20
40-44	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$31.50	\$37.00	\$42.50	\$48.00
	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$31.20	\$37.80	\$44.40	\$51.00	\$57.60
45-49	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$44.00	\$52.00	\$60.00	\$68.00
	\$5.40	\$10.80	\$16.20	\$21.60	\$32.40	\$43.20	\$52.80	\$62.40	\$72.00	\$81.60
50-54	\$8.25	\$16.50	\$24.75	\$33.00	\$49.50	\$66.00	\$81.50	\$97.00	\$112.50	\$128.00
	\$9.90	\$19.80	\$29.70	\$39.60	\$59.40	\$79.20	\$97.80	\$116.40	\$135.00	\$153.60
55-59	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$101.50	\$121.00	\$140.50	\$160.00
	\$12.30	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$121.80	\$145.20	\$168.60	\$192.00
60-64	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$104.00	\$129.00	\$154.00	\$179.00	\$204.00
	\$15.60	\$31.20	\$46.80	\$62.40	\$93.60	\$124.80	\$154.80	\$184.80	\$214.80	\$244.80
65-69	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
70 ⁹	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80

- ▶ Participant AD&D coverage equal to Life Insurance amount.
- ▶ Life coverage up to \$200,000 is guarantee issue during first 120 days of employment for newly hired CTA members or members transferring to a new district.

Calculated as Monthly Premiums¹⁰
 Calculated as Tenthly Premiums¹⁰

- ▶ Participant AD&D coverage equal to \$200,000.
- ▶ Optional Spouse/Domestic Partner coverage equal to \$100,000. See \$100,000 option for premium amount.
- ▶ Proof of good health is always required for amounts above \$200,000.

FAMILY COVERAGE OPTIONS

- ▶ 50% of the Participant's Life and AD&D Insurance coverage, up to \$100,000 of coverage for Spouse/Domestic Partner. Premium: varies up to 50% of Participant's premium.
- ▶ \$5,000 Term Life and \$5,000 AD&D Insurance coverage for Dependents, including Spouse/Domestic Partner and eligible Children. Premium: \$1.00 monthly, \$1.20 tenthly.
- ▶ Proof of good health is required for Spouse/Domestic Partner and/or Dependent Children if applying more than 31 days after the Participant's effective date. If applying within 31 days of the Participant's effective date or within 31 days following a Family Status Change, and for amounts of \$17,500 or less, proof of good health is not required.

⁹ Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

¹⁰ Type of payment (monthly, tenthly, etc.) is determined by the district you are employed by.

CALCULATOR

FOR YOUR LIFE INSURANCE NEEDS

Monthly expenses can add up quickly. If you were to die, what would it take to maintain your family's standard of living and cover future expenses?

INCOME EVALUATION

Current Annual Income \$ _____

Multiply by the number of years your beneficiaries will need this income **X** _____
(number of years)

Total Income \$ _____

AVAILABLE RESOURCES

Other Income Available \$ _____
(401K, stocks, etc.)

Existing Life Insurance \$ _____

Total Available Resources \$ _____

EXPENSE EVALUATION

Funeral Expenses \$ _____

Medical Expenses \$ _____

Amount of mortgage to be paid off \$ _____

Loans/Debts (requiring payment upon death) \$ _____

Future Education Funding (college tuition, other expenses) \$ _____

Other Future Expenses (wedding, home maintenance, emergency fund) \$ _____

Total Expenses \$ _____

Total Income \$ _____

Total Expenses + \$ _____

Total Available Resources - \$ _____

Total Life Insurance Needed \$ _____

If you're not covered for at least this amount, help protect your family by increasing your coverage by applying today.

→ QUESTIONS? Visit Member Benefits at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

TERMS

FOR LIFE INSURANCE YOU SHOULD KNOW

QUALIFIED DISABILITY BENEFIT: If you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living, The Standard will pay you up to 60% of the amount of Life Insurance in force. Complete details are available in the Certificate Of Insurance.

ACCELERATED BENEFIT: If you provide satisfactory proof to The Standard that, while insured, you have been diagnosed as terminally ill with a life expectancy of less than 12 months, The Standard will pay you up to 80% of the amount of Life Insurance in force. Complete details are available in the Certificate Of Insurance.

FAMILY PROTECTION PERIOD: In the event of your passing, your Spouse/Domestic Partner and Dependent coverage may continue for two years after your passing, without further premium payments.

CONVERSION PRIVILEGES: When insurance coverage terminates for you or your dependents, conversion to an individual policy, other than Term Life Insurance, is available as described in your Certificate Of Insurance.

LEAVE OF ABSENCE OR TOTAL DISABILITY: During a Total Disability or an approved leave of absence, you may arrange to continue your coverage in the CTA Voluntary Life Insurance Plan subject to payment of the required premiums and approval by your Employer.

COVERAGE AVAILABLE UPON RETIREMENT: If you were covered under the CTA Voluntary Life Insurance Plan as an active Participant and you become a CTA-NEA Retired Lifetime Member, you may stay in the same plan and continue to receive a portion of your active Life Insurance coverage upon retirement. For information, please contact The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY).

TRAVEL ASSISTANCE: MEDEX® travel assistance provides access to 24-hour professional, medical, legal and travel assistance information and referral and coordination services whenever you travel 100 miles or more from home or when you travel in a foreign country for trips of up to 90 days.

BENEFICIARY FINANCIAL COUNSELING: Beneficiary financial support and counseling helps Beneficiaries understand their current financial situation and provides guidance in completing a financial plan. This service is also available to Participants receiving an Accelerated Benefit or Qualified Disability Benefit.

ACCIDENTAL DEATH AND DISMEMBERMENT: Voluntary Life Insurance includes AD&D benefits equal to the amount of your Life Insurance coverage (up to \$200,000) at no additional cost.

QUESTIONS

IMPORTANT QUESTIONS AND ANSWERS

WHEN CAN I ENROLL?

You can apply for coverage anytime online or by completing the enclosed forms and returning them in the postage-paid envelope. Coverage requires satisfactory proof of good health and is subject to approval by The Standard. Opportunities to enroll without proof of good health include:

During the first 120 days from new employment, CTA members have a one-time opportunity to enroll in Disability Insurance and/or up to \$200,000 of Life Insurance — without showing proof of good health.

During the first 120 days of transferring employment to a new district, CTA members have the opportunity to continue their coverage at its current level or members can enroll in Disability Insurance and/or up to \$200,000 of Life Insurance — without showing proof of good health.

Within 31 days following the date of a Family Status Change, including birth/adoption, marriage/domestic partnership, divorce/dissolution or other qualifying events, members may add or change Disability and/or Life Insurance coverage — without showing proof of good health.¹¹

There may be several other opportunities throughout the year to add or increase coverage without proof of good health, including but not limited to chapter campaigns and members transferring from another carrier. To learn more about these enrollment opportunities, visit Member Benefits at www.cta.org or call The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

WHEN WILL MY COVERAGE BECOME EFFECTIVE?

You must satisfy the Active Work requirement in the applicable group insurance policy before your Disability or Life Insurance coverage will become effective.

Disability Insurance: If you are not required to submit proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date you apply. If you are required to provide proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date The Standard approves your proof of good health.

Life Insurance: Life Insurance amounts not subject to proof of good health and for which you apply within 31 days following a Family Status Change become effective on the later of (a) the date of the Family Status Change and (b) the

first day of the calendar month coinciding with or next following the date you apply, provided the required premium contribution has been made for that month. Life Insurance amounts subject to proof of good health become effective on the first day of the calendar month coinciding with or following the date The Standard approves your proof of good health, provided the required premium contribution has been made for that month.¹²

CAN I CONTINUE COVERAGE IF I TRANSFER?

Yes, if you transfer to another Employer or to an institution whose primary purpose is research or development of public education in California. Once you transfer Employers, you can transfer your CTA Disability or Life Insurance Plans from The Standard without proof of good health if you apply during your first 120 days of employment.

AM I COVERED FOR DISABILITY WHILE ON A LEAVE OF ABSENCE?

If you take an approved leave of absence, your insurance will be continued with premium payment through the last day of the first calendar month for which you are absent from Active Work due to the leave of absence. If your coverage remains in force and subject to the terms and conditions of the Group Policy, a Disability that occurs while you are on an approved leave of absence may be covered.

IS MATERNITY LEAVE COVERED UNDER THE DISABILITY PLAN?

After your coverage is effective, maternity leave is covered as any other Disability. As an administrative claims management practice, you will be considered Disabled four weeks prior to your due date and six weeks following a vaginal delivery or eight weeks following a C-section. Medical complications that result in Disabilities outside of these guidelines will be considered based on medical records. All plan provisions, including those regarding Disability, medical necessity and Preexisting Conditions apply.

HOW DO I FILE A CLAIM?

For greater convenience, you have three options to submit claims. **Call** The Standard's dedicated CTA Customer Service Department at 800.522.0406 (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time. **Complete a form by hand** and either mail it in or fax it to 888.414.0393. **Go online to Member Benefits at www.cta.org.**

Written notice must be provided within 90 days of the date you are unable to work.

¹¹ If a previous application submitted with proof of good health was denied by The Standard, then proof of good health will be required.

¹² If a premium contribution was not made because your Employer makes payroll deductions only 10 months each year, your Life Insurance will become effective as if the premium contribution had been made. However, premium contributions must begin the next following month in which employee payroll deductions are made by your Employer.

TERMS AND EXCLUSIONS

CHANGES IN PREMIUM/TERMINATION OF THE GROUP POLICIES/MISCELLANEOUS

The Standard's Disability Insurance and Life Insurance are provided under two separate policies. The Group Policies may be terminated by The Standard or CTA according to its terms. CTA may terminate the Group Policy, in whole, and may terminate insurance for any class or any group of Participants at any time by giving The Standard written notice. The Standard may change premiums in accordance with the terms of the Group Policies.

DISABILITY INSURANCE ELIGIBILITY

Educator: You must be an active employee who (1) has an annual contract with an Employer, or the equivalent, as agreed to by The Standard and California Teachers Association (CTA); (2) is a member in good standing of CTA; (3) is a citizen or resident of the United States or Canada; and (4) is scheduled to work an average of at least 15 hours a week over a four-week period, or during your period of employment if less than four weeks.

ACTIVE WORK REQUIREMENT

All coverage is subject to an Active Work Requirement. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of Active Work as an eligible Participant.

DISABILITY INSURANCE EVIDENCE OF INSURABILITY

You are required to submit Evidence of Insurability (proof of good health, which may include a medical examination and/or a blood test) if you apply more than 120 days after you become an employee of an Employer, or if you fail to make the required premium contribution by the third month following the date you apply for insurance; if you have been eligible for insurance under the Policyholder's Group Disability plan for more than 120 days but are not insured under the plan; or for certain reinstatements.

DEFINITION OF DISABILITY

Educator: During the Benefit Waiting Period and the Usual Occupation Period you must be unable, as a result of Sickness or Injury, to perform with reasonable continuity the substantial and material acts necessary to pursue your Usual Occupation and are not working in your Usual Occupation. You are also Disabled if you are working in your Usual Occupation but, as a result of Sickness or Injury, are unable to earn 80% or more of your Indexed Regular Daily Contract Salary. Usual Occupation Period is the period for which you are eligible to receive Fully Paid Sick Leave and the following two Benefit Years.

During the Any Occupation Period you are Disabled if, as a result of Sickness or Injury, you are unable to engage with reasonable continuity in Any Occupation. You are also Disabled if you are working in an occupation but, as a result of Sickness or Injury, you are unable to engage in that occupation or Any Occupation with reasonable continuity. Any Occupation Period occurs from the end of the Usual Occupation Period to the end of the Maximum Benefit Period.

DISABILITY INSURANCE EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any Disability:

- Caused or substantially contributed to by a Preexisting Condition unless you have been continuously insured and Actively At Work for 10 Regular Days Of Required Attendance or Extra Duty Days Of Required Attendance on the date you became Disabled.

Preexisting Condition means a diagnosed mental or physical condition for which you have received medical treatment, care or services or have taken prescribed medication at any time during the 30-calendar-day period just before your insurance becomes effective.

- That starts while you are not working on a regularly scheduled basis due to layoff, leave of absence (except for regular vacation periods) or other reason.
- Due to intentionally self-inflicted injuries, committing or attempting to commit an assault or a felony, War or any act of War, declared or undeclared.
- Unless under the care of a Physician appropriate to the condition(s) causing Disability.

Physician means a licensed medical professional, diagnosing and treating individuals within the scope of the license. The term includes a legally licensed physician, dentist, optometrist, podiatrist, psychologist or chiropractor. Physician does not include you or your Spouse/Domestic Partner, or the brother, sister, parent or Child of either you or your Spouse/Domestic Partner.

- Benefits are limited for any Disability due to Mental Disorder or Substance Abuse.

Mental Disorder means those psychiatric or psychological conditions, regardless of cause, that are classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association, most current as of the start of Disability. If the DSM is discontinued or repealed, Mental Disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of Disability.

The Mental Disorder limitation will not apply to a Disability caused or substantially contributed to by dementia if the dementia is the result of: 1) stroke; 2) physical trauma; 3) Alzheimer's disease or 4) other medical conditions not listed that are not usually treated by a mental health or other qualified provider using psychotherapy, behavioral therapy, psychotropic drugs or similar methods of treatment.

Substance Abuse means your being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

For Ongoing Disability Benefits for Class 2 Employees Only:

After Fully Paid Sick Leave following 2 Benefit Years, no benefits are payable for any Disability resulting from Mental Disorder or Substance Abuse unless you are confined in a hospital or participating in a rehabilitation program approved by The Standard.

DISABILITY INSURANCE TERMINATION PROVISIONS

Your Disability Benefits and Extra Duty Pay Benefits end automatically on the earliest of the date you are no longer Disabled, the date your Maximum Benefit Period ends, the date you die, the date benefits become payable under any other group long term Disability Insurance policy under which you become insured during a period of Temporary Recovery, or the date you fail to provide proof of continued Disability and entitlement to benefit.

Disability coverage including AD&D will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
5. The first day of the calendar month following the date you cease to be a Participant. However, if you cease to be a Participant because you are not working the required minimum number of hours, your insurance will be continued during the following periods, unless it ends under 1 through 4 above:

- During the Benefit Waiting Period.
- During a leave of absence if continuation of your insurance under the Group Policy is required by a federal or state-mandated family or medical leave act or law.
- During the first 90 days of a temporary layoff.
- Through the last day of the calendar month in which you are absent from Active Work due to a labor dispute (See Strike Continuation).
- Through the last day of the first calendar month for which you are absent from Active Work due to a leave of absence.
- During a Scheduled Vacation Period.

LIFE INSURANCE ELIGIBILITY

You must be one of the following: (1) an active employee of an Employer and a member in good standing of California Teachers Association (CTA) or (2) a retired employee who (a) is a retired employee of an Employer and a CTA-NEA Retired Lifetime Member and (b) was insured under the group Policy or Prior Plan immediately prior to retirement and (c) is eligible to receive benefits under the State Teachers Retirement System (CalSTRS) or Public Employees Retirement System (CalPERS) and authorizes premium deductions.

ACTIVE WORK REQUIREMENT

All coverage is subject to an Active Work requirement. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of Active Work as an eligible Participant.

LIFE INSURANCE EVIDENCE OF INSURABILITY

Evidence of Insurability (proof of good health, which may include a medical examination and/or a blood test) is required if you apply for Life Insurance more than 120 days after you become an employee of an Employer, or fail to make the required premium contribution by the third month following the date you apply for Life Insurance; if you apply for Dependents Life Insurance more than 31 days after you become eligible for Dependents coverage under the Policyholder's Group Life Insurance plan, or you fail to make required premium contribution by the third month following the date you apply; to become insured for an amount of Life Insurance in excess of \$200,000; to become insured for an amount of Dependents Life Insurance in excess of \$17,500; to become insured for an amount greater than the amount for which you or your Dependent was insured under the Prior Plan, if insured under the Prior Plan; for any increase in Life Insurance or Dependents Life Insurance; and certain reinstatements.

LIFE INSURANCE TERMINATION PROVISIONS

Coverage for the Participant will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates, unless you are covered as a retired Participant.
4. The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
5. The first day of the calendar month following the date you cease to be Actively At Work. However, if you cease to be Actively At Work, your Life Insurance may be continued with advance written notice to us and provided premiums are paid during the following periods, unless it ends under 1 through 4 above:
 - During the first 90 days of a temporary layoff.
 - During a leave of absence if continuation of your insurance

under the Group Policy is required by a state-mandated family or medical leave act or law.

- During any other scheduled leave of absence approved by your Employer in advance and in writing, and lasting not more than 24 months.
- During the period of your service on active duty in the National Guard or the Reserves of the armed forces of the United States within the limits of the United States.

DEPENDENTS LIFE INSURANCE TERMINATION PROVISIONS

Dependents Life Insurance ends automatically on the earliest of:

1. Two years after you die (no premiums will be charged for your Dependents Life Insurance during this time). However, coverage for your Spouse/Domestic Partner will not be continued beyond the date your surviving Spouse/Domestic Partner remarries or enters a Domestic Partner relationship.
2. The date your Life Insurance ends (except as provided in 1 above).
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your Dependents Life Insurance (except as provided in 1 above).
5. For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship.
6. For any Dependent, the date the Dependent ceases to be a Dependent.
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) EXCLUSIONS AND LIMITATIONS¹³

Benefits are not payable for losses caused or contributed to by Physical Disease or Mental Disorder or Pregnancy, bacterial infections, medical or surgical treatment, War or any act of War, suicide or self-inflicted injury or the commission or attempt to commit an assault or felony. AD&D Benefits are not payable for Losses occurring more than 365 days after the accident. Losses must be caused solely by the accident.

ACCIDENTAL DEATH AND DISMEMBERMENT TERMINATION PROVISIONS

AD&D Insurance ends automatically for Participants on the earliest of:

- The date your Life Insurance ends.
- The date the last period ends for which a premium was paid for your AD&D Insurance.
- The date AD&D Insurance terminates under the Group Policy.
- The date you retire.

Dependent AD&D Insurance ends automatically on the earliest of:

- The date your Dependent Life Insurance ends.
- The date Dependent AD&D Insurance terminates under the Group Policy.
- The date the last period ends for which a premium was paid for your Dependent AD&D Insurance.
- For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship.
- For any Dependent, the date the Dependent ceases to be a Dependent.
- For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.
- The date you retire.

¹³ The Accidental Death And Dismemberment provisions described here apply to both the Group Disability and Life policies sponsored by CTA and issued by The Standard.



2 WAYS TO ENROLL

- 1 Enroll online at Member Benefits at www.cta.org
- or
- 2 Complete and return the attached forms

Complete Form A, then sign and return it in the enclosed postage-paid envelope. Complete and sign Form B if you are applying for more than \$200,000 of Life Insurance coverage or for each Dependent's Life Insurance in excess of \$17,500 (reference page 12).

Please be sure to complete the forms in their entirety to expedite processing.

REMEMBER: If you work for more than one school district, you'll need to fill out Form A for each of the districts through which you are eligible to get coverage. For instance, you'll need to fill out a Form A for each district with the hours and income specific to that district to be paid benefits on the full 40 hours of work if you become unable to work and file a claim.

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel & TTY 800.522.0406 Fax 888.414.0393

**Disability and Life Enrollment
 for CTA Endorsed Plans**

For additional information and forms go to Member Benefits at: www.cta.org

Please be sure to complete all sections that apply to ensure prompt processing of your enrollment. Sign and date the completed form and return it to The Standard at the address or fax number above.

EMPLOYEE INFORMATION * Required fields.

FIRST NAME *		MIDDLE INITIAL	LAST NAME *	
HOME MAILING ADDRESS *		CITY *		STATE * ZIP *
PRIMARY PHONE	SECONDARY PHONE	PERSONAL EMAIL ADDRESS		
DATE OF BIRTH *	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HAVE YOU HAD A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? * <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____		
SCHOOL DISTRICT * <i>Please do not abbreviate.</i>		CTA CHAPTER	JOB TITLE	
WHEN DID YOU START WORKING AT THIS SCHOOL DISTRICT? *		ARE YOU WORKING AN AVERAGE OF AT LEAST 15 HOURS PER WEEK? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
ANNUAL CONTRACT OR EQUIVALENT WITH EMPLOYER? * <input type="checkbox"/> Yes <input type="checkbox"/> No		CTA EDUCATION SUPPORT PROFESSIONAL (CTA ESP)? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, days worked per year _____	FULL TIME MEMBER OF THE ARMED FORCES? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you switching your Disability and/or Life Insurance from your current insurance company to the CTA endorsed plan? <input type="checkbox"/> Yes (Disability) <input type="checkbox"/> Yes (Life) <input type="checkbox"/> Neither For Disability : Proof you are paying premium is required. For Life : Proof you are paying premium and certificate of insurance showing amount of Life Insurance is required.				
How did you learn of this enrollment opportunity? <i>(please check one)</i> <input type="checkbox"/> Advertisement <input type="checkbox"/> CTA Web Site <input type="checkbox"/> Direct Mail <input type="checkbox"/> Enrollment Packet <input type="checkbox"/> Event <input type="checkbox"/> Newsletter <input type="checkbox"/> Personal Referral <input type="checkbox"/> Other _____				
CTA MEMBER ID	SIC USE ONLY	POLICY NO.	PARTICIPANT ID	ENROLLMENT CAMPAIGN ID

COVERAGES

Refer to the enrollment materials provided when completing this form. Coverage may be subject to Evidence of Insurability (satisfactory proof of good health) requirements. If you have questions, please call The Standard's dedicated CTA Customer Service Department at 800.522.0406 or email ctaservice@standard.com.

Disability Insurance (Select coverage below)

Disability *Gross Annual Salary (Required) \$ _____

Life Insurance (Select coverages below)

<p>Yourself</p> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$400,000	<p>Dependents (Spouse/Domestic Partner)</p> <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$37,500 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000	<p>Dependents (Spouse/Domestic Partner and Children)</p> <input type="checkbox"/> \$5,000 Number of dependent Child(ren) _____
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Please Note: The amount of Dependents Life Insurance for each dependent may not exceed 50% of your Life Insurance amount under the Group Policy.

SIGNATURE REQUIRED

I wish to make the choices indicated on this form. If electing coverage, I authorize my employer to deduct premiums from my wages to cover my cost of insurance sponsored by California Teachers Association. I understand that my employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that a copy of this form will be provided to my employer to facilitate payroll deduction for the coverages that I have elected. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard. I certify that I am a member of California Teachers Association and understand that termination of CTA membership will cancel my coverage and deductions.

I understand that Disability Insurance coverage will not pay for benefits for Disability due to any diagnosed mental or physical condition for which I have received treatment, care, services or taken prescription medication in the 30 calendar days prior to my insurance effective date unless I have worked 10 consecutive Regular Days of Required Attendance after my insurance effective date and prior to becoming Disabled.

Signature _____ Date _____



DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 3. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 2. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above.

MEMBER/EMPLOYEE INFORMATION

School District		Policy Number	Check who is Applying (One per form) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child	
Employee Name		Birthdate (Mo/Day/Year)	Date First Employed (Mo/Day/Year)	
Occupation	Annual Salary	Social Security Number	CTA Member ID	

APPLICANT INFORMATION

Applicant's Name (Person to be insured)		Street Address	City	State	Zip
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (Mo/Day/Year)	Birthplace	Social Security Number	Primary Phone ()	Secondary Phone ()

APPLICATION INFORMATION

Type of Application (*check one*) Initial Increase in Coverage Late Application

Check the insurance coverage you are requesting.

Voluntary Disability

Voluntary Life – *Choose one:* \$25,000 \$50,000 \$75,000 \$100,000 \$150,000
 \$200,000 \$250,000 \$300,000 \$350,000 \$400,000

Spouse/Domestic Partner and/or Child Life \$5,000

Spouse/Domestic Partner up to 50% of participant's Life Insurance amount – *Choose one:* \$12,500 \$25,000 \$37,500
 \$50,000 \$75,000 \$100,000

SIC USE ONLY	POLICY NO.	PARTICIPANT ID	GUARANTEE ISSUE AMOUNT	CURRENT AMOUNT IN FORCE
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MEDICAL HISTORY STATEMENT QUESTIONS

- Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.**
- Are you now unable to work full-time because of any physical or mental condition, or injury? Yes No
 - Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal ailment, or digestive system disorder? Yes No
 - Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, blindness, deafness, or any other neurological or muscle disorder? Yes No
 - Cancer, tumor, lesions, leukemia, lymphoma, blood clotting or other malignancy or growth? Yes No
 - Cardiovascular disease, heart ailment, arteriosclerosis, abnormal pulse, high blood pressure, heart murmur, valve, circulatory, or vascular disorders? Yes No
 - Emphysema, asthma, bronchitis, sleep apnea, or other respiratory or lung disease? Yes No
 - Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Disorder (HIV)? Yes No
 - Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back, or spine, arthritic or disc conditions? Yes No
 - Diabetes, thyroid, gland, spleen, or nephritis? Yes No
 - Drug or alcohol abuse, or have you used alcohol, drugs or nicotine in a manner that has resulted in medical treatment? Yes No
 - Psychiatric or mental condition, depression, adjustment disorder, affective disorder, anxiety disorder, or obsessive-compulsive disorder? Yes No
 - In the past 10 years have you had any illness or injury not listed above which resulted in the use of prescribed medication or physician visits? Yes No
 - Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? Yes No
 - Are you currently pregnant? Yes No

Height	Weight	Physician or Medical Facility with Applicant's Complete Medical Records
		Name and Full Mailing Address

Applicant Name <i>(to be completed if applying online)</i>	Social Security Number
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Describe below any “yes” answers. (Please provide the entire question number.)

Question Number	Description of Injuries, Disorders and Operations	Month/Year	Duration	Final Result	Physicians Consulted, City & State

ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION *(Please read carefully)*

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any attachments, are true and complete, to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard’s liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the Medical Information Bureau Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information obtained by authorization to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I understand The Standard may release information it has about me to the MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard’s reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and I have kept a copy of this Medical History Statement.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid one year from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard’s ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.

Signature of Applicant (or Member/Employee for Dependent Child)	Date
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Applicant Name <i>(to be completed if applying online)</i>	Social Security Number
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INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.
 Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.
 Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.
- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.



BE PREPARED WITH THE STANDARD.

Students count on CTA members like you to open their minds to all of life's possibilities. You and your loved ones can count on The Standard for the Disability and Life Insurance you deserve.



If you have any questions regarding your Disability Insurance or Life Insurance plans, log on to **Member Benefits at www.cta.org** or call The Standard's dedicated CTA Customer Service Department at **800.522.0406** (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

GP 190-LTD/\$399/CTA.1
GP 190-LIFE/\$399/CTA.3
SI 13565-CTAvol
05/10 75K

Standard Insurance Company, 1100 SW Sixth Avenue, Portland, OR 97204