



## Group Supplemental Term Life Insurance Coverage

Offered through the CCPOA Benefit Trust Fund

### GUARANTEE ISSUE PLAN

### EXCLUSIVE OFFER FOR NEWLY HIRED CCPOA MEMBERS

Sponsored by the CCPOA Benefit Trust Fund

## Developed for you, because you care about them.

You're beginning your tour of duty on the Toughest Beat in the State. The CCPOA Benefit Trust Fund wants you to know about a voluntary life insurance program developed for new CCPOA members and their families. Because if you have people who depend on you and your income, you should consider having life insurance.

Our **Guaranteed Issue Life Insurance Program** is simple. You can apply for the Guarantee Issue Life Insurance coverage in the first six months of hire. You are eligible for \$125,000 in coverage. Have a spouse? You can cover your spouse for \$12,500. Kids? Coverage is available for them as well. The best part? When you are ready, you can increase your coverage amount by applying for additional Group Supplemental Term Life Insurance through the CCPOA Benefit Trust Fund, up to \$500,000\* for your coverage at affordable rates.

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
\$125,000	6.25	7.50	8.75	11.25	17.50	27.50
SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
\$12,500	0.50	0.59	0.75	1.13	1.75	2.38
Dependent CHILDREN - MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
\$7,500	\$1.40 / per family Benefit Amount per child age 6 months – 21, or 23 if full time student. [\$750 for children from 15 days old to 6 months.]					

Rates and /or benefits may be changed on a class basis. See notice on inside page.\*

**EXCLUSION** Suicide is excluded from coverage for the first two years, whether sane or insane. If a covered person does commit suicide, New York Life will only pay an amount equal to the premium paid for coverage until the date of death. The Life Insurance Benefit is payable if a member is covered under the policy and commits suicide after the two year period.

\*The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company issued to the CCPOA Benefit Trust Fund may not exceed \$500,000 for active members, \$250,000 for their spouses.



For more information contact us:  
**CCPOA Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200  
 Sacramento, CA 95833

1-800 IN-UNIT-6



Underwritten by New York Life Insurance Company  
 51 Madison Avenue, New York, NY, 10010  
 Under Group Policy Form GMR-ER et.al,  
 NAIC Number 66915

## WHO'S ELIGIBLE?

You may apply for the CCPOA Group Guaranteed Term Life Insurance program if you are an active CCPOA member, in the first six months of employment in Bargaining Unit 6 and actively-at-work at least 30 hours per week. Members (and their spouse) must be age 55 or under. You can apply for coverage for your spouse and your dependent children (under age 21, age 23 if full time dependent student).

If you and your spouse are both active members of CCPOA in the first six months of hire, each of you may apply in your own right as a member, not solely as a spouse. If you do so, however, coverage may not be duplicated by applying as dependent spouses of each other and only one of you may request coverage for eligible children.

## CAN I GET COVERAGE OVER AGE 55?

Not from the Guarantee Issue Plan. Members (and their spouse) must be age 55 or under. Coverage up to age 75 is available through the Supplemental Term Life program for Active Members. Contact the Trust for information on this program.

## WHEN IS COVERAGE EFFECTIVE?

Your coverage will be effective the first (1st) day of the month immediately following the month for which a payroll deduction is received for the Supplemental Term Life premium, provided that you are actively at work and a CCPOA member on that date.

If you choose to cover your dependents, their insurance will begin on the date you become covered, or the first month following approval of your application to cover a dependent, whichever date is later, subject to deduction of the required premium.

**Notice:** The premiums shown reflect the current rates and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

## ERISA DISCLAIMER:

Please be aware that, depending on your circumstances and the product(s) you select, your group benefits plan may be subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

You should consult your tax and legal advisors regarding the applicability of ERISA to any arrangements addressed in this material. New York Life, its subsidiaries, agents, and employees do not provide legal, tax, or ERISA advice.

The tax consequences of benefits paid under this policy may depend on whether the employee pays for the coverage and to what extent the coverage is paid for on a pre- or post-tax basis, among other factors. Certain requirements apply to coverage offered under "cafeteria plans" subject to IRS sec. 125, including minimum eligibility and participation requirements. You should discuss with your tax advisor the consequences of buying this policy, including whether premium payments are deductible, the taxability of benefits; and whether you have met all applicable tax requirements. New York Life Insurance Company, its employees, agents, and affiliates cannot provide tax advice.

*This brochure is intended to describe only principle features of the Group Supplemental Term Life Insurance Plan offered through the CCPOA Benefit Trust Fund and is not a contract. A complete description including features, limitations, exclusions, rates and conditions is contained in the Certificate of Insurance issued to each plan participant. If there is a conflict between any of the described benefits, the Summary Program Description/Plan documents or certificates control and will apply. This plan is underwritten by New York Life Insurance Company under Group Policy G-29307-0/FACE on Policy Form GMR – ER et.al. New York Life NAIC number 66915 Effective Date: August 2016*

**Deferred Effective Date:** If you are not Actively-at-Work on the date you are to be covered under the Policy, you (and your spouse/dependents) will not be covered until the date you return to work as a correctional peace officer in the State of California.

## CAN I INCREASE COVERAGE LATER?

Yes! Contact the Trust, and ask for the full Group Supplemental Term Life application. You have coverage options that goes up to \$500,000, and \$50,000 for your spouse, with full medical underwriting.

## COVERAGE

Benefits are paid for a death occurring at any time, any place,\* from any cause, except suicide in the first two years of coverage.

\*Subject to U.S. Government regulations on restricted countries.

## WHEN DOES COVERAGE END?

Your coverage under this plan will terminate on:

- The date the policy is cancelled; or
- The Premium Due Date on or nearest the date you cease to be a dues paying member of the CCPOA; or
- The Premium payment is not made on the Due Date.

Your dependents' coverage remains in force as long as your coverage remains in effect, premiums are paid when due, and they remain eligible dependents. An eligible spouse cannot be legally separated or divorced from the insured person.





CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

**STL New Officers Only**  
**GROUP SUPPLEMENTAL TERM LIFE INSURANCE**  
**Guarantee Issue Plan**



**Please complete and return this form to the Benefit Trust Fund**

Request for Group Insurance from:  
New York Life Insurance Company  
51 Madison Avenue, New York, NY, 10010

Please Print Use Dark Ink Do Not Erase Initial All Changes.				Office Use:
Policyholder and Participating Organizations: <b>CCPOA Benefit Trust Fund</b>		Policy No. <b>G29307</b>	Height: Ft _____ In _____ Weight: _____ lb	
CCPOA Members Name (First, Middle Initial, Last)		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street:		Phone No.:	Last 4 of SSN:	
City:		State:	Zip:	
Proposed Insured's Occupation and Facility:				
Beneficiary – Print full name & relationship to you				
Name (Primary):		Relationship:		
Beneficiary Address:			Beneficiary SSN:	
Name (Contingent):		Relationship:		
Beneficiary Address:			Beneficiary SSN:	
Guarantee Issue Supplemental Term Life – Indicate N/A if Dependent Coverage is not desired				
Member Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Benefit Amount: <b>\$125,000</b>	Monthly Premium:
Spouse Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>\$12,500</b>	
Children:	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	<b>\$1.40 per family/ per month</b>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	
Hire Date:			<b>Total Premium:</b>	

Note: If you are covered as a member, you cannot be covered as a dependent of another member.

G-29307-0

GMA-GI

9/01ed - 4/2012

Please check "Yes" or "No"

Member:  YES  NO

By applying for this insurance, do you intend to replace, discontinue, or change an existing policy of life insurance?

Spouse:  YES  NO

Do you have other life insurance in force?

Member: \$ \_\_\_\_\_

If "Yes" total amount in all companies:

Spouse: \$ \_\_\_\_\_

Do you have other insurance applications pending?

Member: \$ \_\_\_\_\_

If "Yes" indicate amount and company.

Company: \_\_\_\_\_

Spouse: \$ \_\_\_\_\_

Company: \_\_\_\_\_

**FRAUD NOTICE** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

I have read and understand the conditions and exclusions of this group term life insurance plan. I understand that my coverage will be effective the first day of the month immediately following the month for which a payroll deduction is received for the Supplemental Term Life premium, provided that I am actively at work and a CCPOA member on that date. I also understand that the coverage afforded will be guaranteed issue to me based on the statements I have set forth.

**NAMING YOUR BENEFICIARY**

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. When naming your beneficiary(ies) please include their full name, address, relationship to you, and if a minor, the age of that minor. If the beneficiary is not related to you either by blood or marriage, insert the words "Not Related." The beneficiary box is on the front of this form. If you need assistance, contact the Trust at 1-800-In-Unit-6.

*Following are examples of the most common designations:*

- Mary J. Doe, Wife. (not Mrs. John Doe)
- Mary J. Doe, Wife, if living, otherwise to Joe W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joe W. Doe, Son, in equal shares, or to the survivor.
- Estate of the Insured.
- If you name more than one beneficiary with unequal share, please show the amount of insurance to be paid to each beneficiary in fractional parts. For example: "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife".

By signing and dating this application, I and my spouse/domestic partner (if proposed for insurance), request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and to the best of my knowledge and belief, the answers to the questions are true and complete. I understand the principal sum automatically reduces based on the schedule in my Certificate of Insurance and that the premium is payroll deducted.

Member Signature	Date
Spouse Signature (if enrolling)	Date