

# GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



## CCPOA Benefit Trust Fund

Helping you prepare for the unexpected.



Effective July 2020

# GROUP ACCIDENTAL DEATH &

## What Is It?

AD&D helps bridge the financial gap that occurs when a breadwinner meets accidental death, or an accident results in loss of sight or loss of limbs. In addition, it provides financial assistance to train or retrain you or a loved one for a new career.

## Who Can Apply?

Rank and file; Supervisor; Retired

## What Does It Cover?

AD&D pays a dollar amount on accidental death or loss of limbs. (*See chart.*) Additional benefits include an education benefit for a surviving spouse, funds to help with day-care for young children and funds for adaptive home and vehicle alterations.

## How Does It Work?

You pick an amount of coverage to buy (Principal Sum.) Your monthly payment remains constant, but the amount of coverage does reduce as you age. When a claim is paid-out it is based on a percentage of the Principal Sum, the type of injury, and your age.

### 30-DAY FREE LOOK

If you are not completely satisfied with the terms of your Certificate of Insurance you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund - no questions asked.

# DISMEMBERMENT INSURANCE

## What Does It Cost?

Select your Principal Sum from the following table:

rank & file		supervisor		retired	
CURRENT MONTHLY COST VIA PAYROLL DEDUCTIONS			MONTHLY COST VIA RETIREMENT BENEFIT DEDUCTIONS		
Principal Sum	Member Only	Family Plan	Member Only	Family Plan	
25,000	1.25	1.50	1.60	2.13	
50,000	2.50	3.00	3.19	4.25	
75,000	3.75	4.50	4.79	6.38	
100,000	5.00	6.00	6.38	8.50	
125,000	6.25	7.50			
150,000	7.50	9.00			
175,000	8.75	10.50			
200,000	10.00	12.00			
225,000	11.25	13.50			
250,000	12.50	15.00			

Rates and/or benefits may be changed. The premiums shown reflect the current rates (as of January 1, 2020) 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. Rates shown are deducted from your CalPERS retirement benefit. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

# Who is eligible to enroll?

rank & file	supervisor	retired
All active full-time CCPOA members are eligible.		CCPOA Retired Chapter dues paying member
Your spouse under age 69 and unmarried dependent children under age 21.		Your spouse under age 75 and unmarried dependent children under age 21.
Unmarried children who are full-time students and primarily dependent on you for support are also eligible to age 23.		Unmarried children who are full time students and primarily dependent on you for support are also eligible to age 23.
Note: If you are covered as a member, you cannot be covered as a dependent of another member.		

# When am I covered?

You are covered 24 hours a day. Anywhere in the world.\* On the job or at home. And benefits are payable in addition to any other insurance you have.

rank & file	supervisor	retired
Your coverage will be effective (subject to approval of your application by the CCPOA Benefit Trust Fund and New York Life), upon the first (1st) day of the next calendar month immediately following the month for which a payroll deduction is made for the AD&D premium, provided that you are actively at work and a CCPOA member on that date.		Retired CCPOA members (and new retired members) enjoy a continuous open enrollment period. If your application is received before the 3rd of the current month, your coverage will become effective on the first day of the month immediately following the pay period from which the first premium deduction is taken from your CalPERS retirement benefit.
If you are not actively working, or a CCPOA member when coverage would normally take effect, the effective date will be deferred until you return to active full-time work and/or become a CCPOA member.		
Note: you do not receive temporary or conditional insurance just because you submit an application.		

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

# Can I change my coverage once I've enrolled?

Yes — by simply completing a new enrollment card. This change will become effective on the first of the month on or following the pay period from which the first premium deduction is made.

# If I retire, can I still keep my coverage?

Yes — there is a Retiree AD&D program available to CCPOA Retiree Chapter members.

You must request a Retired AD&D application from the Trust, and pay the initial premium within 31 days of the date this coverage terminates. If you are no longer a member of the CCPOA you cannot continue your coverage and it will be terminated.

*Contact the CCPOA Benefit Trust Fund for details.*

## Additional Benefits for Active & Retired

### Spouse Education Benefit

If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the plan will pay your spouse an Education Benefit. This benefit will be the lesser of 5% of your Principal Sum, or, the maximum amount of \$5,000.00.

To qualify for this benefit, your spouse must enroll in an Occupational Training Program for the purpose of earning an independent income. Enrollment must take place within one year of your death, and expenses must be incurred within two years of your death.

If the Principal Sum is payable because of your death, and no covered spouse survives, the plan will pay the minimum amount of \$1,000.00, according to the terms of the beneficiary section.

Expenses incurred means actual tuition charged and cost of materials required for the Occupational Training Program. It does not include room and board.

Occupational Training Program means any education, professional, or trade training which prepares your spouse for an occupation for which he or she would not otherwise qualify.

### Common Disaster Benefit

If you and your spouse die as a result of injuries received in the same accident and a Principal Sum is payable under the Accidental and Dismemberment Benefit for each death, the benefit for your spouse will be increased to equal the lesser of your Principal Sum or an amount which, when added to your Principal Sum, equals \$300,00 for Active and \$200,000 for Retired members.

The total limit of liability for any one person for all losses due to the same accident will not be more than the Principal Sum.

# What Does It Pay?

In addition to your own coverage, family coverage provides the following insurance for your dependents:

<b>Death Benefit Coverage</b>		
<b>rank &amp; file</b>	<b>retired</b>	<b>Retired</b>
<b>Member</b>	<b>100%</b> Principal sum	<b>100%</b> Principal sum
<b>Spouse</b>	<b>60%</b> of Principal Sum (if NO children) <b>50%</b> of Principal Sum (if children)	<b>50%</b> of Principal Sum (if NO children) <b>40%</b> of Principal Sum (if children)
<b>Child</b>	<b>15%</b> of Principal Sum (if spouse) <b>20%</b> of Principal Sum (if NO spouse)	<b>10%</b> of Principal Sum (if spouse) <b>15%</b> of Principal Sum (if NO spouse)
Children must be unmarried under age 21 (23 if full time student).		
<b>Dismemberment Benefit Coverage</b>		
<b>rank &amp; file</b>	<b>retired</b>	<b>Retired</b>
If an injury results in any of the following losses 365 days after the accident, the plan will pay the following.		
Life Both hands or Both Feet or Sight of Both Eyes One Hand and One Foot Speech and Hearing Either Hand or Foot and Sight of One Eye Movement of Both Upper and Lower Limbs (Quadriplegia)		<b>100%</b> of the Principal Sum
Movement of Both Lower Limbs (Paraplegia)		<b>75%</b> of the Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia) Either Hand or Foot Sight of One Eye Speech or Hearing		<b>50%</b> of The Principal Sum
Thumb and Index finger of Either Hand		<b>25%</b> of The Principal Sum
The total limit of liability for any one person for all losses due to the same accident will not be more than the Principal Sum.		

Request for Group  
Insurance from:

## Group Accidental Death And Dismemberment Insurance

Retired

Underwritten by: New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010  
Offered through CCPQA Benefit Trust Fund 1-800-468-6486

Mail completed  
form to:  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

I hereby apply for and authorize CalPERS to deduct from my retirement benefit the necessary deductions for the premium to pay for Accidental Death and Dismemberment Insurance under the terms of the Master Policy as follows. I understand that there are benefit reductions at attainment of certain ages. (See the brochure for more information.)

Full Name (print):	Birthdate:	SSN (Last 4):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	ZIP:
Phone:	E-mail:		
Beneficiary:	Relationship:	Beneficiary SSN:	
Beneficiary Address:		Amount of Principal Sum: See Price List \$	Monthly Premium: See Price List \$
Dependent:	Relationship:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent:	Relationship:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Plan Selection (Check One)

Member Only

Family Plan\*

Amount of Insurance - Spouse and Children covered *only* if Family Plan is checked

Member

Spouse

Each Child

100% of Principal Sum

50% of Principal Sum (if NO children)

100% of Principal Sum (if parent)

Request for Group  
Insurance from:

## Group Accidental Death And Dismemberment Insurance

Active

Underwritten by: New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010  
Offered through CCPOA Benefit Trust Fund 1-800-468-6486

Mail completed  
form to:  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

**I hereby apply for and authorize the necessary salary deductions for the premium to pay for Accidental Death and Dismemberment insurance under the terms of the Master Policy as follows:**

Full Name (print):	Birthdate:	SSN (Last 4):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	ZIP:
Phone:	E-mail:	Occupation or Position:	
Beneficiary:	Relationship:	Beneficiary SSN:	Beneficiary Occupation:
Beneficiary Address:		Amount of Principal Sum: See Price List \$	Monthly Premium: See Price List \$
Dependent:	Relationship:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent:	Relationship:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Plan Selection (Check One)**

**Member Only**

**Family Plan\***

**Member**  
100% of Principal Sum

**Spouse**  
60% of Principal Sum (if NO children)

**Each Child**  
15% of Principal Sum (if enroute)



\* Applicant will be Spouse's and Dependent's beneficiary

100% of Principal Sum

50% of Principal Sum (if children)

20% of Principal Sum (if NO spouse)

**Is spouse an Active or Retired CCPOA Member? Check box:**  Yes *or*  No **Note:** If you are covered as a member, you cannot be covered as a dependent of another member.

I hereby enroll in the Accidental Death and Dismemberment Program, underwritten by New York Life Insurance and offered through the CCPOA Benefit Trust Fund. I have read and understand the conditions and exclusions of the program. I understand that my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my first premium payment.

**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.

By signing and dating this application, I request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and that 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.

**Signature of Applicant:**

**X**

**Date of Application:**

Policy Number: G-29312-0 GMA-GI

9/09ed

**ACTIVE**

**Remove this application, fill out and return to the Trust. CCPOA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235**

\*Applicant will be Spouse's and Dependent's beneficiary

100% of Principal Sum

50% of Principal Sum (if NO children)  
40% of Principal Sum (if children)

10% of Principal Sum (if spouse)  
15% of Principal Sum (if NO spouse)

**Is spouse an Active or Retired CCPQA Member? Check box:**  **Yes** *or*  **No** *Note: If you are covered as a member, you cannot be covered as a dependent of another member.*

I hereby enroll in the Accidental Death and Dismemberment Program, underwritten by New York Life Insurance and offered through the CCPQA Benefit Trust Fund. I have read and understand the conditions and exclusions of the program. I understand that my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my first premium payment.

**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.

By signing and dating this application, I request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and that 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.

**Signature of Applicant:**

**X**

**Date of Application:**

Policy Number: G-29313-0 GMA-GI

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# RETIRED

Remove this application, fill out and return to the Trust. CCPQA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235

## Active Accidental Death and Dismemberment

PRINCIPAL SUM	MEMBER ONLY	FAMILY PLAN
25,000	1.25	1.50
50,000	2.50	3.00
75,000	3.75	4.50
100,000	5.00	6.00
125,000	6.25	7.50
150,000	7.50	9.00
175,000	8.75	10.50
200,000	10.00	12.00
225,000	11.25	13.50
250,000	12.50	15.00

Benefit option amounts are subject to change by agreement between New York Life and the CCPOA BTF Trustees.

## Retired Accidental Death and Dismemberment

PRINCIPAL SUM	MEMBER ONLY	FAMILY PLAN
\$25,000	\$1.60	\$2.13
50,000	3.19	4.25
75,000	4.79	6.38
100,000	6.38	8.50

Rates and/or benefits may be changed. The premiums shown reflect the current rates (as of January 1, 2020) 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. Rates shown are deducted from your CalPERS retirement benefit. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

# AD&D Benefit Highlights: Active Members

## Education

If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the program will pay the following:

### Student Education Benefit

This benefit is payable every year in which the student meets the criteria (up to \$10,000 per year for four years), provided the dependent submits proof of his or her student status each year.

Pays lesser of 5% of your Principal Sum or the maximum amount of \$10,000. The student must show proof that, on the date of your death, he or she was a covered dependent and:

- A full-time, post-high school student in a school for higher learning, or
- A student in 12th grade and will be a full-time, post-high school student in a school for higher learning within 365 days.

If an Education Benefit would be payable, but no person qualifies as a student, the plan will pay the minimum amount of \$1,000, according to the terms of the beneficiary section

### Spouse Education Benefit

To qualify for this benefit, your spouse must simply enroll in an Occupational Training Program for the purpose of earning an independent income.

Enrollment must take place within one year of your death, and expenses be incurred within two years of your death.

Pays the lesser of 5% of your Principal Sum or, Expense Incurred for Occupational Training or, the maximum amount of \$5,000.

If the Principal Sum is payable because of your death, and no covered spouse survives, the program will pay the minimum amount of \$1,000, according to the term of the beneficiary section.

### Expense Incurred

means actual tuition charged and cost of materials required for the Occupational Training Program — not including room and board.

**Occupational Training Program** means any education, professional or trade training which prepares your spouse for an occupation for which he or she would not otherwise qualify.

## Day Care

If your dependents are covered under the family plan and you die, and the Principal Sum is payable, the program will pay a Day Care Benefit to each eligible dependent.

**The Day Care Benefit** — The lesser of 5% of your Principal Sum or the maximum amount of \$40,000.

To receive this benefit, an eligible dependent must be:

- Under age 13 and:
- Be enrolled in a licensed Child Care Program at time of death, or
- Will be attending such a program within 365 days.

This benefit is payable every year (up to \$10,000 per year for four years), provided the dependent child continues to be enrolled in child care and is under age 13.

If a Day Care Benefit would be payable, but no person qualifies as an eligible dependent, the program will pay the minimum amount of \$1,000, according to the terms of the beneficiary section.

## Common Disaster

If you and your spouse die as a result of injuries received in the same accident, and a Principal Sum is payable under the AD&D Benefit for each death, the spouse benefit amount will be increased to an amount that equals the lesser of: (a) the Insured Employee's Principal Sum; (b) or an amount which, if added to the Insured Employee's Principal Sum, would equal \$300,000. The maximum additional benefit increase possible is \$200,000.

## Coma

If you or your covered dependent become comatose within 31 days of a covered accident and remain continuously comatose beyond the Waiting Period of 31 days, the plan will pay 1% of the Comatose Maximum Benefit Amount for each month you or your covered dependent remains in a coma.

Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the policy for injury.

**Coma** means complete and continuous unconsciousness and inability to respond to external or internal stimuli.

# AD&D Benefit Highlights: Active Members

## Adaptive Home and Vehicle

If you or your covered dependents suffer a loss other than death and a Principal Sum is payable, the program will pay the lesser of:

- 2.5% of yours or your covered dependent's Principal Sum
- The actual costs; or
- \$2,500 for the one-time cost of alterations incurred within two years from the date of the accident to you or your covered dependents to principal residence, and/or private automobile; to make the residence accessible or the private automobile drivable for you or your covered dependents.

This benefit will be payable only if:

- Such home alterations are made by a person or persons with experience in such alterations and recommended by a recognized organization associated with the Injury, and/or
- Such vehicle modifications are carried out by a person or persons with experience in such matters and approved by the Motor Vehicle Department.

**Private Automobile** means a four-wheeled, private passenger car, station wagon, pick-up truck, van or jeep-type automobile which is not being used as a Common Carrier.

**Common Carrier** means a conveyance operated by a concern, other than the Policy holder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

## Seat Belt

If you or your dependents suffer a loss payable under the AD&D benefit, the program will pay an additional benefit of 10% of the Principal Sum, to a maximum of \$10,000.

The injury must have occurred while you were a passenger in or the licensed operator of a registered automobile who was not intoxicated, impaired or under the influence of alcohol or drugs.; and occurred while wearing a Seat Belt, as verified in the police accident report.

**Seat Belt** means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the automobile.

## At Work Accidental Death

New York Life will pay an additional \$25,000 benefit if an insured's death is a Covered Loss resulting from an injury that occurred while at full-time work.

**Actively-at-work** means you are performing all the regular duties of your occupation on a full-time basis at your regular place of employment or while on a Business Trip. Actively-at-Work does not include everyday travel to and from work.

**Business Trip** means a bonafide trip while on assignment at the direction of your employer for the purpose of furthering the business of your employer: a) which begins when you leave your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and b) which ends when you return to your residence or place of regular employment, whichever first occurs.

## Repatriation

If you or your covered dependent dies outside your state of permanent residence, and the Principal Sum is payable, the plan will pay a Repatriation Benefit. This benefit will be the lesser of 5% of your Principal Sum or \$5,000.

## Line-Of-Duty Death Benefit

Member - If you are killed while at work, New York Life will pay an additional \$125,000 benefit if an INSURED EMPLOYEE'S death is a Covered Loss and occurs while he or she is performing the duties of his or her occupation

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

# Plan Legalities

## Reductions Due to Age

Your Principal Sum automatically reduces on the Premium Due Date or on the next following date you attain the age indicated below:

### Insured Person's Age & Percentage of Principal Sum

ACT	Age 70-74	Age 75-79	Age 80-84	Age 85 or over
	65%	45%	35%	15%
RET	Age 70-74	Age 75-79	Age 80-84	Age 85 or over
	65%	45%	30%	15%

Premiums do not reduce.

## Are There Any Exclusions?

**Yes.** Loss caused by any of the following events, among others, is not covered:

- Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or undeclared;
- Injury sustained while in the armed forces of any country or international authority;
- Injury sustained while riding on any aircraft except a civil or public aircraft, or military transport aircraft;
- Injury sustained while riding on any aircraft: a) as a pilot, crew member or student pilot; b) as a flight instructor or examiner; or c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy;
- Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.
- Injury related to any medical, dental or surgical treatment unrelated to the accident which would otherwise entitle the covered person to benefits.

# Coverage Termination

*Coverage can be terminated as follows:*

- On the date the policy is terminated.
- On the premium due date or on the next following date you are no longer an eligible person, or fail to pay premiums.
- If you cease to be a CCPOA member.
- Coverage for eligible dependents will terminate on the premium due date following the earlier of:
  - The date you cease to be insured, or
  - The date your dependent is no longer eligible.

## **Who Will Be The Beneficiary?**

Benefits for loss of life will be paid to the beneficiary you have designated. If you have not designated a beneficiary, the life benefit will be paid out according to state law. Benefits for loss other than life will be paid to you. All dependent benefits will be paid to you.

## **Choosing a Beneficiary**

Be sure to review and update your beneficiary information as needed. If you have not designated a beneficiary, the life benefit will be paid in equal shares to the first of your survivors in the following order: Spouse, Children, Parents, Siblings. If there are no survivors in these classes, payment will be made to your estate. Benefits for loss other than life will be paid to you, and all dependent benefits are payable to you.

## **Information About Choosing a Minor Beneficiary.**

If at the insured's death, the named beneficiary of this insurance is a minor, the laws of most states require that a parent or guardian of the minors' estate be appointed to receive the proceeds for the minor. Of course, the legal requirements of each state differ, and in some cases, New York Life may be permitted to pay nominal amounts directly to the minor beneficiary; but, as a general rule, we will require the appointment of a guardian in these situations.

We are giving you this information so that you will be aware of the delay in claims payment which may result from the need to have a guardian appointed.

If you have any question about the propriety of naming a minor as beneficiary of this insurance, you should consult

**We've Got You Covered.**

**1-800-In-Unit-6**

**1-800-468-6486**



**CCPOA  
Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

**[www.ccpoabtf.org](http://www.ccpoabtf.org)**



New York Life Insurance Company  
51 Madison Avenue, New York, NY, 10010  
NAIC Number 66915

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 rates 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. Rates shown are payroll deducted. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

These pages are intended to describe only principal features of the Group Accidental Death & Dismemberment Insurance 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 G29312-0/FACE on Policy Form GMR – ER et.al and for Retirees, Group Policy G-29313-0/FACE on Policy Form GMR