

GOLD SHIELD

DISABILITY BENEFIT PLAN



CCPOA Benefit Trust Fund

Disability Coverage,
When Sick Leave Isn't Enough



Effective June 1, 2021

DISABILITY BENEFIT PLAN

You have a challenging job – one with more than your fair share of risk.

To protect you and your loved ones, the CCPOA Benefit Trust Fund offers the Disability Benefit Plan – a plan that helps you meet basic living expenses while you are unable to work.

COMMONLY ASKED QUESTIONS

Who is eligible to enroll?

You are! All active full-time permanent employees and Permanent Intermittent Employees (PIEs) who are members in good standing with CCPOA are eligible to apply. This includes rank-and-file members, supervisors and managers.

Please Note: An applicant may be denied coverage in the Disability Benefit Plan based on prior medical conditions. There is a 2-year exclusion for pre-existing conditions (certain conditions may be subject to longer exclusion periods).

What does the Plan cover?

The Disability Benefit Plan provides benefits if you are unable to work due to a disability that is covered under the Plan (not all disabilities are covered under the plan).

Am I covered at home and work?

Yes. Gold Shield provides you with “on-the-job” and “off-the-job” disability coverage.



Will my benefits equal my full paycheck?

No. Gold Shield members with non-occupational disabilities will receive a benefit equal to 67% of your base salary (when combined with other disability income for qualified non-occupational disabilities) up to the maximum benefit of \$6,000 per month.

After 24 months, if you are severely disabled (cannot perform two or more Activities of Daily Living (ADLs) your benefit will increase to 75%. However, if not, the benefit will remain at 67% if, after the second year you are unable to work at any type of employment.

How quickly can I start using the plan after I complete enrollment?

You are able to use the plan immediately after you successfully complete enrollment. However, there is a waiting period (called an “elimination period”) before benefits begin.

With Gold Shield, benefits begin after 30 consecutive calendar days from the date you are certified as disabled. (Pre-existing condition limitations apply).

Do I have to use my sick leave?

Yes. If at the end of your elimination period (i.e. the beginning of your coverage period) you still have sick leave or Catastrophic Time Bank (CTB) credits left, the plan works like this:

- you would receive the minimum Disability Benefit each month in addition to your full pay provided by your sick leave or CTB.
- When these credits are gone, your full Disability Benefit kicks in—paying 67% of your base pay—up to \$6,000 for Gold Shield.
- Gold Shield works in addition to any other disability coverage you may have (such as Triada), to create additional income.

KEY BENEFITS

Coverage Level

Gold Shield** provides up to 67%* of your base pay or \$6,000 per month (whichever is lower) for injuries during the coverage period.

Affordable

The **Gold Shield** premium is \$55 per month.

24 Month Coverage Period

This applies to both occupational and non-occupational disabilities under Silver and Gold Shield.

Under Gold Shield, your coverage may extend up to age 65 if your non-occupational disability prevents you from working any job.

Premium Waiver

You pay no premium for the duration of your disability under the Gold Shield plan once you have been disabled for 60 days.

No Age-Related Premiums

Age is not an issue. Whether you are 21 or 65, you pay the same amount.

Benefits are contingent upon satisfying all requirements of the Plan document.

*These benefits are offset under the Plan by certain other income benefits. Minimum monthly benefit of \$300 applies to disabilities occurring after January 1, 2018

**Gold Shield provides a 75% benefit if the injury or illness is so severe that after 24 months of benefits, you cannot perform two basic Activities of Daily Living (includes bathing, dressing, toileting, transferring, continence and feeding) – for non-occupational disabilities. Some medical conditions can result in an application being denied and there are limitations for pre-existing conditions.

Enhances Disability Leave Benefits

Allows you to supplement your base pay if you are on Industrial Disability Leave (IDL) or Enhanced Industrial Disability Leave (EIDL), by paying a minimum benefit of \$300* per month under Gold Shield.

Helps while your Workers' Comp benefits are pending

Participants are provided with an *Additional Provisional Benefit (APB)*, above the basic minimum monthly benefit, while your Workers' Comp case is pending.

If you win your case, the Workers' Compensation Appeals Board will award you a back-pay benefit. You use this money to repay the APB, while still keeping each month's minimum benefit. If you lose your case, and you are otherwise eligible for benefits, you keep every dime.

Disability Plans are made to supplement your other existing coverages.

This means that Worker's Comp or NDI will not be your only source of income.

BENEFITS

COVERAGE FOR NON-OCCUPATIONAL DISABILITIES*	67% of base pay up
COVERAGE FOR OCCUPATIONAL DISABILITIES*	A minimum benefit State. Provided only
ELIMINATION PERIOD	30 consecutive calendar
MAXIMUM BENEFIT PERIOD	Up to 24 months for if disabled from work Up to 24 months for
COORDINATION WITH CTB, NDI, ENDI, SICK LEAVE AND OTHER BENEFITS	Coordinates with in leave, and any other by Standard or AFL pay, except that the less than \$300* per
PREMIUM WAIVER***	Your monthly premi calendar days
SURVIVING DEPENDANT BENEFIT	Six months of conti
PREMIUM	\$55 per month

1. Industrial Disability Leave 2. Enhanced Industrial Disability Leave 3. Non-Industrial Disability
6. Temporary Disability 7. Permanent Disability

* These benefits are offset under the Plan by certain other income benefits. Minimum monthly be

** Gold Shield provides a 75% benefit if the injury or illness is so severe that after 24 months of l
(including bathing, dressing, toileting, transferring, continence and feeding), for non-occupatio

*** Premium Waivers are effective only after the "elimination period" of the policy has been met and
After being certified disabled, you must wait 30 consecutive days for Gold Shield benefits.

This is a brief summary of the benefits provided through the C
detailed and exact explanation of benefits, please see the Sum
brochure and the official Plan documents, the official Plan doc

GOLD SHIELD



up to \$6,000 per month (whichever is lower) **

of \$300* per month in addition to your IDL¹ or EIDL² payments from the
y under Gold Shield (complete)

endar days

non-occupational injury or illness. Up to age 65 for non-occupational disabilities
ing any occupation.

occupational injury or illness

come you are eligible to receive under NDI³, CTB⁴, ENDI⁵, TD⁶, PD⁷, Sick
r individual or group disability benefits (for example: disability insurance
AC) to provide a combined total monthly benefit of up to 67% of your base
e combined Trust benefits will in no event exceed \$6,000 per month or be
r month

um will be waived once you have been certified disabled for 60 consecutive

ued monthly benefits

ty Insurance 4. Catastrophic Time Bank 5. Enhanced Non-Industrial Disability Insurance

enefit of \$300 applies to disabilities occurring after January 1, 2018

benefits, you cannot perform two basic Activities of Daily Living
onal disabilities, otherwise benefit remains at 67%.

nd for covered disabilities only.

CPOA Benefit Trust Fund's Disability Benefit Plan. For a more
nary Plan Description. If there is a conflict between this
cuments will govern.

Only For New Officers

Gold Shield Plan has a special for New Officers! Sign-up within 90 days of graduation, and your first 12 months is 50% off the regular price!

Coverage is \$27.50/month for all new graduating cadets.

Beneficiary Designation – The beneficiary designation form for this plan is included in the Claim Forms Packet provided from the Trust when you need to file a claim.

Help while your Workers' Comp benefits are pending

Gold Shield provides you with an Additional Provisional Benefit (APB), equal to a percentage of your income, while your case is processing. If you win your case, you'll receive a back-pay award for the Workers' Compensation benefit, which you would use to repay the APB (while still keeping each month's minimum benefit).

If you lose your case and you are otherwise eligible for benefits, you keep every dime.



**Time off
work isn't
always a
vacation.**

Apply Today.

We've Got You Covered.
1-800-In-Unit-6

1-800-468-6486



CCPOA
Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
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www.ccpoabtf.org

The Disability Benefit Plan is governed by the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Please read the Disability Benefit Summary Plan Description for more information about the Plan and your rights under ERISA.

Application CCPOA Disability Benefit Plan

Active

Full Name (print): _____ Birthdate: _____ SSN (Last 4): _____ Sex: Male Female

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Graduation Date (New Officer Only): _____

E-mail: _____

Height: _____ Weight: _____

Plan Selection of current monthly rate All Rates effective 07/01/2019
 GOLD SHIELD \$55.00/mo

New Officer Special Offer
\$27.50/mo 1st year Gold Shield

Date of Graduation: (Must be within 90 days to qualify)

Please explain all of the "YES" answers checked, except "K" (including dates).
If necessary, use additional paper.
 The falsity or lack of completeness of any statement made on this application shall be sufficient reason for the denial, suspension or termination of benefits under this program.

"I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until canceled by me or by CCPOA Benefit Trust Fund. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization."

AUTHORIZATION: I understand that I will be required to sign a release of medical information provided to me by the Trust Office to determine eligibility for participation in and/or benefits under the Disability Benefit Plan. If my application for participation in the Disability Benefit Program is approved my signature serves as my express written authorization of payroll deductions for the coverage I have elected at the rate in force until I notify the Trust in writing to discontinue deductions, or otherwise cease to be eligible to participate.

Signature of Applicant: X

IN THE PAST 5 YEARS has there existed, or have you been treated for or told by a physician or practitioner that you have conditions implicating any of the following:

	YES	NO	YES	NO
A. The brain, nervous system, epilepsy, Parkinson's disease, stroke, mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>	F. The endocrine system including diabetes, thyroid or adrenal disorders?	<input type="checkbox"/>
B. The respiratory system including tuberculosis, emphysema or COPD?	<input type="checkbox"/>	<input type="checkbox"/>	G. Cancer; tumor; Hodgkin's disease, leukemia, muscle disorders including Muscular Dystrophy or Multiple Sclerosis?	<input type="checkbox"/>
C. The heart, heart attack, heart murmur, blood, anemia, high blood pressure, rheumatic fever or vascular disease?	<input type="checkbox"/>	<input type="checkbox"/>	H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?	<input type="checkbox"/>
D. The gastrointestinal tracts, stomach, gall bladder, liver, hepatitis or pancreas disorders?	<input type="checkbox"/>	<input type="checkbox"/>	I. Bone Disease or bone injuries including fractures?	<input type="checkbox"/>
E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids?	<input type="checkbox"/>	<input type="checkbox"/>	J. Any injury, disease, condition or abnormality not mentioned above?	<input type="checkbox"/>
K. Are you actively working within the duties of your occupation?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ACTIVE

Date of Application:

Accidents Happen. Bankruptcy Doesn't Need To.

Enroll in Gold Shield Today.

Fill out the application on the other side,
and return to the Trust.

