California Law Enforcement Association

CLEA Sworn Long Term Disability

CA/FOP Enhanced Individual Plan Application

Send your completed application using one of these convenient options:
Scan and email: accounting@clea.org or Mail: CLEA 255 Scottsville Blvd, Jackson, CA 95642

Last Name	First Name	M.I.	Birth Date / /	Social Sec. No.

Mailing Address	Employment Date / /

City	State	Zip Code	Phone ( )

Employment Designation ☐ Sworn	Department	E-Mail Address

PLEASE SELECT ONE OF THE FOLLOWING METHODS OF PAYMENT

❑ **Monthly Bank Draft – $32.00**

❑ **Checking** ❑ **Savings** Financial Institution _____

Account # _____ Routing # _____

❑ **Credit Card** ❑ Annual ❑ Semi-Annual ($1.00 surcharge per transaction)

Type of Credit Card: ❑ Master Card ❑ Visa ❑ Discover Card

Number _____ Exp. Date_____

❑ **Annual Payment – $384.00** (Make check payable to CLEA)

I hereby apply for Enhanced Individual Long Term Disability (LTD) benefits and certify that I am an active, full-time Sworn Peace Officer covered under PC 830.1 or 830.2, participate in a Safety Retirement system and eligible for LC 3212 or 3213. I certify that I am eligible for Labor Code §4850 or §4806 benefits.

I agree that I shall abide by the related provisions as noted in the Plan Documents and Bylaws. I understand that any medical condition including HIV, AIDS, ARC that existed prior to my effective date of coverage or death caused by pre-existing medical conditions will not be covered until I have been enrolled in the Plan as an Active Participant for a period of 60 months. Disabilities occurring after my effective date of coverage caused by psychological or emotional disorders, or their physical manifestations, or drug, alcohol, or substance abuse, will be covered after 24 months of participation unless condition is excluded because of pre-existing medical condition. Under the terms of the Plan, any dispute not resolved through the Plan's claims procedure must be resolved by binding arbitration with the American Arbitration Association. CLEA reserves the right to increase dues periodically as determined by the Board of Directors.

Special Provision:

Sworn Participants not covered by Penal Code 830.1, 830.2(a), and 830.2(e) will have limited benefits (36 months Maximum Benefit at 70% of wages and 1 year Own Occupation Disability Plan Provision) if they suffer a disability that would normally be covered by Labor Code 3212 or 3213 and its subchapters, and the disability is not determined to be job-related. **A person is not eligible to enroll after he or she is 60 years of age or more.**

By signing below I indicate that I have read these statements including the paragraph above on the Pre-Existing Conditions and the Special Provisions and acknowledge the limitations in LTD Benefits as explained. Other conditions and limitations are included in the CLEA Plan Document.

If choosing monthly bank draft or credit card, I hereby authorize CLEA or its designated agent and the financial institution named below to initiate withdrawals from my checking/savings account or credit card as specified. This authorization will remain in effect until cancelled by me or CLEA.

Instructions and Rules for Beneficiary Designations.

To designate a Beneficiary for Death Benefits payable pursuant to the Plan upon the Member's death, the Member must sign this form and designate at least one primary Beneficiary. This Beneficiary designation cancels all prior designations. Designations are not valid unless duly signed, dated and returned to the Plan Administrator during the Member's lifetime. If designating a trust or trustee, the Member should reference the written trust document and date.

Only surviving Beneficiaries at the time of death will be eligible to receive all or any specified portion of the Death Benefit. The Death Benefits are payable to the most recent Beneficiary designated by the member to the Administrators or to his or her estate if the Beneficiary predeceases the Member or dies within three (3) days after the Member's death. If there is no named Beneficiary, or no Beneficiary survives as of the date of death, the Death Benefit will be payable to the Member's surviving spouse or civil union partner; or if there is no surviving spouse or civil union partner, it will be payable to the Member's estate.

The Member may have more than one primary Beneficiary. If so, the Member should designate the percentage of proceeds payable to each primary Beneficiary. If more than one primary Beneficiary is designated, unless their shares are specified, settlement will be made in equal shares to the designated Beneficiaries (or Beneficiary) living at the date of the Member's death.

A contingent Beneficiary receives the Death Benefit if (and only if) all primary Beneficiaries die before the date of the Member's death.

If a minor (a person not of legal age) is a Beneficiary, it may be necessary to have a guardian of the estate of the minor, or a conservator for the minor appointed before any Death Benefit can be paid. (This can result in legal expenses for the Beneficiary and a delay in the payment of the Death Benefit.)

If a Beneficiary disclaims all or any portion of a Death Benefit by delivering a written disclaimer to the Plan Administrator prior to the distribution of the Death Benefit, the interest disclaimed will pass as if that Beneficiary had pre-deceased the Member.

These instructions and rules are subject to and controlled in all respects by the terms of the Plan Document. Beneficiary information is required for the Plan Death Benefits. Contact the Plan Administrator at 1-800-832-7333 or visit www.CLEA.org to update your beneficiary choice or for additional information.

Your Signature_____ Date _____

Beneficiary _____ Relationship _____

_____

(If Trust, insert full name and date of Trust and Trustees names.)

Beneficiary Address_____ Beneficiary Phone_____

Contingent Beneficiary _____ Relationship _____

Contingent Beneficiary Address _____ Contingent Beneficiary Phone _____

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

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