

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

Effective Date:

Dept.:_

Cert. No.:

Received:

California Law Enforcement Association CDCR (Non) Supervisor Long Term Disability 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	City				State			Zip Code				
Employment Date			E-Mail A	ddress								
/ /												
Employment De Sworn	J			Job Ti	Job Title							
PLEASE SELECT ONE OF THE FOLLOWING METHODS OF PAYMENT												
☐ Monthly Bank Draft \$32.50						☐ Credit Card ☐ Annual ☐ Semi-Annual (\$1.00 surcharge per transaction)						
□ Checking □ Savings Financial Institution Type of Credit Card: □ Master C								Card Uvis	a Discover Card			
Account #	ng #	g # Number				Ехр			Exp. Date			
☐ Annual Payment - \$390.00 (
I hereby apply for Enhanced Individual Long Term Disability (LTD) benefits and certify that I am an active, full-time Correctional Officer under the CalPERS Safety Retirement system and eligible for IDL. lagree 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. 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. A person is not eligible to enroll after he or she is 60 years of age. 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 canceled 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 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. If member is lifetime. If designating a trust or trustee, the Member should reference the written trust document and date. Only surviving Ben												
Your Signature									ate _			
Beneficiary								_ R	Relationship			
(If Trust, insert full	name and date	of Trust and T	rustees nan	nes.)								
Beneficiary Address							Beneficiary Phone					
Contingent Beneficiary								F	Relationship			
Contingent Beneficiary Address								_ c	Contingent Beneficiary Phone			

Plan Sent: