



**DISABILITY AND LIFE INSURANCE
2009–2010 ENROLLMENT FORM
TAKE A MINUTE TO ENROLL. IT'S SIMPLE.**



2 EASY WAYS TO ENROLL

- 1 Enroll online at **MyCTA** at www.cta.org
- OR
- 2 Complete and return the attached form

PLEASE BE SURE TO COMPLETE THE FORM IN ITS ENTIRETY TO EXPEDITE PROCESSING.

EDUCATORS REMEMBER:

If you work for more than one school district, you'll need to fill out an Enrollment form for each of the districts through which you are eligible to get coverage. For instance, you'll need to fill out an Enrollment form for each district with the hours and income specific to that district to be paid benefits on the full 40 hours of work if you become Disabled and file a claim.

EDUCATION SUPPORT PROFESSIONALS REMEMBER:

If you work for more than one school district, fill out your Enrollment form assigning all your hours from all the districts you work for to the single district from which you would like to receive your monthly benefits and pay your premiums.

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel & TTY 800.522.0406 Fax 888.414.0393

Disability and Life Plans Enrollment for Active Employees

For additional information and forms go to: <http://www.cta.org/mycta>

Please be sure to complete all sections that apply to ensure prompt processing of your enrollment. Sign and date the completed form and return it to The Standard at the address or fax number above.

EMPLOYEE INFORMATION * Required fields.

CTA MEMBER ID		SIC USE ONLY	POLICY NO.	PARTICIPANT ID		ENROLLMENT CAMPAIGN ID	
FIRST NAME *			MIDDLE INITIAL	LAST NAME *			
HOME MAILING ADDRESS *				CITY *		STATE *	ZIP *
PRIMARY PHONE		SECONDARY PHONE		HOME EMAIL ADDRESS			
DATE OF BIRTH *		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		HAVE YOU HAD A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? * <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____ Type _____			
SCHOOL DISTRICT * <i>Please do not abbreviate.</i>				CTA CHAPTER		JOB TITLE	
DATE FIRST WORKED AT CURRENT SCHOOL DISTRICT *		ARE YOU CURRENTLY WORKING? * <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY HOURS PER WEEK? * _____ hours			
ANNUAL CONTRACT OR EQUIVALENT WITH EMPLOYER? * <input type="checkbox"/> Yes <input type="checkbox"/> No		CTA EDUCATION SUPPORT PROFESSIONAL (CTA ESP)? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, days worked per year _____			FULL TIME MEMBER OF THE ARMED FORCES? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU PREVIOUSLY APPLIED FOR COVERAGE WITH THE STANDARD? * <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you switching your Disability and/or Life Insurance from your current insurance company to the CTA endorsed plan? <input type="checkbox"/> Yes (Disability) <input type="checkbox"/> Yes (Life) <input type="checkbox"/> Neither For Disability : Proof you are paying premium is required. For Life : Proof you are paying premium and certificate of insurance showing amount of Life Insurance is required.					
How did you learn of this enrollment opportunity? (<i>please check one</i>) <input type="checkbox"/> Advertisement <input type="checkbox"/> CTA Web Site <input type="checkbox"/> Direct Mail <input type="checkbox"/> Enrollment Packet <input type="checkbox"/> Event <input type="checkbox"/> Newsletter <input type="checkbox"/> Personal Referral <input type="checkbox"/> Other _____							

ELECT COVERAGE

Refer to the enrollment materials provided when completing the following section. Coverage options may be subject to Evidence of Insurability (satisfactory proof of good health) requirements. If you have questions, please call The Standard's dedicated Customer Service Department at 800.522.0406, email ctaservice@standard.com, or visit MyCTA at www.cta.org.

SIC USE ONLY	<input type="checkbox"/> DB _____	<input type="checkbox"/> L _____	<input type="checkbox"/> DL _____	<input type="checkbox"/> DP L _____
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Voluntary Disability Insurance <input type="checkbox"/> Disability * Gross Annual Salary (Required) \$ _____	Voluntary Life Insurance with Accidental Death & Dismemberment (AD&D)	
	Self <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$400,000	Dependents (choose one or both) Spouse/Domestic Partner <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$37,500 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Spouse/Domestic Partner and Children <input type="checkbox"/> \$5,000 Dependent Information (check one) <input type="checkbox"/> Spouse and Domestic Partner only <input type="checkbox"/> Child(ren) only Number of Child(ren) _____ <input type="checkbox"/> Spouse/Domestic Partner and Child(ren) Number of Child(ren) _____ Please Note: The amount of Dependents Life Insurance for each dependent may not exceed 50% of your Life Insurance amount under the Group Policy.

SIGNATURE REQUIRED

I wish to make the choices indicated on this form. If electing coverage, I authorize my employer to deduct premiums from my wages to cover my cost of insurance sponsored by California Teachers Association. I understand that my employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that a copy of this form will be provided to my employer to facilitate payroll deduction for the coverages that I have elected. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard. I certify that I am a member of California Teachers Association and understand that termination of CTA membership will cancel my coverage and deductions.

I understand that Disability Insurance coverage will not pay for benefits for Disability due to any diagnosed mental or physical condition for which I have received treatment, care, services or taken prescription medication in the 30 calendar days prior to my insurance effective date unless I have worked 10 consecutive Regular Days of Required Attendance after my insurance effective date and prior to becoming Disabled.

Signature _____ Date _____



LIFE INSURANCE PREMIUM AMOUNTS AND COVERAGE OPTIONS

Attained Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000
Under 25	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
	\$1.80	\$3.60	\$5.40	\$7.20	\$10.80	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
25-29	\$1.75	\$3.50	\$5.25	\$7.00	\$10.50	\$14.00	\$16.50	\$19.00	\$21.50	\$24.00
	\$2.10	\$4.20	\$6.30	\$8.40	\$12.60	\$16.80	\$19.80	\$22.80	\$25.80	\$28.80
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$19.00	\$22.00	\$25.00	\$28.00
	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40	\$19.20	\$22.80	\$26.40	\$30.00	\$33.60
35-39	\$2.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00
	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20
40-44	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$31.50	\$37.00	\$42.50	\$48.00
	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$31.20	\$37.80	\$44.40	\$51.00	\$57.60
45-49	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$44.00	\$52.00	\$60.00	\$68.00
	\$5.40	\$10.80	\$16.20	\$21.60	\$32.40	\$43.20	\$52.80	\$62.40	\$72.00	\$81.60
50-54	\$8.25	\$16.50	\$24.75	\$33.00	\$49.50	\$66.00	\$81.50	\$97.00	\$112.50	\$128.00
	\$9.90	\$19.80	\$29.70	\$39.60	\$59.40	\$79.20	\$97.80	\$116.40	\$135.00	\$153.60
55-59	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$101.50	\$121.00	\$140.50	\$160.00
	\$12.30	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$121.80	\$145.20	\$168.60	\$192.00
60-64	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$104.00	\$129.00	\$154.00	\$179.00	\$204.00
	\$15.60	\$31.20	\$46.80	\$62.40	\$93.60	\$124.80	\$154.80	\$184.80	\$214.80	\$244.80
65-69	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
70+¹	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
<ul style="list-style-type: none"> Participant AD&D coverage equal to Life Insurance amount. Life coverage up to \$200,000 is guarantee issue during first 120 days of employment for newly hired CTA members or members transferring to a new district. 							<ul style="list-style-type: none"> Participant AD&D coverage equal to \$200,000. Optional Spouse/Domestic Partner coverage equal to \$100,000. See \$100,000 option for premium amount. Proof of good health is always required for amounts above \$200,000. 			

Calculated as Monthly Premiums²
 Calculated as Tenthly Premiums²

FAMILY COVERAGE OPTIONS

- 50% of the Participant's Life and AD&D Insurance coverage, up to \$100,000 of coverage for Spouse/Domestic Partner. Premium: varies up to 50% of Participant's premium.
- \$5,000 Term Life and \$5,000 AD&D Insurance coverage for Dependents, including Spouse/Domestic Partner and eligible Children. Premium: \$1.00 monthly, \$1.20 tenthly.
- Proof of good health is required for Spouse/Domestic Partner and/or Dependent Children if applying more than 31 days after the Participant's effective date. If applying within 31 days of the Participant's effective date or within 31 days following a Family Status Change, and for amounts of \$17,500 or less, proof of good health is not required.

¹Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80.

²Type of payment (monthly, tenthly, etc.) is determined by the district you are employed by.

DISABILITY PREMIUMS FOR EDUCATORS



ANNUAL CONTRACT SALARY RANGES	MONTHLY PREMIUM ³	TENTHLY PREMIUM ³
\$0 – \$11,249	\$4.60	\$5.52
\$11,250 – \$14,249	\$6.01	\$7.21
\$14,250 – \$17,249	\$7.41	\$8.90
\$17,250 – \$20,749	\$8.95	\$10.75
\$20,750 – \$24,999	\$10.77	\$12.93
\$25,000 – \$30,249	\$13.01	\$15.62
\$30,250 – \$36,749	\$15.79	\$18.94
\$36,750 – \$44,499	\$19.14	\$22.97
\$44,500 – \$53,249	\$23.02	\$27.63
\$53,250 – \$60,249	\$27.20	\$32.65
\$60,250 – \$67,249	\$30.75	\$36.89
\$67,250 and over	\$34.19	\$41.03

³Frequency of required premium payments (monthly, tenthly, etc.) is determined by the district you are employed by. While monthly and tenthly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

DISABILITY PREMIUMS FOR EDUCATION SUPPORT PROFESSIONALS



ANNUAL CONTRACT SALARY RANGES	MONTHLY PREMIUM ⁴	TENTHLY PREMIUM ⁴
\$0 – \$8,249	\$5.94	\$7.13
\$8,250 – \$11,249	\$7.24	\$8.69
\$11,250 – \$14,249	\$9.47	\$11.36
\$14,250 – \$17,249	\$11.68	\$14.02
\$17,250 – \$20,749	\$14.10	\$16.92
\$20,750 – \$24,999	\$16.97	\$20.36
\$25,000 – \$30,249	\$20.50	\$24.60
\$30,250 – \$36,749	\$24.87	\$29.84
\$36,750 – \$44,499	\$30.15	\$36.18
\$44,500 – \$53,249	\$35.59	\$42.71
\$53,250 and over	\$42.87	\$51.44

⁴Frequency of required premium payments (monthly, tenthly, etc.) is determined by the district you are employed by. While monthly and tenthly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

TERMS & EXCLUSIONS

CHANGES IN PREMIUM/TERMINATION OF THE GROUP POLICIES/MISCELLANEOUS

The Standard's Disability Insurance and Life Insurance are provided under two separate policies. The Group Policies may be terminated by The Standard or CTA according to its terms. CTA may terminate the Group Policy, in whole, and may terminate insurance for any class or any group of Participants at any time by giving The Standard written notice. The Standard may change premiums in accordance with the terms of the Group Policies.

DISABILITY INSURANCE ELIGIBILITY

Educator: You must be an active employee who (1) has an annual contract with an Employer, or the equivalent, as agreed to by The Standard and California Teachers Association (CTA); (2) is a member in good standing of CTA; (3) is a citizen or resident of the United States or Canada; and (4) is scheduled to work an average of at least 15 hours a week over a four-week period, or during your period of employment if less than four weeks.

Education Support Professional (ESP): You are a Participant if you are an active classified employee who (1) is regularly working for an Employer(s) at least 20 hours per week for at least 180 days per year under terms of your employment with the Employer(s), (2) is a member in good standing of California Teachers Association (CTA) and (3) is a citizen or resident of the United States or Canada.

ACTIVE WORK REQUIREMENT

All coverage is subject to an Active Work Requirement. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of Active Work as an eligible Participant.

DISABILITY INSURANCE EVIDENCE OF INSURABILITY

You are required to submit Evidence of Insurability (proof of good health, which may include a medical examination and/or a blood test) if you apply more than 120 days after you become an employee of an Employer, or if you fail to make the required premium contribution by the third month following the date you apply for insurance; if you have been eligible for insurance under the Policyholder's Group Disability plan for more than 120 days but are not insured under the plan; or for certain reinstatements.

DEFINITION OF DISABILITY

Educator: During the Benefit Waiting Period and the Usual Occupation Period you must be unable, as a result of Sickness or Injury, to perform with reasonable continuity the substantial and material acts necessary to pursue your Usual Occupation and are not working in your Usual Occupation. You are also Disabled if you are working in your Usual Occupation but, as a result of Sickness or Injury, are unable to earn 80% or more of your Indexed Regular Daily Contract Salary. Usual Occupation Period is the period for which you are eligible to receive Fully Paid Sick Leave and the following two Benefit Years.

During the Any Occupation Period you are Disabled if, as a result of Sickness or Injury, you are unable to engage with reasonable continuity in Any Occupation. You are also Disabled if you are working in an occupation but, as a result of Sickness or Injury, you are unable to engage in that occupation or Any Occupation with reasonable continuity. Any Occupation Period occurs from the end of the Usual Occupation Period to the end of the Maximum Benefit Period.

ESP: For the Benefit Waiting Period and during the Usual Occupation Period (one Benefit Year), you are Disabled if you are unable, as a result of Sickness or Injury, to perform with reasonable continuity the substantial and material duties of your Usual Occupation. You are also Disabled if you are working in your Usual Occupation but are unable, as a result of Sickness or Injury, to earn 80% or more of your Indexed Regular Daily Contract Salary.

DISABILITY INSURANCE EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any Disability:

- Caused or substantially contributed to by a Preexisting

Condition unless you have been continuously insured and Actively At Work for 10 Regular Days Of Required Attendance or Extra Duty Days Of Required Attendance (for ESP: 10 consecutive Required Days Of Attendance) on the date you became Disabled.

Preexisting Condition means a diagnosed mental or physical condition for which you have received medical treatment, care or services or have taken prescribed medication at any time during the 30-calendar-day period just before your insurance becomes effective.

- That starts while you are not working on a regularly scheduled basis due to layoff, leave of absence (except for regular vacation periods) or other reason.
- Due to intentionally self-inflicted injuries, committing or attempting to commit an assault or a felony, War or any act of War, declared or undeclared.
- Unless under the care of a Physician appropriate to the condition(s) causing Disability.

Physician means a licensed medical professional, diagnosing and treating individuals within the scope of the license. The term includes a legally licensed physician, dentist, optometrist, podiatrist, psychologist or chiropractor. Physician does not include you or your Spouse/Domestic Partner, or the brother, sister, parent or Child of either you or your Spouse/Domestic Partner.

- Benefits are limited for any Disability due to Mental Disorder or Substance Abuse.

Mental Disorder means those psychiatric or psychological conditions, regardless of cause, that are classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association, most current as of the start of Disability. If the DSM is discontinued or repealed, Mental Disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of Disability.

The Mental Disorder limitation will not apply to a Disability caused or substantially contributed to by dementia if the dementia is the result of: 1) stroke; 2) physical trauma; 3) Alzheimer's disease or 4) other medical conditions not listed that are not usually treated by a mental health or other qualified provider using psychotherapy, behavioral therapy, psychotropic drugs or similar methods of treatment.

Substance Abuse means your being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

For Ongoing Disability Benefits for Class 2 Employees Only:

After Fully Paid Sick Leave following 2 Benefit Years, no benefits are payable for any Disability resulting from Mental Disorder or Substance Abuse unless you are confined in a hospital or participating in a rehabilitation program approved by The Standard.

DISABILITY INSURANCE TERMINATION PROVISIONS

Your Disability Benefits and Extra Duty Pay Benefits end automatically on the earliest of the date you are no longer Disabled, the date your Maximum Benefit Period ends, the date you die, the date benefits become payable under any other group long term Disability Insurance policy under which you become insured during a period of Temporary Recovery, or the date you fail to provide proof of continued Disability and entitlement to benefit.

Disability coverage including AD&D will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
5. The first day of the calendar month following the date you cease to be a Participant. However, if you cease to be a Participant because you are not working the required minimum number of hours, your insurance will be continued during the following periods, unless it ends under 1 through 4 above:

- During the Benefit Waiting Period.
- During a leave of absence if continuation of your insurance under the Group Policy is required by a federal or state-mandated family or medical leave act or law.
- During the first 90 days of a temporary layoff.
- Through the last day of the calendar month in which you are absent from Active Work due to a labor dispute (See Strike Continuation).
- Through the last day of the first calendar month for which you are absent from Active Work due to a leave of absence.
- During a Scheduled Vacation Period.

LIFE INSURANCE ELIGIBILITY

You must be one of the following: (1) an active employee of an Employer and a member in good standing of California Teachers Association (CTA) or (2) a retired employee who (a) is a retired employee of an Employer and a CTA-NEA Retired Lifetime Member and (b) was insured under the group Policy or Prior Plan immediately prior to retirement and (c) is eligible to receive benefits under the State Teachers Retirement System (CalSTRS) or Public Employees Retirement System (CalPERS) and authorizes premium deductions.

ACTIVE WORK REQUIREMENT

All coverage is subject to an Active Work requirement. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until you complete one full day of Active Work as an eligible Participant.

LIFE INSURANCE EVIDENCE OF INSURABILITY

Evidence of Insurability (proof of good health, which may include a medical examination and/or a blood test) is required if you apply for Life Insurance more than 120 days after you become an employee of an Employer, or fail to make the required premium contribution by the third month following the date you apply for Life Insurance; if you apply for Dependents Life Insurance more than 31 days after you become eligible for Dependents coverage under the Policyholder's Group Life Insurance plan, or you fail to make required premium contribution by the third month following the date you apply; to become insured for an amount of Life Insurance in excess of \$200,000; to become insured for an amount of Dependents Life Insurance in excess of \$17,500; to become insured for an amount greater than the amount for which you or your Dependent was insured under the Prior Plan, if insured under the Prior Plan; for any increase in Life Insurance or Dependents Life Insurance; and certain reinstatements.

LIFE INSURANCE TERMINATION PROVISIONS

Coverage for the Participant will cease on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates, unless you are covered as a retired Participant.
4. The first day of the calendar month following the date The Standard receives notice that you are no longer a member of California Teachers Association.
5. The first day of the calendar month following the date you cease to be Actively At Work. However, if you cease to be Actively At Work, your Life Insurance may be continued with advance written notice to us and provided premiums are paid during the following periods, unless it ends under 1 through 4 above:
 - During the first 90 days of a temporary layoff.
 - During a leave of absence if continuation of your insurance

under the Group Policy is required by a state-mandated family or medical leave act or law.

- During any other scheduled leave of absence approved by your Employer in advance and in writing, and lasting not more than 24 months.
- During the period of your service on active duty in the National Guard or the Reserves of the armed forces of the United States within the limits of the United States.

DEPENDENTS LIFE INSURANCE TERMINATION PROVISIONS

Dependents Life Insurance ends automatically on the earliest of:

1. Two years after you die (no premiums will be charged for your Dependents Life Insurance during this time). However, coverage for your Spouse/Domestic Partner will not be continued beyond the date your surviving Spouse/Domestic Partner remarries or enters a Domestic Partner relationship.
2. The date your Life Insurance ends (except as provided in 1 above).
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your Dependents Life Insurance (except as provided in 1 above).
5. For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship.
6. For any Dependent, the date the Dependent ceases to be a Dependent.
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) EXCLUSIONS AND LIMITATIONS⁵

Benefits are not payable for losses caused or contributed to by Physical Disease or Mental Disorder or Pregnancy, bacterial infections, medical or surgical treatment, War or any act of War, suicide or self-inflicted injury or the commission or attempt to commit an assault or felony. AD&D Benefits are not payable for Losses occurring more than 365 days after the accident. Losses must be caused solely by the accident.

ACCIDENTAL DEATH AND DISMEMBERMENT TERMINATION PROVISIONS

AD&D Insurance ends automatically for Participants on the earliest of:

- The date your Life Insurance ends.
- The date the last period ends for which a premium was paid for your AD&D Insurance.
- The date AD&D Insurance terminates under the Group Policy.
- The date you retire.

Dependent AD&D Insurance ends automatically on the earliest of:

- The date your Dependent Life Insurance ends.
- The date Dependent AD&D Insurance terminates under the Group Policy.
- The date the last period ends for which a premium was paid for your Dependent AD&D Insurance.
- For your Spouse/Domestic Partner, the date of your divorce or termination of your Domestic Partner relationship.
- For any Dependent, the date the Dependent ceases to be a Dependent.
- For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.
- The date you retire.

⁵ The Accidental Death And Dismemberment provisions described here apply to both the Group Disability and Life policies sponsored by CTA and issued by The Standard.



If you have any questions regarding your Disability Insurance or Life Insurance plans, log on to **MyCTA** at www.cta.org or call The Standard's dedicated CTA Customer Service Department at **800.522.0406** (TTY), 7:00 a.m. to 6:00 p.m. Pacific Time.

Standard Insurance Company, 1100 SW Sixth Avenue, Portland, OR 97204

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