

# CSEA GROUP 10-YEAR LEVEL TERM LIFE INSURANCE PLAN APPLICATION

## HOW TO APPLY:

- Fill out application completely
- Include copy of current pay stub and a voided check
- Sign & date
- Mail to: CSEA Member Benefits,  
1108 O Street, Suite 303  
Sacramento, CA 95814

**SEND NO  
MONEY NOW!**



California State Employees Association  
Group 10-Year Level Term Life  
Insurance Plan

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Answer all questions, then sign the Agreement and Authorization on the last page.

## 1. Member Information

1. Member Name:

2. Street Address:

3. City:  State:  Zip:

4. Social Security Number:  -  -  5. Date of Birth:  /  /  6. Current Age:

7. Birth Place:  8. Height:  ft.  in. Weight:  pounds

9. Member Number:

10. Daytime Phone #: (  )  -  11. Sex:  Male  Female

12. Monthly Gross Salary: \$ , .

13. Date Employed:  /  /  14. Hours worked per week:

15. Marital Status: Single  Married   
(If married, is spouse a CSEA Association Partnership Program Member or CSEA Member/Association Member or State Employee?  
 Yes  No)

16. Member Affiliate (Association Membership is required for participation in this plan):

17. Employer's Name:

By signing this application, you are confirming that you are a dues-paying member of the above listed affiliate.

18. Member Beneficiary Designation: Name:

Relationship to Member:

Note: If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

## 2. Insurance Requested

- YES**, please enroll me in the requested Group 10-Year Level Term Life Insurance Plan.

Coverage Amount Requested: \$ ,

**To verify benefit amounts applied for, please include a copy of your pay stub dated within 30 days of your signed application.**

Note: For more information on higher benefits amounts of up to \$1,000,000.00, please call Member Benefits at 1-800-952-5283.

**NEXT PAGE PLEASE →**

### 3. Spouse Enrollment (if enrolling)

(Note: If applying for spouse coverage, spouse must complete the Statement of Health.)

1. Spouse Name:  2. Height:  ft.  in. Weight:  pounds

3. Date of Birth:  /  /

4. Spouse SSN:  -  -  5. Coverage Amount Requested: \$  ,  .

6. Spouse Beneficiary Designation: Name:   
 Relationship to Spouse:

### 4. Statement of Health

(Note: Evidence of insurability is required for all individuals applying for coverage. Please complete the Statement of Health.)

**Have any persons proposed for insurance:**

	YES	NO		YES	NO
a. Had or been treated for any indication of: high blood pressure, emotional or mental disorder, arthritis, Hodgkin's disease, epilepsy, Parkinson's disease, multiple sclerosis, cancer, diabetes, disease or disorder of heart or circulatory system, lungs, digestive system, kidney, liver, pancreas, brain, genital organs, nervous system, back or spine? .....	<input type="radio"/>	<input type="radio"/>	d. Been unable to perform their regular duties on account of illness or injury in the past 6 months? .....	<input type="radio"/>	<input type="radio"/>
b. Been diagnosed as having or been treated for Lupus, Stroke, AIDS or AIDS Related Complex (ARC)? .....	<input type="radio"/>	<input type="radio"/>	e. Been confined to a hospital in the past 2 years? .....	<input type="radio"/>	<input type="radio"/>
c. Been treated for drug or alcohol abuse or convicted of driving while intoxicated? .....	<input type="radio"/>	<input type="radio"/>	f. Any impairments now existing in their health or physical condition? .....	<input type="radio"/>	<input type="radio"/>
			g. Other than for reasons above, consulted a physician or practitioner in the past 5 years? .....	<input type="radio"/>	<input type="radio"/>

If you answered "Yes" to any of the above questions, please complete the following. If more space is needed, use a separate page and retain a copy for your records.

Person Affected (Full Name)	Symptoms or Disease	Date	Severity	Duration	Surgery Yes/No	Attending Physician's Name and Address

**NEXT PAGE PLEASE →**

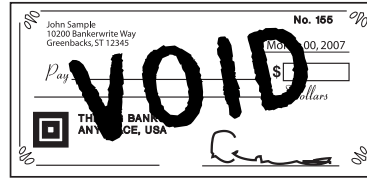
### 5. Agreement and Authorization

Monthly payments will be deducted from my bank account through automatic payment (ACH).

Bank Name:

Bank Routing Number:

Bank Account Number:



**Please provide a voided check for processing.**

I hereby apply for benefits provided by Anthem Life Insurance Company. I authorize the Administrator to initiate debit entries for my regular payment. I understand my payment will be processed on or after the premium due date and will continue to be deducted from my account unless I notify the Administrator otherwise in writing or my coverage ends. I also understand if corrections to the debit are necessary, this may involve an adjustment to my account. I understand that insurance will become effective only in accordance with the Group Policy. I am a CSEA Association Partnership Program Member in good standing. I also understand that said insurance will terminate if I fail to maintain such membership. I understand eligibility is dependent on continuous employment with the employer I am working for at the time I enroll in this plan.

I declare to the best of my knowledge and belief that all above statements are complete and true, and understand as follows: (1) the Company may require that any person proposed for insurance take a medical examination; (2) that the "Statement of Health" and any medical examination reports, if required shall form a part of the contract for insurance.

I declare that a copy of this instrument containing the above statements or answers together with any explanations has been furnished to me by the Company.

Approval of your application is contingent upon employment at the affiliate organization and that employment is subject to verification at the time of a claim.

#### **AUTHORIZATION TO OBTAIN INFORMATION**

I authorize any physician, medical practitioner, hospital, clinic, other medically related facility, insurance or reinsurance company, the **MIB Group Inc.** or consumer reporting agency having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition of me or my minor children and any other non-medical information of me or my minor children to give the Company or its legal representatives any and all such information.

I understand the information obtained by use of this Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing policy. Any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the **MIB Group Inc.**, or other persons or organizations performing business or legal services in connection with my application, claims, or as may be otherwise lawfully required or as I may further authorize. I also acknowledge receipt and understanding of the Notice of Exchange of Information explained in this brochure.

I agree (1) this Authorization shall be valid for two and one-half years from the date shown below; and (2) that a photographic copy of the Authorization shall be as valid as the original. I declare that a copy of this instrument containing this Authorization has been furnished to me by the Company. I declare that the Notice of Information Practices has been furnished to me.

**X**   
Member Signature

**X**  /  /   
Date (MM/DD/YYYY)

**X**   
Spouse's Signature (if applying)

**X**  /  /   
Date (MM/DD/YYYY)

T25762

**Retain a photocopy of this application for your records and return the original to:  
MEMBER BENEFITS, 1108 O STREET, SUITE 303, SACRAMENTO, CA 95814**

## **CSEA Endorsed Insurance Program: 10-Year Level Term Life Insurance Plan**

### *Overview*

- ✓ **Protection Available up to \$1,000,000**
- ✓ **No Waiting Period! Full benefits are payable on the very first day your coverage goes into effect.**
- ✓ **Flexible Spouse Coverage. Live comfortably knowing your spouse is covered too.**
- ✓ **Convenient ACH Deduction. As a CSEA Association Partnership Program member, you'll never have to worry about paying your premiums on time. That's because your premiums are paid through the convenience of ACH. ACH allows us to automatically deduct premiums from your bank account.**
- ✓ **Same Rate for 10 Years. Help keep more money in your wallet by locking in your rate based on your age once coverage is effective! And thanks to the collective buying power of CSEA for the Association Partnership Program, you pay economical group rates.**
- ✓ **Evidence of insurability is required**

### *Benefits*

#### **Build a Stronger Safety Net By Adding \$100,000.00 Coverage To Your CSEA Benefits**

Thanks to your standing as a valued CSEA Association Partnership Program member, you and your spouse are now invited to request \$100,000.00 in life coverage through the CSEA 10-Year Level Term Life Plan.

#### **Rates STAY THE SAME for A Full 10 Years**

There's no need to budget for annual rate increases for your added coverage. That's because rates for this new CSEA life plan lock in for the first 10 years of your coverage. After that, you also have the opportunity to continue your coverage at the then-current rates for your age based on your new effective date ... or to request another 10-year rate lock term as long as you're under age 65.

#### **Benefits STAY THE SAME for A Full 10 Years**

You can also rest assured that the coverage you set up now will be the same level of coverage available for your loved ones 10 years from now. Your benefits will not cut back just because you get older or retire.

#### **Continuation of Coverage During a Sanctioned CSEA Strike**

If you're unable to work due to a sanctioned CSEA strike, you'll have extra peace of mind knowing that you may continue your monthly premium for up to 6 full months while the strike continues. That means your financial safety net can stay in full force during this time.

#### **Accelerated Death Benefit**

This valuable feature allows you to collect half of your benefit amount up to \$250,000 at a time when you'll need it most. If you're diagnosed with a terminal illness and given a life expectancy of 12 months or less, you can access your cash benefits to use any way you see fit.

This added cash can be used to help pay medical bills ... or to cover household expenses so a family member can stop working to care for you. The remainder of your benefit will then be paid to your beneficiary.

#### **Renewability**

Renew your 10-Year Level Plan for another decade and receive locked in rates again for you and your spouse! As long as you are 64 years or younger and still Actively at Work, You and your spouse (if covered) can renew for the same, decreased or increased benefit amount and lock in your new 10 year premium rate

based on your new age. Be sure to request this before the completion of your initial term so there's no lapse in coverage.

However, if you're not eligible for a renewal, you will be automatically insured at the same amount on an annual renewal term basis. Either way, we've got you and your spouse covered.

Rates

**Check out your rates below!** The first rate chart is for coverage amounts requested between \$100,000 - \$249,999 for males and females. The second rate chart is for coverage amounts requested between \$250,000 - \$1,000,000 for males and females. Categories such as Tobacco Standard, NonTobacco Standard, NonTobacco Select and NonTobacco Preferred will be decided once member is medically underwritten.

<b>MALE : \$100,000 - \$249,999 Coverage Amount</b> T S = Tobacco Standard; NT ST = NonTobacco Standard; NT S = NonTobacco Select; NT P = NonTobacco Preferred					<b>FEMALE: \$100,000 - \$249,999 Coverage Amount</b> T S = Tobacco Standard; NT ST = NonTobacco Standard; NT S = NonTobacco Select; NT P = NonTobacco Preferred				
<b>Premium Rates Per \$1,000 Per Month</b>					<b>Premium Rates Per \$1,000 Per Month</b>				
<b>Age</b>	<b>TS</b>	<b>NT ST</b>	<b>NT S</b>	<b>NT P</b>	<b>Age</b>	<b>TS</b>	<b>NT ST</b>	<b>NT S</b>	<b>NT P</b>
<b>17-20</b>	\$0.12	\$0.10	\$0.09	\$0.07	<b>17-20</b>	\$0.10	\$0.08	\$0.07	\$0.05
<b>21</b>	0.12	0.10	0.09	0.07	<b>21</b>	0.10	0.08	0.07	0.05
<b>22</b>	0.13	0.10	0.09	0.07	<b>22</b>	0.10	0.08	0.07	0.05
<b>23</b>	0.13	0.10	0.09	0.07	<b>23</b>	0.10	0.08	0.07	0.05
<b>24</b>	0.13	0.10	0.09	0.07	<b>24</b>	0.10	0.08	0.07	0.05
<b>25</b>	0.13	0.10	0.09	0.07	<b>25</b>	0.10	0.08	0.07	0.05
<b>26</b>	0.14	0.10	0.09	0.07	<b>26</b>	0.10	0.08	0.07	0.05
<b>27</b>	0.14	0.10	0.09	0.07	<b>27</b>	0.10	0.08	0.07	0.05
<b>28</b>	0.14	0.11	0.09	0.08	<b>28</b>	0.10	0.08	0.07	0.05
<b>29</b>	0.15	0.11	0.09	0.08	<b>29</b>	0.10	0.08	0.07	0.05
<b>30</b>	0.15	0.11	0.09	0.08	<b>30</b>	0.10	0.08	0.07	0.05
<b>31</b>	0.15	0.11	0.09	0.08	<b>31</b>	0.11	0.08	0.07	0.05
<b>32</b>	0.16	0.11	0.09	0.08	<b>32</b>	0.11	0.08	0.07	0.06
<b>33</b>	0.16	0.12	0.09	0.08	<b>33</b>	0.11	0.09	0.07	0.06
<b>34</b>	0.17	0.12	0.09	0.08	<b>34</b>	0.12	0.09	0.07	0.06
<b>35</b>	0.19	0.12	0.10	0.08	<b>35</b>	0.13	0.09	0.08	0.06
<b>36</b>	0.20	0.13	0.10	0.08	<b>36</b>	0.14	0.09	0.08	0.06
<b>37</b>	0.21	0.13	0.10	0.08	<b>37</b>	0.14	0.10	0.08	0.06
<b>38</b>	0.23	0.13	0.10	0.08	<b>38</b>	0.16	0.10	0.08	0.07
<b>39</b>	0.24	0.14	0.10	0.08	<b>39</b>	0.18	0.11	0.09	0.07
<b>40</b>	0.26	0.14	0.11	0.09	<b>40</b>	0.21	0.11	0.09	0.07
<b>41</b>	0.28	0.15	0.11	0.09	<b>41</b>	0.23	0.12	0.09	0.08
<b>42</b>	0.30	0.15	0.11	0.09	<b>42</b>	0.25	0.12	0.10	0.08
<b>43</b>	0.33	0.16	0.12	0.10	<b>43</b>	0.28	0.13	0.11	0.09
<b>44</b>	0.37	0.18	0.13	0.11	<b>44</b>	0.30	0.14	0.11	0.10
<b>45</b>	0.41	0.20	0.14	0.12	<b>45</b>	0.32	0.15	0.12	0.10
<b>46</b>	0.45	0.22	0.16	0.13	<b>46</b>	0.35	0.17	0.13	0.11
<b>47</b>	0.50	0.24	0.17	0.14	<b>47</b>	0.38	0.18	0.14	0.12

<b>48</b>	0.56	0.25	0.18	0.15	<b>48</b>	0.43	0.19	0.15	0.13
<b>49</b>	0.63	0.26	0.20	0.17	<b>49</b>	0.48	0.20	0.16	0.14
<b>50</b>	0.70	0.28	0.21	0.18	<b>50</b>	0.54	0.21	0.17	0.15
<b>51</b>	0.78	0.29	0.23	0.19	<b>51</b>	0.61	0.22	0.19	0.16
<b>52</b>	0.86	0.30	0.24	0.21	<b>52</b>	0.68	0.22	0.20	0.18
<b>53</b>	0.93	0.32	0.25	0.22	<b>53</b>	0.73	0.24	0.20	0.18
<b>54</b>	1.00	0.35	0.27	0.24	<b>54</b>	0.77	0.25	0.21	0.19
<b>55</b>	1.05	0.37	0.29	0.25	<b>55</b>	0.79	0.27	0.22	0.21
<b>56</b>	1.09	0.40	0.31	0.27	<b>56</b>	0.81	0.29	0.24	0.22
<b>57</b>	1.14	0.43	0.34	0.29	<b>57</b>	0.83	0.31	0.25	0.23
<b>58</b>	1.22	0.47	0.36	0.32	<b>58</b>	0.86	0.33	0.27	0.24
<b>59</b>	1.31	0.52	0.40	0.35	<b>59</b>	0.90	0.36	0.29	0.26
<b>60</b>	1.42	0.57	0.44	0.39	<b>60</b>	0.96	0.39	0.31	0.29
<b>61</b>	1.54	0.63	0.48	0.42	<b>61</b>	1.03	0.42	0.34	0.31
<b>62</b>	1.69	0.68	0.53	0.46	<b>62</b>	1.12	0.46	0.36	0.33
<b>63</b>	1.84	0.74	0.57	0.50	<b>63</b>	1.22	0.49	0.40	0.36
<b>64</b>	2.00	0.81	0.62	0.55	<b>64</b>	1.32	0.53	0.43	0.39

<b>MALE : \$250,000 - \$1,000,000 Coverage Amount</b>					<b>FEMALE: \$250,000 - \$1,000,000 Coverage Amount</b>				
T S = Tobacco Standard; NT ST = NonTobacco Standard; NT S = NonTobacco Select; NT P = NonTobacco Preferred					T S = Tobacco Standard; NT ST = NonTobacco Standard; NT S = NonTobacco Select; NT P = NonTobacco Preferred				
<b>Premium Rates Per \$1,000 Per Month</b>					<b>Premium Rates Per \$1,000 Per Month</b>				
<b>Age</b>	<b>TS</b>	<b>NT ST</b>	<b>NT S</b>	<b>NT P</b>	<b>Age</b>	<b>TS</b>	<b>NT ST</b>	<b>NT S</b>	<b>NT P</b>
<b>20</b>	\$0.12	\$0.09	\$0.07	\$0.06	<b>20</b>	\$0.09	\$0.07	\$0.06	\$0.05
<b>21</b>	0.12	0.09	0.07	0.06	<b>21</b>	0.09	0.07	0.06	0.05
<b>22</b>	0.12	0.09	0.07	0.06	<b>22</b>	0.09	0.07	0.06	0.05
<b>23</b>	0.12	0.09	0.07	0.06	<b>23</b>	0.09	0.07	0.06	0.05
<b>24</b>	0.13	0.09	0.07	0.06	<b>24</b>	0.09	0.07	0.06	0.05
<b>25</b>	0.13	0.09	0.07	0.06	<b>25</b>	0.09	0.07	0.06	0.05
<b>26</b>	0.13	0.09	0.07	0.06	<b>26</b>	0.09	0.07	0.06	0.05
<b>27</b>	0.13	0.09	0.07	0.06	<b>27</b>	0.09	0.07	0.06	0.05
<b>28</b>	0.14	0.09	0.07	0.06	<b>28</b>	0.10	0.07	0.06	0.05
<b>29</b>	0.14	0.09	0.07	0.06	<b>29</b>	0.10	0.07	0.06	0.05
<b>30</b>	0.14	0.10	0.07	0.06	<b>30</b>	0.10	0.07	0.06	0.05
<b>31</b>	0.15	0.10	0.08	0.06	<b>31</b>	0.10	0.07	0.06	0.05
<b>32</b>	0.15	0.10	0.08	0.06	<b>32</b>	0.10	0.07	0.06	0.05
<b>33</b>	0.15	0.10	0.08	0.06	<b>33</b>	0.11	0.07	0.06	0.05
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<b>35</b>	0.17	0.11	0.08	0.07	<b>35</b>	0.12	0.08	0.07	0.05
<b>36</b>	0.19	0.11	0.09	0.07	<b>36</b>	0.13	0.08	0.07	0.05
<b>37</b>	0.20	0.12	0.09	0.08	<b>37</b>	0.14	0.09	0.07	0.05
<b>38</b>	0.21	0.12	0.09	0.08	<b>38</b>	0.15	0.09	0.07	0.06
<b>39</b>	0.23	0.12	0.10	0.08	<b>39</b>	0.17	0.10	0.08	0.06
<b>40</b>	0.25	0.13	0.10	0.08	<b>40</b>	0.19	0.10	0.08	0.06

<b>41</b>	0.27	0.13	0.10	0.08	<b>41</b>	0.22	0.11	0.08	0.07
<b>42</b>	0.29	0.14	0.10	0.08	<b>42</b>	0.24	0.11	0.09	0.07
<b>43</b>	0.32	0.15	0.11	0.09	<b>43</b>	0.26	0.12	0.09	0.08
<b>44</b>	0.36	0.17	0.12	0.10	<b>44</b>	0.29	0.13	0.10	0.09
<b>45</b>	0.40	0.19	0.13	0.11	<b>45</b>	0.31	0.14	0.11	0.09
<b>46</b>	0.44	0.20	0.15	0.12	<b>46</b>	0.34	0.16	0.12	0.10
<b>47</b>	0.50	0.22	0.16	0.13	<b>47</b>	0.37	0.17	0.13	0.11
<b>48</b>	0.54	0.24	0.17	0.14	<b>48</b>	0.41	0.18	0.14	0.12
<b>49</b>	0.60	0.25	0.18	0.15	<b>49</b>	0.46	0.19	0.15	0.13
<b>50</b>	0.67	0.26	0.19	0.16	<b>50</b>	0.51	0.20	0.16	0.14
<b>51</b>	0.74	0.27	0.20	0.17	<b>51</b>	0.57	0.21	0.17	0.15
<b>52</b>	0.81	0.29	0.22	0.18	<b>52</b>	0.63	0.21	0.18	0.16
<b>53</b>	0.89	0.30	0.23	0.20	<b>53</b>	0.68	0.22	0.19	0.17
<b>54</b>	0.95	0.33	0.25	0.21	<b>54</b>	0.72	0.24	0.20	0.18
<b>55</b>	1.00	0.35	0.27	0.23	<b>55</b>	0.74	0.25	0.21	0.19
<b>56</b>	1.04	0.38	0.30	0.25	<b>56</b>	0.75	0.27	0.22	0.20
<b>57</b>	1.09	0.42	0.33	0.28	<b>57</b>	0.78	0.29	0.24	0.21
<b>58</b>	1.16	0.46	0.35	0.30	<b>58</b>	0.81	0.31	0.26	0.23
<b>59</b>	1.24	0.50	0.39	0.33	<b>59</b>	0.84	0.34	0.28	0.25
<b>60</b>	1.35	0.55	0.43	0.37	<b>60</b>	0.90	0.37	0.30	0.26
<b>61</b>	1.47	0.61	0.47	0.40	<b>61</b>	0.97	0.40	0.33	0.29
<b>62</b>	1.61	0.67	0.51	0.44	<b>62</b>	1.04	0.43	0.35	0.31
<b>63</b>	1.75	0.73	0.56	0.48	<b>63</b>	1.13	0.47	0.39	0.34
<b>64</b>	1.90	0.79	0.61	0.52	<b>64</b>	1.23	0.52	0.42	0.37

## FAQs

### **Why Group 10-Year Level Term Life?**

Many families are looking for long-term financial security they can depend on. This plan allows members and their spouses to lock in budget-friendly group rates and benefit amounts for 10 years. This makes it easy to fit within their busy lifestyles, as well as budget from year to year with the guarantee of no rate increases.

### **Who can have the 10-Year Level Term Life Plan?**

CSEA Association Partnership Program members, actively employed working at least 20 hours per week (excluding Retired Members) can apply for coverage. Evidence of Insurability is required.

Retired CSEA Association Partnership Program members are still eligible for coverage provided they are under the age of 65, working at least 20 hours per week or more and become a Retired CSEA member. Evidence of Insurability is required.

You must not be on active duty with the military.

### **For how much coverage am I eligible?**

Members are eligible for a minimum coverage amount of \$100,000 and can increase coverage in increments of \$10,000 up to a maximum of the lesser of \$1,000,000 or 10 times your yearly salary.

### **Can I also get coverage for my family?**

Yes. Your spouse can apply for the same coverage! They too can start at \$100,000 and add on increments of \$10,000 up to a maximum amount of the lesser of \$1,000,000, or 10 times the member's yearly salary.

### **When does my coverage become effective?**

After your Enrollment Form is approved, coverage will start the first day of the month following the first premium payment if you are actively at work on that date.

### **What happens to my coverage when I truly retire?**

When you truly retire, you can continue your life insurance provided you become a Retired CSEA member, have been insured under the plan for at least 2 years preceding retirement and continue to make your ACH premium payments.

### **Can I enroll in other CSEA Sponsored Life Insurance Programs?**

Yes. You may be eligible to enroll for up to a million dollars of life insurance coverage. CSEA offers additional Group TermPLUS Life and Group Ordinary Life insurance plans. Please note that the combined amounts of all Group TermPLUS Life coverage, all Group Ordinary Life Coverage, and all 10-Year Level Term Life coverage in effect for the insured cannot exceed \$1,000,000. Call us at 1-800-952-5283 if you are interested in enrolling in additional insurance.

### **Terms**

#### **Notice of Information Practices**

To our members: In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you or family members covered under your policy. You have the right to be told about, and to see a copy if you wish, items of personal information which appear in our files, including information contained in investigative consumer reports. You have the right to seek correction of information you believe to be inaccurate. The above is a general description of the Company's information practices. If you would like to receive a more detailed explanation of those practices, please write to Anthem Life Insurance Company, P.O. Box 182361, Columbus, OH 43218-2361.

#### **Notice of Exchange of Information**

Information regarding your insurability will be treated confidentially. However, Anthem Life Insurance Company may make a brief report thereon to the MIB Group, Inc. (MIB), and may release information in its file to other life insurance companies to whom you may apply for life or health insurance or to whom you may submit a claim for policy benefits. The MIB is a non-profit membership organization which operates an informational exchange for its members. If you apply to any MIB member for life or health insurance coverage or claim benefits under such coverage, the MIB may release the information in its file to such member company. Upon your request, the MIB will disclose the medical information in your file to your attending physician and any other information in your file to you. You may seek a correction of any information in the MIB's file that you consider inaccurate in accordance with the procedures specified in the Federal Fair Credit Reporting Act. The address of the MIB's information office is P.O. Box 105, Essex Station, Boston, Massachusetts, 02112, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

#### **Investigative Consumer Report**

As part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application pertaining to employment and residence verification, smoking habits, marital status, occupation, hazardous avocation and general health. This report may also cover information concerning your general reputation, personal characteristics and mode of living, including drug and alcohol use, motor vehicle driving record and criminal activity. The information may be obtained through personal interviews with you, your family, neighbors and business associates.

The information contained in the report may be retained by the consumer reporting agency and subsequently disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. You have the right to inspect and obtain a copy of the report from the consumer reporting agency. These reports rarely have an adverse affect on one's eligibility for insurance. If one should, however, we will notify you in writing and identify the reporting agency.

FULL TERMS AND CONDITIONS ARE IN THE CERTIFICATE OF INSURANCE. These materials explain the general purpose of the insurance described, but in no way change or affect Master Policy 7408 and 7430L as actually issued. In the event of a discrepancy between these materials and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual. Benefits may vary and this program may not be available to residents of all states.

Underwritten by:  
Anthem Life Insurance Company

Endorsed by: California State Employees Association

The CSEA incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, CSEA is reimbursed for these costs.

Questions? Call toll-free 1-800-952-5283



**California State Employees Association**

Administered by A.G.I.A., Inc.

P.O. Box 9997

Phoenix, AZ 85068-0997

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