

# CSEA COMPREHENSIVE ACCIDENT INSURANCE PLAN ENROLLMENT FORM



To Enroll, Please Complete and Return to:  
**CSEA Member Benefits**  
1108 O Street, Suite 303, Sacramento, CA 95814

**SEND NO MONEY NOW!**



California State  
Employees Association

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

## 1. Member Information

1. Member Name:

2. Street Address:

3. City:  State:  Zip:

4. Date of Birth:  /  /  5. Daytime Phone #: (  )  -  6. Gender:  Male  Female

7. Member Number:

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

9. Member Beneficiary Name:

## 2. Insurance Requested

**YES**, please enroll me in the selected Comprehensive Accident Insurance Plan.

Choose your level - fill in one circle:

**Lowest Protection \$500/\$50/\$50,000**

**Highest Protection \$1,000/\$100/\$100,000**

Cover Member Only:  \$12.95 per month

Cover Member & Spouse:  \$25.90 per month

\$25.95 per month

\$51.90 per month

If Member & Spouse Plan selected above, please complete the following:

1. Spouse's Name:  2. Date of Birth:  /  /

3. Spouse's Gender:  Male  Female

4. Spouse's Beneficiary Name:

## 3. 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.

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

### 3. Agreement and Authorization *(continued)*

I/we request coverage. I/we represent that I am age 18-59 and I worked a minimum of 20 hours per week and the statements above are true and complete to the best of my knowledge. 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/we understand that coverage will be effective on the first of the month following payment and receipt of this signed Enrollment Form.

**X**

Member Signature

**X**

 /  / 

Date (MM/DD/YYYY)

**X**

Spouse's Signature *(if applying)*

**X**

 /  / 

Date (MM/DD/YYYY)  
*(If applying)*

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MEMBER BENEFITS, 1108 O STREET, SUITE 303, SACRAMENTO, CA 95814**

Underwritten by: Hartford Life and Accident Insurance Company, Simsbury, CT 0608

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries,  
including issuing company Hartford Life and Accident Insurance Company.

5-CAP-1/3-M

Policy # ADD-11209

Policy Form #7582 A2 (11209)

## **CSEA Endorsed Insurance Program: Comprehensive Accident Insurance Plan (CAP)**

### Overview:

#### **CSEA Endorsed TRIPLE Benefit Program Can Help Bridge Gaps in Your Coverage**

Accidents are all around us. Yet CSEA Association Partnership Program members have reported concerns about the growing coverage gaps – especially in accident and disability programs.

So the CSEA Association Partnership Program negotiated a **special offer for a “3-Way” benefit program to help fill in the holes** left by rising deductibles and co-payments. This insurance will help cover expenses incurred as a result of a loss of life for a covered accident.

Called the CSEA Endorsed Comprehensive Accident Insurance Plan, this **ACCEPTANCE GUARANTEED** triple-benefit program is available to eligible CSEA Association Partnership Program Members and their spouses. There are NO medical exams required.

#### **3 Ways to Collect Benefit Checks**

Other plans may only offer benefits in the case of a fatal accident. And while that type of coverage has merit, it doesn't help your family finances if you're hurt in an accident and end up in the Hospital. Or if an accident keeps you from working and bringing home a paycheck.

That's why this special CSEA Endorsed Insurance program pays benefit checks for three types of situations:

1. You're Totally Disabled in a covered accident and can't earn an income – You collect **\$500.00 a month**.
2. A covered accidental Injury leaves you confined to a Hospital bed – You collect **\$50.00 a day**.
3. You fall victim to a covered fatal accident – Your loved ones collect **\$50,000.00**.

Plus, if you'd like even stronger safety, you can choose the HIGH Option where you and your loved ones can collect DOUBLE benefits.

Underwritten by:  
Hartford Life and Accident Insurance Company  
Simsbury, CT 06089  
Policy Form #: Form 7582 A2 (11209)  
Policy #: ADD-11209

### Benefits:

#### **3-Way Benefits Help Fill Holes in Your Financial Safety Net**

Because accidents happen without warning, they can take an enormous toll on your family finances – both in the short term if you're in the Hospital or unable to work AND in the long term if you fall victim to a fatal accident.

That's why your "3-Way" Comprehensive Accident Insurance Coverage is so valuable.

#### **1. \$500.00-a-Month Disability Benefit Check Sent Straight to You:**

If you're Totally Disabled and out of work due to a covered accidental disability, this CSEA Association Partnership Program benefit can help replace part of your income – *no matter what other disability insurance you may have*.

You can collect up to \$500 a month after a 60-day waiting period. Benefits can be paid for up to 12 months if your disability continues for a total payment of \$6,000.00. (The HIGH Option Plan pays \$1,000.00 a month for a \$12,000.00 total benefit.)

## 2. \$50.00-a-Day Hospital Benefit Check Sent Straight to You:

A stay in the Hospital can mean big bills. So the CSEA Endorsed Comprehensive Accident Insurance Plan kicks in \$50.00 a day – *starting on the very first day of your Hospital stay for a covered accident.*

Benefits are paid ON TOP of any other coverage you may have – up to a \$25,000.00 benefit. (The HIGH Option Plan pays \$100.00 a day for a \$50,000.00 total benefit.) Benefits for both options are payable for a maximum of 500 days.

## 3. \$50,000.00 Accidental Death Benefit Check Sent Straight to Your Loved Ones:

Your family would collect an immediate \$50,000.00 benefit if you fall victim to a covered fatal accident. Of course, this benefit check is paid *REGARDLESS* of any other insurance you may have. (The HIGH Option Plan pays \$100,000.00.)

As a CSEA Association Partnership Program member under age 60, you are **guaranteed acceptance** in this special triple-benefit program. All we ask is for you to be Actively at Work (working at least 20 hours a week) and live in the United States.

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### Rates:

#### Monthly Rates Reserved For CSEA Association Partnership Program Members & Spouses

Benefit	Low Option	High Option
Member Only	\$12.95	\$25.95
Member & Spouse	\$25.90	\$51.90

A True Value for CSEA Association Partnership Program members. When you consider that this important program gives you THREE WAYS to collect benefits, the value of the CSEA Endorsed Comprehensive Accident Insurance plan becomes clear. Rates and/or benefits may be changed on a class basis.

For your convenience, you will be billed quarterly (every three months) through automatic payments with ACH.

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### FAQs:

#### What makes this "3-Way" benefit so different from other plans?

Maybe you've seen programs that offer accidental death coverage alone. While those programs certainly have their place, they don't help you out with Hospital costs ... or help you replace part of your income if an accident keeps you from working.

But this special program for CSEA Association Partnership members (and their spouses) steps up with powerful 3-way benefits to help replace part of your income if you can't work due to a covered accidental Injury ... help cover medical bills if a covered accident leaves you in the Hospital ... and help your loved ones put their lives back together if you fall victim to a covered fatal accident.

### **What's the difference between the "Low" and "High" options?**

There are a couple of differences: Your benefits DOUBLE under the "High" option and the pricing also changes. Both plans pay monthly accident disability benefits ... daily Hospital stay benefits ... and a significant accidental death benefit. But you collect TWO TIMES the benefits with "High" coverage.

### **I've had health problems in the past. Can I still sign up?**

ABSOLUTELY. There are NO physical exams. NO health questions. NO long forms to fill out. You and your spouse are guaranteed acceptance for this benefit based on your status as a CSEA Association Partnership Program member between the age of 18 to 59 who is Actively at Work and a full-time resident of the U.S.

### Terms:

**Totally Disabled or Total Disability** means disability which wholly and continuously prevents a covered person from performing the substantial and material duties of his or her usual occupation.

**Hospital** does not mean any institution or part thereof which is used primarily as 1) a nursing home, convalescent home, or skilled nursing facility; 2) a place for drug addicts or alcoholics; or 3) a place for rest, custodial care, or for the aged.

**Successive Periods of Disability: Periods of Disability:** a) due to the same or related medical causes; and b) separated by less than 6 months during which the covered person is Actively at Work; will be considered one Period of Disability. "**Actively at Work**" means the Covered Person is performing all of the regular duties of an occupation for wage or profit on a full time basis (at least 20 hours a week). Periods of Disability separated by at least 6 months during which the covered person is Actively at Work will be considered separate Periods of Disability. "**Concurrent Disabilities**": Benefits during any Period of Disability as the result of more than one accident will be considered the same as if the Disability resulted from only one cause.

**Exclusions:** The policy does not cover any loss resulting from: intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane; war or act of war, whether declared or undeclared; Injury sustained while full-time in the armed forces of any country or international authority (we will refund the prorated premium paid to cover a person during a period of such services); Injury sustained while in or on, boarding or alighting from, any aircraft as a pilot, crew member, student pilot, flight instructor, or examiner; or being used for tests, experimental purposes, stunt flying, racing, or endurance tests; Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, barbiturates, amphetamines, or hallucinogens, unless the drug taken is prescribed or administered by a licensed physician; or Injury sustained while intoxicated. The policy will only pay one benefit (whichever is greater) for all losses due to the same accident.

**Coverage Effective Date and Injury** Your coverage becomes effective on the first day of the month following payment and the date the administrator receives your application.

**Injury** means bodily Injury resulting directly from accident and independently of all other causes which occurs while the Covered Person is covered under the policy. Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease; is not considered as resulting from Injury.

**Covered Person** means You or your Eligible Dependent Spouse while You, he or she is covered under the policy.

**Confined and Confinement** means:

- a) being admitted to a Hospital for receiving inpatient Hospital services due to an Injury sustained in an accident while covered under the Policy; and
- b) the patient is charged for at least one day's room and board by the Hospital for each time the Covered Person is admitted.

**Confinement** does not mean being admitted to a Veterans Administration or other Government-owned-or -operated Hospital if the Covered Person is not charged room and board.

**Period of Confinement** means the interval of time during which a Covered Person is Confined as an inpatient in a Hospital. A Period of Confinement begins on the date of admission to the Hospital and ends on the date of release from the Hospital.

If a benefit is payable, and the Covered Person is subsequently Confined to a Hospital for the same Injury within 90 days, it will be considered the same Period of Confinement.

**Who Is Eligible to Enroll** You are eligible for coverage under this plan as long as you are age 18-59, are Actively at Work and are a resident of the United States and you remain a member of the CSEA Association Partnership Program. Eligible Members must enroll for coverage themselves in order to enroll for coverage of their eligible spouse. Coverage is issued on a guaranteed-issue basis, regardless of health history. All you have to do is decide which option you want.

**Eligible Spouse** An Eligible Member's spouse who is a) at least age 18, but under age 60; and b) Actively at Work on a full-time basis (at least 20 hours per week); and c) a full-time resident of the United States; and d) not legally separated or divorced from the Eligible Member.

**Eligibility Restrictions** When a husband and wife are both Eligible Members, coverage may not be duplicated by enrolling as dependents of each other. Eligible Members must enroll for coverage of themselves in order to enroll for coverage of their Eligible Spouse.

**THIS IS LIMITED ACCIDENT ONLY COVERAGE.**

Limitation: The Policy will only pay one benefit (whichever is greater) for all losses due to the same accident.

**Deferred Effective Date:** If an Eligible Person is to become: covered under the Policy; or covered for increased benefits under the Policy; and is not Actively at Work on that date, he or she will not be so covered until the first day of the month on or the next following date he or she is Actively at Work for 31 consecutive days.

## **IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

**This insurance duplicates Medicare benefits when:**

- Any expenses or services covered by the policy are also covered by Medicare.

**Medicare generally pays for most or all of these expenses. Medicare pays extensive benefits for medically necessary services regardless of the reasons you need them. These include:**

- Hospitalization
- physician services
- hospice
- other approved items and services

## Before You Buy This Insurance

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries including issuing company Hartford Life Insurance Company. This information explains the general purpose of the insurance described, but in no way changes or affects Master Policy ADD-11209 as actually issued. In the event of a discrepancy between this information and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

### No Obligation:

#### **Your Satisfaction 100% Guaranteed**

We want you to have the opportunity to take a good look at this valuable program – **without making a firm commitment**. That's why you're under no obligation when you activate these "3-Way" CSEA Association Partnership Program benefits today.

As soon as you sign up, we'll mail your Certificate of Insurance outlining the full terms and conditions. Take up to 30 days to look it over. If it wasn't what you had in mind, mail back the Certificate for a 100% refund minus and claims paid.

#### **No Proof of Good Health or Ticket-Free Driving Needed**

There are no long forms to "prove" your qualify for this special triple-benefit coverage. We simply need to know which benefit level you'd like and whether you want coverage for "just you" or "you and your spouse."

Your coverage starts on the first day of the month following receipt of your Enrollment Form and first premium payment. Once your CSEA Endorsed Accident Protection Insurance is in force, you cannot be singled out for cancellation or a rate increase.

#### Termination of Coverage

Your coverage will remain in effect as long as premiums are paid, the Master Policy is in force, you continue to reside in the United States and you remain an Actively at Work CSEA Association Partnership Program member. Coverage for your spouse will remain in effect as long as premiums are paid, the Master Policy is in force, he/she continues to reside in the United States and is Actively at Work. Coverage for spouses will terminate in the event of legal separation or divorce from you. Coverage for members and spouses terminates at age 65.

#### Underwritten by:

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Simsbury, CT 06089  
Policy Form #: Form 7582 A2 (11209)

Endorsed by:



CSEA incurs certain administrative expenses in connection with this sponsored program. To provide and maintain this valuable membership benefit it is reimbursed for such expenses.

**California State Employees Association**

Administered by A.G.I.A., Inc.  
P.O. Box 9997  
Phoenix, AZ 85068-0997

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

A.G.I.A., Inc. is licensed/authorized to transact business in all 50 United States, and the District of Columbia. Their state of domicile is California. John B. Wigle, California License No. 0482924

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Simsbury, CT 06089

AGIA, Inc. is the Plan Administrator and Insurance broker that administers the insurance plan on behalf of the Hartford Life and Accident Insurance Company for the benefit of the Group Policyholder.

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