

CSEA GROUP TERMPPLUS 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 TermPLUS 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 TermPLUS 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.

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3. Spouse Enrollment (if enrolling)

(Note: If applying for spouse coverage over the \$20,000.00 guaranteed issue amount, and/or after seven months of employment, 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: \$, .

(Spouse benefit amount cannot exceed 50% of Member's amount.)

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

4. Child Enrollment (if enrolling)

- 1A. Child Name: 2A. Height: ft. in. Weight: pounds
 3A. Date of Birth: / /
 1B. Child Name: 2B. Height: ft. in. Weight: pounds
 3B. Date of Birth: / /

Coverage Requested: \$5,000.00 \$10,000.00

- Child Beneficiary Designation: Name:
 Relationship to Child:

5. Statement of Health

(Note: If you're a new employee and are enrolling within seven months of employment, you do not have to complete this section unless you are applying for more than the minimum coverage amount.)

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 →

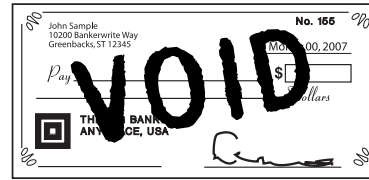
6. Agreement and Authorization

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 X / /
Member Signature Date (MM/DD/YYYY)

X X / /
Spouse's Signature (if applying) 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: Group TermPLUS Life Plan

Overview:

Enjoy what the collective buying power of nearly 130,000 Members gives you!

When CSEA recommends an insurance program for its Association Partners, it is only for the best interests of its Partners and their families.

After a thorough evaluation, Anthem Life Insurance Company was selected to develop the CSEA Group TermPLUS Life Insurance Plan. Today, thousands of members take advantage of this program.

They appreciate the solid protection this program offers ... and the commitment to quality and service Anthem Life Insurance Company provides.

Here's What You Get:

Up to \$300,000.00 in Protection

Plus, since accidents are a leading cause of death for Americans ages 1 to 44¹, CSEA Group TermPLUS Life Plan pays DOUBLE your benefit amount – up to \$600,000.00, if you're killed in a covered accident.

Additional Benefits for Accidental Injuries If you're in an accident and suffer specific injuries, the plan will pay you benefits based on your loss.

Consider the CSEA Group TermPLUS Life Plan for your life insurance needs. You are under no risk or obligation. Once you enroll and are approved for coverage, you will be sent a Certificate of Insurance, including complete benefits and terms of the plan.

Look this information over. Then decide if you want it as ongoing protection for you and your family. If the plan is not what you had in mind, then you may cancel within 30 days of receiving your Certificate of Insurance and receive a full refund of your first premium payment.

If you have any questions regarding any of these benefits, please call 1-800-952-5283.

¹National Safety Council, Injury Facts, 2010 Edition.

Benefits:

Protection Available up to \$300,000.00 CSEA Association Partnership Program Members, employed less than 7 months and are continuously working at least 20 hours per week qualify for a minimum amount of coverage based on age and monthly salary. This minimum coverage amount is guaranteed and can be found in the rate tables provided. If enrolling after 7 months of employment or when enrolling for coverage in excess of your pre-approved amounts, evidence of insurability is required and you (and your spouse, if enrolling) must complete the Statement of Health.

Double Benefits for Accidental Death If you're an active employee and are in a fatal car or other accident, your CSEA Group TermPLUS Life Plan will pay double your benefit amount up to \$600,000.00.

This is an important benefit when you consider the fact that accidents are the leading cause of death if you're age 1 to 44. Accidents alone killed 118,000 Americans in 2008². The extra cash could come in handy for your loved ones when they're faced with the sudden, unexpected loss of your income. Your Certificate of Insurance provides complete plan details and limitations.

² National Safety Council, Injury Facts, 2010 Edition

Additional Benefits for Accidental Injuries If you're in a covered accident and suffer specific injuries, the plan will pay you benefits based on your loss.

- Both hands, both feet, or the sight of both eyes: 100% of benefit amount
- Two or more of the following: one hand, one foot, the sight of one eye: 100% of benefit amount
- One hand, one foot, or the sight of one eye: 50% of benefit amount

Spouse and Children Coverage Available Coverage for you is only half the story. If your spouse works or

takes care of children at home, you need to consider the value of your spouse's contributions to your lifestyle.

With Group TermPLUS Life, your spouse (lawful spouse, including insured's legally registered and valid domestic partnership) can enroll for half of your benefit amount and your children up to age 26 can also get coverage up to \$10,000.

Note: Spouse/Children cannot have coverage if they are eligible for CSEA Association Partnership Program membership or CSEA membership or are in full-time military service. If both you and your spouse are CSEA Association Partners Program members or CSEA members and covered under this plan, only one of you may insure your eligible children.

Accelerated Death Benefit This valuable feature allows you to collect half of your benefit amount up to \$75,000.00 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 benefit 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.

Waiver of Premium if Totally Disabled Your premiums will be waived if you're an active employee and qualify for total disability before your 60th birthday and remain disabled for four consecutive months. Premiums are due during the first four months of disability. Once approved, your benefits will continue and you won't owe any further payments as long as you remain totally disabled. You should always continue premium payments until your disability is approved.

Coverage Doesn't End ... Even in Retirement The full benefit amount you select is yours to keep until age 65. At age 65, your benefit reduces by 50%. Then at age 70, your benefit reduces to \$15,000.00, at which time you can keep this coverage for as long as you need it. (Your spouse and/or child coverage reduces to \$5,000.00 at age 65.)

Your protection will never end unless you are no longer an employee, you end your CSEA Association Partnership Program membership, you fail to pay your premiums, or the group policy is terminated.

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.

Guaranteed Coverage If you're a new employee and enroll within seven months of employment, you are guaranteed the minimum amount of coverage based on your salary, regardless of health. Your spouse is also guaranteed \$20,000.00 of coverage if enrolling within seven months of your employment. If enrolling after seven months of employment or when enrolling for coverage in excess of your pre-approved amounts, evidence of insurability is required and you (and spouse, if enrolling) must complete the Statement of Health.

No Waiting Period Full benefits are payable on the very first day your coverage takes effect.

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 deduction. ACH allows us to automatically deduct premiums from your bank account.

Affordable Group Rates Thanks to the collective buying power of nearly 130,000 members, you pay an economical group rate. See your affordable rate within the provided rate tables.

Work Just 20 Hours a Week You're eligible for coverage if you are a CSEA Association Partnership Program member, actively employed working at least 20 hours per week (excluding Retired Members). 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.

You're Under No Obligation If you decide your Endorsed CSEA Group TermPLUS Life Plan isn't for you, just let us know within the first 30 days. We'll promptly refund your premiums ... no questions. No obligation.

Rates:

Up to \$300,000.00 in Protection at Low Group Rates

Thanks to the group buying power of the CSEA's Association Partnership Program combined membership, you receive solid protection at a low rate, whether you are applying for Guaranteed Coverage or not.

Member Guaranteed Coverage: Available if you've been employed less than 7 months by an employer participating in the CSEA Association Partnership Program.

If your Gross Monthly Income is:		Less than \$1,800		\$1,800-\$2,499.99	\$2,500+
You are Eligible for Minimum Guaranteed Coverage Amount of:					
		\$25,000	\$50,000	\$75,000	\$100,000
Monthly Cost Based on your Attained Age:	Under 25	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
	25-29	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
	30-34	\$ 1.50	\$ 3.00	\$ 4.50	\$ 6.00
	35-39	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00
	40-44	\$ 2.75	\$ 5.50	\$ 8.25	\$ 11.00
	45-49	\$ 4.25	\$ 8.50	\$ 12.75	\$ 17.00
	50-54	\$ 7.00	\$ 14.00	\$ 21.00	\$ 28.00
	55-59	\$ 11.75	\$ 23.50	\$ 35.25	\$ 47.00
	60-64	\$ 16.00	\$ 32.00	\$ 48.00	\$ 64.00
Benefits at Age 65-69		\$12,500	\$25,000	\$37,500	\$50,000
	65-69	\$ 14.00	\$ 28.00	\$ 42.00	\$ 56.00
Benefits at Age 70+		\$15,000			
	70-74	\$ 28.95			
	75-79	\$ 46.65			
	80-84	\$ 72.45			
	85-89	\$ 124.20			
	90-94	\$ 181.35			
	95+	\$ 333.15			

Once member reaches age 65, coverage is reduced by 50%. At age 70, coverage is reduced to \$15,000. Spouse coverage may be purchased for up to 50% of member coverage. Child coverage may be purchased for up to \$10,000. When member turns 65, spouse/child coverage will be reduced to \$5,000.

Member Coverage REGARDLESS of Monthly Income: Available based off of age with completion of Statement of Health

Coverage Amounts:		\$25,000	\$50,000	\$75,000	\$100,000
Monthly Cost Based on your Attained Age:	Under 25	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
	25-29	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
	30-34	\$ 1.50	\$ 3.00	\$ 4.50	\$ 6.00
	35-39	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00
	40-44	\$ 2.75	\$ 5.50	\$ 8.25	\$ 11.00
	45-49	\$ 4.25	\$ 8.50	\$ 12.75	\$ 17.00
	50-54	\$ 7.00	\$ 14.00	\$ 21.00	\$ 28.00
	55-59	\$ 11.75	\$ 23.50	\$ 35.25	\$ 47.00
	60-64	\$ 16.00	\$ 32.00	\$ 48.00	\$ 64.00
Benefits at Age 65-69		\$12,500	\$25,000	\$37,500	\$50,000
	65-69	\$ 14.00	\$ 28.00	\$ 42.00	\$ 56.00
Benefits at Age 70+		\$15,000			
	70-74	\$ 28.95			
	75-79	\$ 46.65			
	80-84	\$ 72.45			
	85-89	\$ 124.20			

	90-94	\$ 181.35			
	95+	\$ 333.15			

Once member reaches age 65, coverage is reduced by 50%. At age 70, coverage is reduced to \$15,000. Spouse coverage may be purchased for up to 50% of member coverage. Child coverage may be purchased for up to \$10,000. When member turns 65, spouse/child coverage will be reduced to \$5,000.

Monthly Cost Based on your Attained Age for additional \$1,000 of coverage and Spouse/Domestic Partner coverage:

Under Age 25	\$ 0.05	45-49	\$ 0.17	70-74	\$1.93	95+	\$22.21
25-29	\$ 0.05	50-54	\$ 0.28	75-79	\$3.11		
30-34	\$ 0.06	55-59	\$ 0.47	80-84	\$4.83		
35-39	\$ 0.08	60-64	\$ 0.64	85-89	\$8.28		
40-44	\$ 0.11	65-69	\$ 1.12	90-94	\$12.09		

Once member reaches age 65, coverage is reduced by 50%. At age 70, coverage is reduced to \$15,000. Spouse coverage may be purchased for up to 50% of member coverage. Child coverage may be purchased for up to \$10,000. When member turns 65, spouse/child coverage will be reduced to \$5,000.

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

CSEA funds and membership dues are not used for this promotional program or any other related expenses.

FAQs:

Why activate Group TermPLUS Life Benefits? It's important to take care of your family's day-to-day needs now. But what about the "big picture" – their future needs? What if something happened to you ... would there be enough money to replace your income and pay for final expenses, house payments, day-to-day living costs, college expenses for your children, etc.? Right now, you can give your family the "big picture" protection it needs by applying for the Endorsed CSEA Group TermPLUS Life Plan. The plan provides up to \$300,000.00 in life benefits, which makes it easy to start a life insurance plan or supplement one you already have.

Who can have the Group TermPLUS Life Plan? The Group TermPLUS Life Plan is available for CSEA Association Partnership Program members. Members under the age of 65 and working at least 20 hours per week qualify for the minimum amount of coverage based on age and monthly salary. However, you are eligible to apply for up to \$300,000.00 of total life coverage regardless of your income – based on your needs – just fill out the Statement of Health. Members age 65-69 can apply for up to \$150,000.00 of coverage. Members age 70 and over can apply for \$15,000.00 of coverage.

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

For how much coverage am I eligible? If you apply within seven months of employment, you are guaranteed the minimum coverage amount listed in the rate chart, based on your salary, regardless of your health. However, the CSEA Association Partnership Program encourages their Partners to complete the Statement of Health so they can be eligible for the most coverage possible. **To verify benefit amounts applied for, please include a copy of your pay stub dated within 30 days of this signed application.**

Also, Anthem Life Insurance is now allowing the Partners of the CSEA Association Partnership Program to combine all of their life benefits with the new Group 10-YearLevel Term Life Plan and the Group Ordinary Life Plan to be eligible for a total benefit amount of \$1,000,000!

Can I also get coverage for my family? Yes. Coverage for you is only half the story. Eligible dependents include your spouse who can apply for up to half of your benefit amount. Spouse means your lawful spouse, or your domestic partner under a legally registered and valid domestic partnership. Also your children; stepchildren and/or adopted children to age 26 can also get coverage, unless they are eligible for CSEA Association Partnership Program membership or in full-time military service. If your spouse is a CSEA Association Partnership Program Member or CSEA Member/Association Member or State Employee and eligible for CSEA Association Partnership Program membership, he or she must apply for a separate Anthem Life Plan. If both you and your spouse are CSEA Association Partnership Program Members or CSEA Members and are covered under separate Anthem Life Plans, only one of you may insure the eligible children.

Am I guaranteed coverage? If you are applying within the first seven months of employment, you are guaranteed your minimum amount of coverage based on your age and gross monthly income. You can find your guaranteed minimum coverage amount in the rate tables provided. If you are under the age of 65, your spouse is guaranteed for up to \$20,000.00 of coverage and your children are guaranteed for up to \$10,000.00 of coverage. If you are age 65 or over, your spouse and children are guaranteed \$5,000 of coverage.

If you are applying after seven months of employment, or when applying for coverage in excess of your pre-approved amounts, you must complete the evidence of insurability and the Statement of Health sections on the application.

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

What happens to my coverage when I retire? Your coverage doesn't end ... even in retirement. The full benefit amount you select is yours to keep until age 65. At age 65, your benefit reduces by 50%. Then at age 70, your benefit reduces to \$15,000.00, at which time you can keep this coverage for as long as you need it. (Your spouse's and children's coverage reduces to \$5,000.00 when you reach age 65.)

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.

IMPORTANT INFORMATION ABOUT YOUR CSEA GROUP TermPLUS LIFE PLAN ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT (Please read and print for your records)

Limitations: Benefits will not be paid if the loss results from a state of war, or any act of war, declared or undeclared; intentionally self-inflicted injury or suicide, while sane or insane; committing an assault or felony, or participation in a riot; bodily or mental infirmity or as a result of medical or surgical treatment for such infirmity; ptomaine, bacterial infection, or any other kind of disease, but this limitation does not apply to pyogenic infections occurring with and through an accidental cut or wound; flight in any aircraft operated for aviation training, or any aircraft flight on which the insured is a pilot, crew member, or has duties aboard such aircraft, except in the course of employment for the employer; or voluntarily taking poison, inhaling gas, using alcohol, or using a controlled substance except as prescribed by a physician.

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.
PO Box 9997
Phoenix, AZ 85068-0997

