

CSEA GROUP ORDINARY 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 Ordinary 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 Ordinary 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. Dependent Spouse Enrollment (if enrolling)

(Note: If applying for spouse coverage after seven months of member's 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. Spouse Beneficiary Designation: Name:
 Relationship to Spouse:

4. Dependent 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: / /

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 →

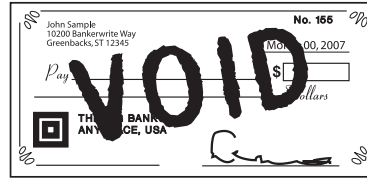
6. Agreement and Authorization

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
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: Group Ordinary Life Insurance Plan

Protect Your Family, Build Cash Value

If you're like most California State Employees, you want enough life insurance for your family and to save for retirement. Thanks to the CSEA-Endorsed Group Ordinary Life Insurance Plan, which has cash value coverage, you can achieve both goals.

CSEA Group Ordinary Life Insurance Plan

- Offers life insurance for now and your future
- Provides an automatic savings plan
- Includes tax-efficient estate planning
- Low-cost, ACH deducted premiums for CSEA Association Partnership Program members

Ordinary Life (Cash Value) vs. Term Life Benefits

What's best for me?

The type of life insurance you need depends on your personal situation. If you want low-cost coverage into your retirement that provides a disciplined savings plan and tax-advantaged estate planning, seriously consider the CSEA Group Ordinary Life Insurance Plan. This is your best bet if you need life insurance benefits for 15 years or longer with coverage that can increase as your family grows. The CSEA Group TermPLUS Life Plan offers you affordable term life coverage and works best if you need life insurance protection during your working years.

Overview

Life Insurance Benefits That Work for You!

- ✓ **Valuable Life Benefits Take Care of Your Family**
- ✓ **Coverage can increase as your family grows**
- ✓ **Apply for coverage if you work at least 20 hours a week**
- ✓ **Guaranteed Minimum Coverage – regardless of your health – if you apply within the first 7 months of employment**
- ✓ **Low-cost group rates**
- ✓ **Waives premiums if you're disabled and an active employee**

Group Ordinary Life Insurance Plan – Cash Value: Affordable Life Protection, Automatic Savings

CSEA Offers You Cash Value Coverage

Cash Value Insurance Pays for You!

The Ordinary Life Insurance Plan is a win-win for your family. You get valuable life protection which pays benefits to your beneficiary in the event of your death. Plus, it builds a **Cash Value**. It's an automatic savings plan for you. So if you decide to end your coverage before a claim, you collect cash equal to the value. See the Cash Value chart to see how cash-value coverage provides you with disciplined savings!

There can be tax-efficient estate planning with cash value coverage. Be sure to check with your trusted financial advisor for advice¹.

Work Just 20 Hours a Week

You are 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 65, working at least 20 hours or more per week and become a Retired CSEA member. Evidence of insurability is required. You must not be on active duty with the military.

Guaranteed – Regardless of Health -- in Your First 7 Months of Work

Apply for coverage during your first seven months of employment, you're guaranteed coverage. After that, you must complete a Health Statement along with your application.

After your application 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. If not, coverage starts the day you return to work.

¹William G. Kistner "[Cash-value vs. term life insurance: which is a better investment?](http://findarticles.com/p/articles/mi_m3257/is_n7_v51/ai_19780528/)"
http://findarticles.com/p/articles/mi_m3257/is_n7_v51/ai_19780528/

Benefits

Provides up to \$100,000 in Life Benefits with Cash Value

CSEA Association Partnership Program members age 65 and under, employed less than 7 months and continuously working at least 20 hours per week (excluding Retired Members) qualify for a guaranteed minimum benefit amount of \$50,000. If enrolling after 7 months of employment or when enrolling for coverage in excess of your pre-approved amount, evidence of insurability is required and you (and your spouse, if enrolling) must complete the Statement of Health.

Employees age 66 and over may apply for \$2,500 of insurance.

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 and become a Retired CSEA member. Evidence of insurability is required.

You must not be on active duty with the military.

Add \$5,000 in Benefits for Your Family

It's important to add protection for family members, too. And as a CSEA Association Partnership Program member, you can protect your dependents (includes spouse and all eligible children) for a total of \$5,000 of coverage at a cost of \$1.85 a month.

Spouse only.....	\$5,000
Spouse and child(ren)	\$5,000
Child (age 6 months to age 26 years) only.....	\$5,000
Child (age 14 days and under 6 months) only.....	\$500

If you have covered dependents when you reach age 65, the dependent coverage will be reduced from \$5,000 to \$2,000 on November 1st of the year in which you reach insurance age 65. The premium will increase to \$2.20 per month.

Eligible dependents include your spouse. 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 from 14 days to 26 years can also get coverage. Any dependent that is eligible for CSEA or Association Partnership Program membership or in full-time military service is not eligible to be covered as a dependent. If you and your spouse are CSEA or Association Partnership Program members and are covered under separate Anthem Life Plans, only one of you may insure eligible children.

25	\$0	\$0	\$0	\$3	\$8	\$13	\$19	\$25	\$31	\$38	\$75	\$119	\$172
30	\$0	\$0	\$0	\$7	\$13	\$20	\$28	\$35	\$43	\$51	\$97	\$151	\$214
35	\$0	\$0	\$3	\$11	\$20	\$28	\$38	\$47	\$57	\$67	\$123	\$188	\$261
40	\$0	\$0	\$7	\$17	\$27	\$38	\$49	\$61	\$73	\$85	\$153	\$230	\$313
45	\$0	\$0	\$10	\$23	\$36	\$49	\$63	\$78	\$92	\$107	\$187	\$276	\$371
50	\$0	\$0	\$14	\$30	\$46	\$62	\$79	\$96	\$114	\$132	\$226	\$327	\$434
55	\$0	\$0	\$18	\$37	\$56	\$76	\$96	\$117	\$137	\$158	\$268	\$384	\$500
60	\$0	\$0	\$22	\$45	\$68	\$91	\$115	\$139	\$164	\$189	\$317	\$446	\$563
65	\$0	\$0	\$24	\$52	\$81	\$109	\$138	\$167	\$196	\$225	\$370	\$503	\$612

For example: Let's say your policy was issued when at age 30 and has a face amount of \$10,000. In five years, the cash value will be (\$13 x 10) or \$130.

Rates

Group Ordinary Life Insurance Plan

Check Out These ACH-Deducted Premiums – Easy to Budget!

As a CSEA Association Partnership Program member, you qualify for discounted group rates for the Ordinary Life Insurance Plan.

These are the monthly premium per \$1,000 for age (nearest birthday) when coverage is issued. To determine your monthly premium for your age, multiply the rate shown by amount of life insurance applied for.

AGE	MO. Prem.	AGE	MO. Prem.	AGE	MO. Prem.	AGE	MO. Prem.
18	\$ 0.32	32	\$ 0.57	46	\$ 1.11	60	\$ 2.31
19	\$ 0.33	33	\$ 0.59	47	\$ 1.17	61	\$ 2.43
20	\$ 0.35	34	\$ 0.62	48	\$ 1.23	62	\$ 2.57
21	\$ 0.36	35	\$ 0.65	49	\$ 1.30	63	\$ 2.71
22	\$ 0.37	36	\$ 0.68	50	\$ 1.36	64	\$ 2.86
23	\$ 0.39	37	\$ 0.71	51	\$ 1.44	65	\$ 3.01
24	\$ 0.40	38	\$ 0.75	52	\$ 1.51	66	\$ 3.18
25	\$ 0.42	39	\$ 0.79	53	\$ 1.60	67	\$ 3.36
26	\$ 0.44	40	\$ 0.83	54	\$ 1.68	68	\$ 3.55
27	\$ 0.46	41	\$ 0.87	55	\$ 1.77	69	\$ 3.76
28	\$ 0.48	42	\$ 0.91	56	\$ 1.87	70	\$ 3.97
29	\$ 0.50	43	\$ 0.96	57	\$ 1.97		
30	\$ 0.52	44	\$ 1.01	58	\$ 2.08		
31	\$ 0.54	45	\$ 1.06	59	\$ 2.19		

* Monthly premium per \$1,000 (50% below Basic Premium Rates in the Master Policy)

Your monthly salary on date of application determines the amount of coverage for which you may apply.

Your "insurance" age (age nearest birthday on the date of issue) determines your monthly rate per thousand.

After the effective date, increased amounts for which you are eligible will be automatically issued each November 1 at the premium rate for your "insurance" age (nearest birthday that date) and your monthly salary (as of the preceding September 1).

The amount of your insurance will not increase after age 66, nor will it reduce if your salary is reduced.

FAQs

What is the most important advantage of the Ordinary Life Insurance Plan?

This has cash-value coverage – which combines life insurance coverage with an automatic savings plan. You get valuable life insurance benefits – giving you peace of mind that your family has the coverage they need, Plus, it builds cash value – beginning with the fourth year of coverage. So if at some point before a claim, you decide to end your Ordinary Life Insurance coverage, you collect the value of the cash. See the Cash Value chart for details.

How much coverage can I get?

Members under age 65 may apply for coverage amounts from \$10,000 to \$100,000. If applying for coverage within seven months of employment, you are guaranteed a minimum benefit amount of \$50,000. If you are applying after seven months of employment or when applying for coverage in excess of your guaranteed amount, you must complete the Statement of Health section on the application.

Members age 66 and over may apply for \$2,500 of coverage. The Statement of Health section on the application must be completed if applying for coverage after seven months of employment.

I already have life insurance. Do I need more coverage?

Additional life insurance can be a godsend to a family if tragedy strikes. Without your income, mortgage payments, medical expenses, college tuition add up in a hurry. And final expenses now average \$7,755². Securing extra coverage now can be important peace of mind for your family.

² <http://www.nfda.org/news-a-events/all-press-releases/2192-nfda-releases-results-of-2010-general-price-list-survey.html>

How does the CSEA keep coverage affordable during these economic times?

The premiums for the Ordinary Life Insurance Plan are affordable because rates are negotiated using the combined buying power of the CSEA Association Partnership Program members. That means our group rates are typically lower than what you'd pay as an individual trying to get this coverage.

How can I pay my premiums?

For easy budgeting, premiums are deducted via ACH. Rates are more affordable than if you purchased coverage on your own because of the combined buying power of the CSEA Association Partnership Program. ACH allows us to automatically deduct premiums from your bank account.

What if I change my mind after I apply?

After you're approved for coverage, you'll receive a Certificate of Insurance. Take up to 30 days to decide if this protection is right for you. If you change your mind, just send us a written request and your premiums will be promptly refunded.

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

Accidental Death and Dismemberment Benefits

If an active employee suffers a covered accidental bodily injury, benefits will be paid as outlined in the Certificate of Insurance up to the Principal Sum. The loss must occur within 12 months of a covered accident. Losses will not be covered due to: 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 participating in a riot; bodily or mental infirmity as a result of medical or surgical treatment for such infirmity; ptomaine, bacterial infection, or any kind of disease, but this limitation does not apply to pyogenic infections occurring with and through an accidental cut or wound; or 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.

Terms

Notice of Information Practices

To our members: In the course of properly underwriting and administrating 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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