

# California State Firefighters' Employee Welfare Benefit Corporation

## \$5,000 Base Life and Accidental Death & Dismemberment

The document is a summary of the Base Life and Accidental & Dismemberment (AD&D) plan and is not the complete Certificate and Plan Summary of Group Policy 633835. For complete copy contact the plan administrator Myers-Stevens & Toohey.

### General Policy Information

Group Policy Number:	633835-A
Type of Insurance:	
Life Insurance:	Yes
Accidental Death and Dismemberment AD&D Insurance:	Yes
Dependant Life Insurance:	No
Dependants Accidental Death And Dismemberment (AD&D) Insurance:	No
Policyholder:	California State Firefighters' Employee Welfare Benefits Corporation

### Becoming Insured

To become insured for Life Insurance you must (a) Be a member; (b) complete you eligibility Waiting Period; and (c) Meet the requirements in Life Insurance and Active at Work Provisions. The requirements for becoming insured for coverages other then Life Insurance are set out in the text.

Definition of Member: You are a member if you are:

1. A member in good standing of California State Fire Fighter Association (CSFA)
2. An active staff member of CSFA

3. Employed by a California Fire Department/Agency
4. Retirees must have been enrolled as a CSFA member for at least two years prior to enrollment.

Eligibility Waiting Period:

You are eligible on the later of the Group Policy Effective Date and one of the following:

CSFA Staff Employees: The first day following 6 consecutive months as a Member.

All other Members: The first day as a Member.

### **Schedule of Insurance**

#### Schedule of Life Insurance

You will become insured under Plan 1 Base Life if you meet the requirements to become insured under the Group Policy and the Schedule provides a benefit for your classification.

#### Plan 1 Life & AD&D Insurance Benefit:

Active and retired members in good standing of CSFA:

\$5, 000

Upon retirement or age 60, whichever comes first benefit reduced to \$1,000

At age 70 and thereafter benefit will be \$500

### **Exclusions**

1. **Suicide Exclusion:**  
If you death results from suicide or other intentionally self inflicted Injury, while sane or insane. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2- year period, we will include time you were insured under the Prior Plan.
2. **War or act of war.** War means declared or undeclared war, whether civil or intentional, and any substantial armed conflict between organized forces of a military nature.

3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician.
5. Boarding, leaving or being in or on any kind of aircraft. However, this exclusion will not apply if you are a fare paying passenger on a commercial aircraft.

#### When Life Insurance Ends:

1. The date the Group Policy terminates
2. The date you are no longer a CSFA member in good standing

### CLAIMS

#### A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

#### B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but no later than one year after that 90 day period.

#### C. Proof Of Loss

Proof Of Loss means written proof that loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss.

#### D. Investigation Of Claim

We may have you examined at your expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

#### E. Time Of Payment

We will pay benefits within 60 days after Proof of Loss is satisfied.

#### F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. Within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; and (c) and additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support the claim.
- d. Information concerning the claimant's right to review our decision.
- e. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA, if the claim is denied on review.

#### G. Review Procedure

If all or part of a claim is denied, the claimant may request a review in writing within 60 days after receiving notice of the denial.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. Within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60

days. If the extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may include our review of the claim based on the information we have received.

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.
- d. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA.

The Group Policy does not provide voluntary alternative dispute resolution options.

### **Benefit Payment and Beneficiary Provisions**

#### **A. Payment of Benefits**

Benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse
2. Your Children
3. Your Parents
4. Your Brothers and Sisters
5. Your Estate

#### **B. Methods Of Payment**

We will pay it in a lump sum.

For Claim forms or any questions regarding this coverage,  
please contact the plan administrator:

**Myers-Stevens & Toohey at 800-827-4695**

