

Application Instructions

1. Complete all information on the application on page 3. (Do not forget to sign and date application.)
2. Mail completed application to:

Pacific Financial Designs, Inc.
11230 Sorrento Valley Road #105
San Diego, CA 92121
Attn: Web Enrollment

3. Coverage will begin after 2 deductions have been withheld from your paycheck.
4. If you have any questions, please call (800) 733-4487 x 300.

Personal Accident Insurance

Developed for the Members of
Kern Law Enforcement Association



Start With Basic Coverage and Add What You Need

Basic Accident Insurance Coverage (outlined in your certificate) — Provided courtesy of Pacific Financial Designs, Inc., available only to members of the Association.

- Provided automatically to all eligible members.
- Accident insurance in the amount of \$1,000.

Who Is Eligible For Coverage?

You — You are eligible for coverage if you are an active member of the Association under the age of 70 who is domiciled in the United States and actively employed on a full-time basis.

Your Family — You may elect to cover your lawful spouse* under age 70, and your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students). Children must be dependent upon you for support and maintenance and must reside with you.

No one may be covered more than once under this plan. If covered as a member, you cannot also be covered as a dependent.

**Domestic Partner is defined in the group policy. For purposes of this brochure, wherever the term Spouse appears it shall also include Domestic Partner. You must have on file an affidavit (available from your Association office) which specifies the criteria for being considered a Domestic Partner under the group policy. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy, and no affidavit is necessary. Additional information is available from your Association office.*

How Much Coverage Can You Buy?

You — You may select any amount of coverage shown on the chart at right.

Your Family — Your spouse's benefit amount will be 40% of yours, or 50% if you have no dependent children. Each of your covered children's benefit amount will be 10% of yours, or 15% if you are a single parent.

Each family member's coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accidental loss.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

Your Bi-weekly Cost

Your cost will depend on the benefit amount and coverage option you select from the chart below.

Your Benefit Amount	Bi-weekly Cost for You and Your Family	Bi-weekly Cost for You Only
\$ 500,000*	\$19.62	\$12.69
250,000*	9.81	6.35
175,000*	6.87	4.44
100,000	3.92	2.54
50,000	1.96	1.27

Benefit amounts over \$150,000 cannot be greater than 10 times your annual earnings. Spouse and children coverages are a percentage of your benefit amount. Benefit amounts cannot exceed \$175,000 for your spouse and \$37,500 for each child.

** Benefit amounts for injuries sustained by a member while traveling in an aircraft that is owned, leased or controlled by the member's employer are limited to \$100,000.*

Costs are subject to change.

Benefit Reductions

When you reach age 70, your benefits will be reduced to 70% of the benefit amount selected; at age 75, 45%; at age 80, 30%, and at age 85, 15%. If you elect coverage for your family members, Accidental Death & Dismemberment benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected benefit amount will be determined by this reduction schedule. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden unforeseeable event that results in injury or death and that occurs while coverage is in force. We will pay the full benefit amount in the event of accidental loss of life occurring within 365 days of a covered accident. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits for paralysis, dismemberment, loss of eyesight, speech or hearing according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower limbs, or Total paralysis of upper and lower limbs on one side of the body, or Loss of one hand, foot, or sight in one eye, or Loss of speech, or Loss of hearing in both ears	50%
Loss of thumb and index finger of the same hand	25%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any hearing aid or device. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). California Residents: Loss of a thumb and index finger means complete severance of at least one whole phalanx (a bone of the finger) of each. South Carolina Residents: Loss of four whole fingers from one hand means the loss of one hand. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. Severance means complete separation and dismemberment of the limb from the body.

Additional Benefits

For College Education

The education benefit can give members who sign up for coverage for their family members extra peace of mind if their children are either in college or college-bound.

If you die in a covered accident, we will pay an extra benefit for each insured child who is enrolled in college or is in the 12th grade and enrolls in college within one year of the accident. To help pay college expenses, we will increase your benefit amount by 3% (up to \$5,000) for each qualifying child. This benefit is payable each year for four consecutive years as long as your children continue their college education.

If there is no qualifying child, we will pay an additional \$1,000 to the insured's beneficiary.

For Training for Your Spouse

If you have elected spouse coverage, your spouse will receive educational reimbursement if he or she enrolls, within one year of your death in a covered accident, in an accredited school to gain skills needed for employment. We will pay the actual cost of this education or training program, for not more than one year after enrollment begins, up to a maximum of \$3,000.

For Wearing a Seatbelt

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger car* equipped with seatbelts. If that person was wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by state law), that person's death benefit will be increased by 10%, but not less than \$1,000 nor by more than \$10,000.

If it is unclear whether the insured had been wearing the required protection, the plan will pay a benefit of \$1,000. No benefit is payable if the official accident report is either not provided to us or it indicates that no seatbelt was worn.

** A validly registered four-wheel private passenger (or policyholder-owned) car, station wagon, jeep, pickup truck, or van-type car.*

For Dual Accidents

If you have elected coverage for your family members and, as a result of the same covered accident or separate covered accidents that occur within the same 24-hour period, you and your insured spouse die, we will increase your spouse's benefit amount to 100% of yours. You and your spouse must be survived by one or more dependent children. Both benefits combined cannot be more than \$1,000,000.

What Is Not Covered

Plan benefits are not payable if a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide; any felony committed by the insured; any act of war, declared or undeclared; sickness, disease, physical or mental impairment or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug or chemical substance (accidental ingestion not included), except one prescribed by a licensed physician; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization; traveling in an experimental aircraft or one designed to be used in outer space; traveling in an aircraft that is being operated by or for a military authority other than Military Airlift Command, or similar foreign service; hang gliding; parachuting, except for self-preservation; piloting or serving as a crew member in any aircraft, except an aircraft that is owned, leased or controlled by the member's employer; or taking a flying lesson in any aircraft.

When Your Coverage Begins and Ends

Current members can sign up during this enrollment period. New members have 31 days from the date they become eligible to enroll. Coverage becomes effective on the first of the month after receipt of your application. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins.

If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work. If your spouse is not regularly performing the duties of his/her occupation, or if your spouse or children are unable to engage in all the usual duties of a person of like age and sex, the effective date of their insurance will be deferred until they return to work or resume their usual duties.

Your coverage will continue as long as you remain an eligible member, pay your premium when due, do not serve more than 30 days' full-time active duty in any Armed Forces, and we agree with the sponsoring association to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever occurs first.

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage ends for any reason except non-payment of premium, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

POLICYHOLDER

Kern Law Enforcement Association

**Life Insurance Company of North America
Personal Accident Insurance**

POLICY NO.

OK-821251

Complete the following to enroll:

Full Name _____ Date of Birth _____ Social Security # _____

Address _____
STREET CITY STATE ZIP

Basic Coverage in the amount of \$1,000.

Select Voluntary Coverage Option: Member and Family* Member Only

My Benefit Amount \$ _____ My Cost \$ _____ / bi-weekly

My Beneficiary _____ Relationship _____
PRINT FULL NAME(S)

You will be your family members' beneficiary unless you tell us otherwise in writing. Benefits will not be paid to your Domestic Partner if he/she is not specifically designated. * If you select coverage for your family, benefits for family members will be a percentage of yours. If you have a Domestic Partner, you must have on file an affidavit (available from the Association) which specifies the criteria for being considered a Domestic Partner under the group policy. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy, and no affidavit is necessary.

I enroll and authorize the Association to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

Signature _____ Date _____

DECLINATION — Check here and sign above if you do not want this coverage.

TL-007112
PM-616089c (Enrollment Form) / AR-0108-15228 (10/06)

Return to your Association. Be sure to make a copy for your records.



CIGNA Group Insurance
Life • Accident • Disability

Signing Up Is Easy

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage option that are right for you.
2. Fill out the enrollment form and return it to your Association Office.

Don't forget to...

Use the full name of your beneficiary. For example, use "Mary Jones Smith" not "Mrs. John A. Smith."

If you have any questions about the plan, please contact your Association Office.

This plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Policy OK-821251, on Policy Form No. LM-2L60, issued in California. The group policy is subject to the laws of the state in which it is issued. The availability of this offer may change. Please keep this material as a reference.

*Coverage is arranged by
Pacific Financial Designs, Inc.
11230 Sorrento Valley Road, Suite 105
San Diego, CA 92121
(800) 733-4487*

*Coverage is underwritten by
Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, PA 19192*



CIGNA Group Insurance
Life • Accident • Disability

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