

# Application for California Association of Professional Firefighters (CAPF) Long-Term Disability Group Coverage

Last Name	First Name	M.I.	Birth Date / /	Social Sec. No.
Mailing Address		Employment Date / /	Name of Employer	
City	State	Zip Code	Phone ( )	

<b>Employment Designation—REQUIRED</b> <input type="checkbox"/> Safety <input type="checkbox"/> Non-Safety	E-Mail Address
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Pre-Existing Conditions are eligible for coverage after 24 months of participation if you enroll during the one-time Initial Enrollment Period with your Union or Department, or during the first 12 months of your safety or non-safety employment. Otherwise, Pre-Existing Conditions or conditions caused or contributed to by Pre-Existing conditions, are excluded from coverage, except as provided for in the "Prior Coverage Credit." Disabilities caused by psychological or emotional disorders, or their physical manifestations, or drug, alcohol, or substance abuse, will be covered after 24 months of participation. Other conditions and limitations related to Pre-Existing Conditions are included in the CAPF Plan Document and Summary Plan Description. Please contact the Plan Administrator for additional information or to request a copy of the Plan.

**I hereby apply for Group Long-Term Disability (LTD) Plan Benefits** offered through my employee Union or Department, and agree that I shall abide by the stated provisions as noted in the Plan Documents and Bylaws. Payroll deduction is authorized if applicable. Except as provided for in the "Prior Coverage Credit" provision of the Plan, I understand that any medical condition that existed prior to my effective date of coverage will not be covered until I have been enrolled in the Plan as an Active Member for a period of twenty-four (24) months. Additionally, HIV, AIDS, ARC and death caused by pre-existing medical conditions will not be covered for forty-eight (48) months. **Under the terms of the Plan, any dispute not resolved through the Plan's claims procedure must be resolved by binding arbitration with the American Arbitration Association.** Please see the Plan Document for additional information.

**Special Provision:**  
**Non-Safety Participants** will be participating in the CAPF Non-Safety Plan and will have LTD Benefits limited to 36 months (3 years). Please refer to the Non-Safety Plan Documents for Plan provisions.

Beneficiary information is required for the Plan Death Benefits. Contact the Plan Administrator at 1-800-832-7333 or visit [www.CAPF.org](http://www.CAPF.org) to update your beneficiary choice or for additional information.

**By signing below I indicate that I have read these statements including the above paragraph on the Pre-Existing Conditions and the Special Provisions and acknowledge the limitations in LTD Benefits as explained. Other conditions and limitations are included in the CAPF Plan Document and Summary Plan Description.**

**Instructions and Rules for Beneficiary Designations.**  
 To designate a Beneficiary for Death Benefits payable pursuant to the Plan upon the Member's death, the Member must sign this form and designate at least one primary Beneficiary. This Beneficiary designation cancels all prior designations. Designations are not valid unless duly signed, dated and returned to the Plan Administrator during the Member's lifetime. If designating a trust or trustee, the Member should reference the written trust document and date.

Only surviving Beneficiaries at the time of death will be eligible to receive all or any specified portion of the Death Benefit. The Death Benefits are payable to the most recent Beneficiary designated by the member to the Administrators or to his or her estate if the Beneficiary predeceases the Member or dies within three (3) days after the Member's death. If there is no named Beneficiary, or no Beneficiary survives as of the date of death, the Death Benefit will be payable to the Member's surviving spouse or civil union partner; or if there is no surviving spouse or civil union partner, it will be payable to the Member's estate.

The Member may have more than one primary Beneficiary. If so, the Member should designate the percentage of proceeds payable to each primary Beneficiary. If more than one primary Beneficiary is designated, unless their shares are specified, settlement will be made in equal shares to the designated Beneficiaries (or Beneficiary) living at the date of the Member's death. A contingent Beneficiary receives the Death Benefit if (and only if) all primary Beneficiaries die before the date of the Member's death.

If a minor (a person not of legal age) is a Beneficiary, it may be necessary to have a guardian of the estate of the minor, or a conservator for the minor appointed before any Death Benefit can be paid. (This can result in legal expenses for the Beneficiary and a delay in the payment of the Death Benefit.)

If a Beneficiary disclaims all or any portion of a Death Benefit by delivering a written disclaimer to the Plan Administrator prior to the distribution of the Death Benefit, the interest disclaimed will pass as if that Beneficiary had pre-deceased the Member.

**These instructions and rules are subject to and controlled in all respects by the terms of the Plan Document. Beneficiary information is required for the Plan Death Benefits. Contact the Plan Administrator at 1-800-832-7333 or visit [www.CAPF.org](http://www.CAPF.org) to update your beneficiary choice or for additional information.**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

*(If Trust, insert full name and date of Trust and Trustees names.)*

Beneficiary Address \_\_\_\_\_ Beneficiary Phone \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary Address \_\_\_\_\_ Contingent Beneficiary Phone \_\_\_\_\_

<b>Please do not write in this space. Office use only.</b>				
Received: _____	Effective Date: _____	Dept.: _____	Cert. No.: _____	SPD Sent: _____