Eligibility Requirements for Life Insurance

All active payroll deduction Members who Elect the Hay-Day Plan within 60 days of becoming a new Member or eligible for the Hay-Day Plan; and Are actively at work at the time of the first payroll deduction (last day of the pay) period of the Hay-Day Product.

Term Life Insurance

Effective Date for Term Life Insurance: You will be insured on the last day of the pay period for which your payroll deduction is taken, provided the required premium is paid. You must be actively at work on the date insurance is to take effect. If you are not, insurance will take effect on the day you return

Date Insurance Ends for Term Life Insurance: As long as you continue to pay premiums, you continue to be a member, the group policy remains in effect, continue to be in an eligible class, and insurance does not end for your class, your coverage will not end.

Exclusions for Term Life Insurance: If you commit suicide within 2 years from the date Life Insurance takes effect, we will not pay such insurance and our liability will be limited as follows: Any premium paid by you will be returned to the beneficiary and any premium paid by the policyholder will be returned to the policyholder.

Accidental Death & Dismemberment (AD&D) Insurance

Effective Date for AD&D Insurance: You will be insured for Accidental Death and Dismemberment on the date stated in writing by MetLife, provided the required premium is paid. You must be actively at work on the date your insurance is to take effect. If you are not, insurance will take effect on the day you resume such work. Dependent spouse and children are eligible for the AD&D coverage but not the Group Term Life plan.

Date Insurance Ends for AD&D Insurance: As long as you remain a member in good standing, continue to pay premiums, the group policy remains in effect, and insurance does not end for your class, your coverage will not end. If you retire, coverage under this Accidental Death and Dismemberment plan will end, and at which time you are eligible for Retiree AD&D coverage. In addition, with respect to spouses, as long as marriage does not end by divorce or annulment, coverage will continue. With respect to domestic partners, as long as the person remains the domestic partner of the member, coverage will continue.

Exclusions for AD&D Insurance: No benefits will be paid for any loss caused or contributed to by: Suicide or attempted suicide; intentionally self-inflicted injury; service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country; a physical or mental illness or infirmity, or the diagnosis or treatment of such; infection, other than infection occurring in an external accidental wound; voluntary intake or use by any means of any drug, medication or sedative unless taken as prescribed by a physician; or an "over the counter" drug, medication or sedative taken as directed; alcohol in combination with any drug, medication, or sedative; or poison, gas, or fumes; or committing or attempting to commit a felony; war, declared or undeclared: or act of war, insurrection, rebellion or riot. We will not pay benefits for any loss if the injured party is intoxicated at time of the incident and is the operator of a vehicle or other device involved in the incident. These Plans are underwritten by Metropolitan Life Insurance Company, New York, NY. This brochure is a brief description of benefits only. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact your plan administrator for more information and complete costs and details. These plans are only available in CA.

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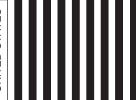




Employees Club of California

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The Employees Club of California is a membership program of LACEA Insurance Services, Inc. (CA DOI Lic. #0B98000). LACEA Insurance Services, Inc. is a licensed insurance agency offering insurance benefits to qualified Club members. LACEA Insurance Services, Inc. is not directly affiliated with Metropolitan Life Insurance Company



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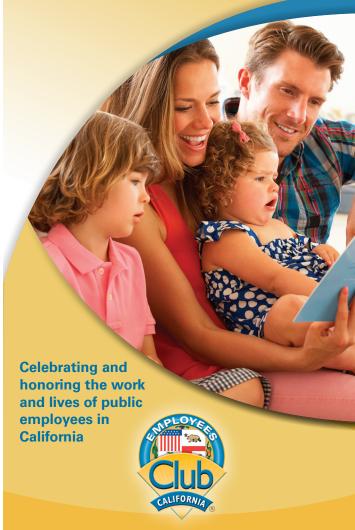
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✓ Membership Eligibility Membership in the Employees Club of California (The Club) is available to employees of the State of

The

Employees Club of California has beer



NEW MEMBER Any person who knowingly presents false or fraudulent information or amend insurance coverage or to make a claim for the payme guilty of a crime and may be subject to fines and confinement in				ion to obtain to f a loss is Member Name & ID:			Club Counselor: Date:				
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Employees Club of California 311 S. Spring St. STE 1300 Los Angeles, CA 90013 * The e-mail address you provide will h you regarding updates and benefits that you. Your e-mail address will be used sold of California and will not be distributed to				at may become ava elely by the Employ	nilable to	Initial He	active State I	am an California Employee		aried employee. urly employee.	

CLUB MEMBERSHIP BENEFIT ADD-ON OPTION

GUARANTEED ISSUETERM LIFE AND AD&D INSURANCE

NO HEALTH EXAM OR QUESTIONS REQUIRED!

Benefit Add-On Option Eligibility

You can enroll for this plan if you are: A FIRST TIME Club member and Active member of Employees Club of California, **Enrollment Instruction:** Mark your selection(s) below: Please select the applicable Club Membership Benefit Add-On Option listed on the left and complete the required information below \$10,000 Term Life Insurance actively working full-time (at least 30 Available for new members enrolled within the first 60 days. hours per week), and participating in the State of California Payroll System Monthly **Applicant** Name of Beneficiary Age Rate Rate Beneficiary Cell Phone Age Less than 30 \$2.20 50-54 \$10.20 30-34 2.40 55-59 17.20 Relationship 35-39 3.00 24.60 60-64 40-44 4.20 65-69 50.00 45-49 6.20 70+ 70.00 Signature Rates will not be changed unless they are changed for all insureds in your classification, or when you reach the next age category. \$50,000 Accidental Death & Dismemberment Insurance* Date Signed

Only \$2.50 per month.

* Additional amounts are available for you and your family. Please contact the Club for more information

No Thanks. I am not interested in participating in the above group-rated insurance plans offered to me at this time.

I acknowledge that coverage will not take effect unless I am eligible for active payroll deduction and active payroll deduction is established. Please initial

Insurance provided by Metropolitan Life Insurance Company through the Club.

Ded./Org. Code: 089-067

FOR EMPLOYEES OF THE STATE OF CALIFORNIA

By signing the Payroll Deduction Authorization, I authorize a monthly deduction of \$7.50 from my payroll, plus any other authorized deductions, for full Club benefits access. This remains in effect until I revoke it in writing.

PAYROLL DEDUCTION AUTHORIZATION

Middle Initial Social Security Number

Organization Name

Los Angeles City Employees Association, Inc. (LACEA)

TO: California State Controller

I hereby authorize the State Controller to deduct from my salary and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the above-named organization. This authorization will remain in effect until canceled by me or by the above-named organization. I certify that I am a member of the above-named organization and understand that termination of membership will cancel all deductions made under this authorization.

FOR OFFICE USE ONLY

Code Deduction



California State Employee **SLAM 2407** Date