

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 to work.

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.

Metropolitan Life Insurance Company, New York, NY Policy Number 165584-1-G © 2023 MetLife Services and Solutions, LLC L0723033680[exp0725][CA]

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Employees Club of California
311 S. Spring St Ste 1300 • Los Angeles, CA 90013
(888) 777-1744 • www.EmployeesClub.com

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.



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 62722 LOS ANGELES CA

POSTAGE WILL BE PAID BY ADDRESSEE

EMPLOYEES CLUB OF CALIFORNIA
311 S SPRING ST STE 1300
LOS ANGELES CA 90013-9844

SEAL WITH TAPE BEFORE MAILING - DO NOT STAPLE



LOS ANGELES CITY AND DWP

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Celebrating and honoring the work and lives of public employees in California



EMPLOYEES CLUB OF CALIFORNIA
www.EmployeesClub.com

Membership Eligibility

Membership in the Employees Club of California (The Club) is available to employees of the City of Los Angeles and the Dept. of Water and Power (DWP).

The Employees Club of California has been celebrating and honoring public employees in California since 1928.

As a member, you'll enjoy exclusive discounts on travel, entertainment, shopping, insurance, and more - enhancing your life on and off the job.

Join today and unlock access to special events, official merchandise, and a supportive community that celebrates your dedication to public service.



ENDLESS SAVINGS

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- Discount to Theme Parks
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- Big saving on dining and shopping nationwide



EmployeesClub.com

NEW MEMBER INFORMATION

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

REFERRED BY

Member Name & ID:

Club Counselor:

Date:

Name of Association: **Employees Club of California**

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth (MM/ DD/ YYYY): _____

MALE FEMALE SINGLE MARRIED

City Dept #: _____ City Employee ID # (5 of 5 Digits): _____ DWP Employee ID #: _____ Date of Hire (MM/ DD/ YYYY): _____ Work Phone: _____

Department You Work For: _____ Job Title: _____

Email Address * _____

Please select one:

CITY ACTIVE DWP ACTIVE

Employees Club of California
311 S. Spring St. STE 1300
Los Angeles, CA 90013

* The email address you provide will help us communicate with you regarding updates and benefits that may become available to you. Your email address will be used solely by the Employees Club of California and will not be distributed to others.

CLUB MEMBERSHIP BENEFIT ADD-ON OPTION NO HEALTH EXAM OR QUESTIONS REQUIRED!

GUARANTEED ISSUE TERM LIFE AND AD&D INSURANCE

Mark your selection(s) below:

\$10,000 Term Life Insurance

Available for new members enrolled within the first 60 days.

Applicant Age	Monthly Rate	Applicant Age	Monthly Rate
Less than 30	\$2.20	50-54	\$10.20
30-34	2.40	55-59	17.20
35-39	3.00	60-64	24.60
40-44	4.20	65-69	50.00
45-49	6.20	70+	70.00

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*

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.

Enrollment Instruction:

Please select the applicable Club Membership Benefit Add-On Option listed on the left and complete the required information below.

Name of Beneficiary: _____ Relationship: _____ Signature: _____ Date Signed: _____

Beneficiary Cell Phone: _____

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,
- actively working full-time (at least 30 hours per week), and participating in the City Retirement System or DWP Pension Plan.

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

FOR LOS ANGELES CITY AND DWP EMPLOYEES

By signing the Payroll Authorization Form, I authorize a monthly payroll or pension deduction of \$7.50 (\$4.00 for retirees), in addition to any other authorized deductions, for access to full Club benefits. This authorization will remain in effect until I revoke it in writing.

PAYROLL DEDUCTION AUTHORIZATION

Last Name: _____ First Name: _____ Middle Initial: _____ Social Security Number: _____

City Dept # _____ City Employee # (5 - 6 Digits) _____ DWP Employee # _____

Please select one:

City Active City Retired DWP Active DWP Retired Fire/ Police Pension (Officers Only)

To: **Controller—City of Los Angeles, or Fire and Police Pension, or City Employees Retirement System, or Paymaster—Department of Water and Power**



Employees Club of California
311 S. Spring St. STE 1300
Los Angeles, CA 90013
(800) 464-0452
info@employeesclub.com
www.EmployeesClub.com

I hereby authorize the deduction from my salary or pension of amounts sufficient to cover premiums/membership fees for any of my group benefits provided by the Employees Club of California. In the event that any premiums should change due to age, an increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such changes upon notification from the Employees Club of California. This deduction will remain in force until canceled by me in writing.

FOR OFFICE USE ONLY

Code _____ Deduction _____

SIGN HERE



Los Angeles City / DWP Employee

Date