

# Administration Guide for Voluntary Group Insurance Plans Endorsed by California Teachers Association (CTA)



Standard Insurance Company



The information described here is subject to all terms and conditions of the Group Policy(ies). Please ask your employees to refer to their Summary Plan Description for full details.

**Questions? Call 800.522.0406 or email [ctaadmin@standard.com](mailto:ctaadmin@standard.com)**

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## Administration Guide for Voluntary Group Insurance Endorsed by California Teachers Association (CTA)

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## Using This Guide

This guide is designed to help you administer certain aspects of the Voluntary Life and/or Disability Group Insurance Plans provided by Standard Insurance Company (The Standard) and endorsed by California Teachers Association (CTA).

References to policy terms and provisions are indicated by an initial cap. (That is, the first letter of the word is capitalized; however, some non-policy terms also have an initial cap.) Refer to the Group Policy Index of Defined Terms or the table of contents to find these terms.

While this guide details some key elements of the Group Policy(ies), the information here does not amend, alter, or waive any provisions of your employees' coverage under the Group Policy(ies) issued by The Standard. In the event of a conflict between this Guide and the Group Policy(ies), the terms and conditions of the Group Policy(ies) govern.

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## Welcome to The Standard

Your role is crucial to ensuring that the Participants insured under the Group Policy(ies) have the right expectations and the right outcomes should a loss occur. Our role at The Standard involves providing the insurance, administering the policy, and administering the claims when covered losses occur. We are also committed to supporting you in your role so you can do the very best job for your employees—and do it with ease.

Our goal is to streamline the plan administration process with timely information and resources, and our support takes many forms. We provide materials such as this guide. Our online tools are intended to make your job easier. If you haven't already browsed them, we invite you to do so.

Most importantly, our dedicated staff is here to help you. We have a team dedicated to your needs. Please contact us when that first question arises.

## Your Responsibilities

As The Standard is the primary administrator of the CTA endorsed Group Policy(ies), our staff is responsible for most of the tasks essential to ensuring accurate and timely administration of the plan.

Your key responsibilities are to deduct the insurance premiums, pay those premiums to The Standard, and to assist insured Participants with their claim submissions. (These activities are described in the sections titled “Billing Administration” and “Benefits Administration.”) We ask that you review this guide carefully.

Additionally, we appreciate your assistance in directing employees to The Standard's Member Services Center website when they wish to enroll in or change coverage. CTA members can navigate to this page from [www.cta.org](http://www.cta.org) by clicking on Member Services, Member Benefits, and then Life & Disability Insurance. CTA members will need their CTA member ID number to log in to the website. Please have them contact The Standard if they need assistance locating their CTA member ID number.

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## Contacting The Standard

There are multiple ways to contact The Standard.

### By Phone

Dialing 800.522.0406 toll-free will connect you to The Standard's dedicated Customer Service Department. Representatives can answer your calls from 7 a.m. to 6 p.m. Pacific Time, Monday through Friday. The Standard's phone system will ask only a few, basic questions so that we can connect you with the right person as quickly as possible.

### By Email

You or your employees may contact The Standard via email, using the email addresses below. The Standard's dedicated Customer Service Department will respond to your email by the next business day.

- School Districts: [ctaadmin@standard.com](mailto:ctaadmin@standard.com)
- Employees / CTA members: [mailto:ctaservice@standard.com](mailto:mailto:ctaservice@standard.com)

### By Mail or Fax

Use the mailing addresses and fax numbers below to expedite processing forms and information.

#### **Payments, Remittance Statements, Vendor Deduction Rosters**

Standard Insurance Company  
PO Box 4664  
Portland, OR 97208-4664

#### **Enrollment/Billing Forms, Documents, and Issues**

Standard Insurance Company  
PO Box 4744  
Portland, OR 97208  
Fax: 888-414-0393

#### **Claims Forms, Documents, and Issues**

Standard Insurance Company  
PO Box 2773  
Portland, OR 97208  
Fax: 888-414-0390

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## About The Standard's Forms

Districts can access The Standard's forms on The Standard's District Microsite at [www.standard.com/cta](http://www.standard.com/cta).

If you are unable to access these forms, please contact The Standard.

## Form Access for CTA Members

CTA members can access The Standard's Member Services Center website by logging into Member Benefits from [www.cta.org](http://www.cta.org). They can navigate to this page from [www.cta.org](http://www.cta.org) by clicking on Member Services, Member Benefits, and then Life and Disability Insurance. They will need their CTA member ID number to log in to the website. Please have them contact The Standard if they need assistance locating their CTA member ID number.

From there, CTA members can print forms, read details about various plans, and e-mail questions to The Standard's. If a CTA member is unable to access forms online, please ask them to contact The Standard.

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## **AdminEASE: An Online Tool for Your Convenience**

Access The Standard's online tool, AdminEASE, to do the following:

- view a summary of your bill
- view and download a list of insured Participants

### **Signing Up for AdminEASE**

To access this tool, go to [www.standard.com/cta/](http://www.standard.com/cta/) and click the link to sign up for AdminEASE.



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## Enrollment Opportunities

The descriptions below outline enrollment opportunities that may be available to CTA members for enrollment in the CTA endorsed Disability and Life Insurance Group Policies offered The Standard.

### Chapter Campaign

Chapter Enrollment Campaigns are a joint effort between CTA, The Standard, and local association to increase the number of CTA members who participate in CTA endorsed Disability and Life Insurance plans. Chapter campaigns are targeted to the members of the specific local chapter and combine both sales activities and direct marketing materials mailed to the individual members of the Chapter. In some instances, a campaign may be conducted with no marketing support.

### Closed to Open Campaign

This campaign targets all Participants currently enrolled in The Standard's decreasing term Life Insurance plan ("closed" plan). Participants have the opportunity to transfer their coverage from the "closed" plan to the "open" Life Insurance plan. Participants receive marketing materials in the mail explaining the enrollment opportunity.

### New Enrollee Enrollment Opportunity

This enrollment opportunity is available to all newly hired CTA members or CTA members transferring to a new district. Messaging around this opportunity may be included in advertisements, newsletters and other types of marketing materials. Applicants for this opportunity do not receive marketing materials since this is an ongoing enrollment opportunity.

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## **Enrollment Opportunities (cont.)**

### **Family Status Change Enrollment Opportunity**

This is an enrollment opportunity driven by changes in the family status of CTA members (such as marriage, initiation or dissolution of a domestic partnership, birth, adoption, divorce, commencement or termination of a Spouse/Domestic Partner's employment). Messaging around this opportunity may be included in advertisements, newsletters and other types of marketing materials. Applicants for this opportunity do not receive marketing materials since this is an ongoing enrollment opportunity.

### **Port Over Enrollment Opportunity**

This is an enrollment opportunity for CTA members who have disability and/or life insurance coverage through another carrier. In this campaign, these CTA members have the opportunity to transfer current disability, life and/or dependents life coverage to the CTA endorsed Disability and/or Life Insurance plans through The Standard during a specific enrollment period. Dependents Life coverage cannot be transferred to The Standard without the CTA member also having Life coverage. If members currently have Life Insurance with The Standard their Life Insurance will be added to the coverage they are transferring to The Standard. If the total amount is not an available amount under the plan the member will be insured at the next higher available amount.

### **Late Enrollee Opportunity**

This enrollment opportunity is available to all CTA members who apply for Disability and/or Life Insurance after they have been employed more than 120 days. They will be required to submit Evidence of Insurability (EOI). Messaging around the ability to apply at any time may be included in advertisements, newsletters and other types of marketing materials. Applicants for this opportunity do not receive marketing materials since this is an ongoing enrollment opportunity.

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## Administering Billing

### Billing Administration Responsibilities

Your responsibilities are:

- Direct CTA members to The Standard's Member Services Center website to access forms.
- Direct your employees to contact The Standard with any questions.
- Pay deducted premiums to The Standard, using the Premium Remittance Statement.

Forward any forms to The Standard if your employees give them directly to you.

### About Premium Due Dates and Grace Periods

Premiums are due on the first calendar day of the period for which you are billed. Contact The Standard with questions regarding premium due.

Timely payment of premiums is required for Participants to remain insured. Your Grace Period is 60 days. If premiums are not paid within that grace period, Participant insurance coverage would end.

### About Premium Change Notifications

The Standard sends Premium Change Notifications to advise you of premium increases or decreases at the Participant level. These notices are mailed throughout the month as changes occur. If you have questions regarding Premium Changes Notifications, please contact The Standard.

For more information, refer to "Appendix A: Annotated Premium Change Notification" in this guide.

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## **General Information About Census Bills**

You will receive one bill for each billing division. These bills consist of:

- The first pages are the census, which is a roster of all insured Participants and their individual premiums. The final page of the census shows subtotals of volume and premium by coverage (these are based on our current information, and may not be up to date).
- The last page, called a Premium Remittance Statement is for your use in reporting the correct volume and premium to support your premium payment.

For more information, refer to “Appendix B: Annotated Census Bill and Premium Remittance Statement” in this guide.

### **Census Bill: Paying Premiums**

- 1 Review the billing census against your records.
- 2 Report the total number of lives (insured Participants) on the Premium Remittance Statement.
- 3 Report the premium amounts due by coverage on your Premium Remittance Statement.
- 4 Make your check payable to Standard Insurance Company. Include your district’s policy number and division number on the check.
- 5 Return the Premium Remittance Statement and your payment in the envelope provided. The Standard’s premium PO Box is also listed in the “Contacting The Standard” section of this guide.

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### **Census Bill: Making Participant Adjustments**

Subject to Participant Change Notices we have sent to you, along with your own human resources and payroll departments, you are responsible for reporting and making billing adjustments to reflect Participant additions, terminations, and volume increases and decreases.

To ensure your reported lives and premium match your records, forward original enrollment and change forms to The Standard upon receipt (refer to the “Eligibility and Enrollment” and “Changes, Terminations and reinstatements” sections in this guide.

### **Paying Premiums During Disability Benefits**

To maintain Voluntary coverages for eligible employees who are away from work because of a Disability, premium payments may be required of the Participants. For other coverages, Participants may remain on the bill and show zero premiums. The Standard will inform you of any premium changes due to your employees’ becoming eligible for Disability Benefits.

As with all other premium changes, you are required only to make manual adjustments for changes reported to you in the Premium Change Notice or email you receive where there is a Participant change that affects premiums.

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## **Common Questions About Paying Premiums**

### **When are premiums due?**

Premiums are due on the first calendar day of the period for which you are billed. For example, premiums due for the month of March are due on or before March 1.

### **When will my billing statement be mailed?**

Typically, statements are mailed 11 days before each due date. AdminEASE subscribers with Census Bills can view a current census list of lives, volume, and premium, which is available online monthly after statements have been printed at The Standard.

### **Why weren't a Participant's changes reflected on my current bill?**

The Standard did not receive the changes before preparing your billing statement, or we did not receive all of the information needed to process the change. Contact The Standard if you have any questions about employee changes.

### **Can a Participant make changes over the phone?**

Insured Participants may make basic demographic changes over the phone. However we may ask that they submit salary changes to The Standard by mail. If you are concerned that changes a Participant submitted are not reflected on your statement, ask the Participant to contact The Standard.

### **Can Participants continue coverage while on an approved Leave Of Absence?**

Participants may be eligible to continue their Life Insurance up to 24 months while out on a Leave of Absence approved in advance by you. Disability Insurance may be continued while on family medical leave, as well as through the last day of the first calendar month of a leave of absence. Participants must meet all terms and conditions of the Group Policy and apply in writing using a Temporary Leave Continuation of Insurance form to continue coverage. Participants can find the form online, or can request it by contacting The Standard.

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## **Common Questions About Paying Premiums (cont.)**

### **Can Participants continue coverage after retirement?**

Participants may be eligible to continue their Life Insurance as a Retired Participant, provided they meet all terms and conditions of the Group Policy and apply in writing within 120 days of retirement. However, the amount of Life Insurance available to a Retiree will be less than that of an active Participant. Participants will be provided with a *Retiree Packet* after The Standard is notified that they are retiring. Participants can also request a *Retiree Packet* at any time from The Standard.

### **Can Participants continue coverage after they no longer work for any school district?**

Participants may be eligible to convert their Disability and/or Life Insurance to an individual policy, or port their Life Insurance. Participants must meet all terms and conditions of the Group Policy and apply in writing within 31 days of termination to port or convert coverage. Participants can find the appropriate request for materials form online, or can request it by contacting The Standard.

### **How do Participants reinstate their coverage after returning from an approved Leave of Absence?**

Participants should complete a *Participant Change Form* within 120 days of returning to work to reinstate their coverage. Participants can find the form online, or can request it by contacting The Standard.

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## Administering Benefits

### **Benefits Administration Responsibilities**

Your responsibilities are:

- Direct CTA members to The Standard's Member Services Center website to access forms.
- Direct your employees to contact The Standard with any questions.
- Complete employer portions of benefit claim forms and provide required attachments.

### **Benefits Administration for Voluntary Group Life Insurance**

#### **Submitting a Claim for Life Insurance and Accidental Death and Dismemberment Claims**

- Complete the Employer Statement for Accidental Dismemberment claims and mail it to The Standard.
- Complete the employee information and last day worked on the Proof of Death claim form for Life Insurance and mail it to The Standard.



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### **Submitting a Claim for Continued Life Insurance**

Continued Life Insurance During Total Disability is a provision in the Group Life Insurance policy that allows eligible insured Participants to continue Insurance coverage with payment of premiums. To be eligible, a Participant must meet all Group Policy requirements, including the definition of being Totally Disabled. However, separate Continued Life Insurance During Total Disability claim forms are not required if the Participant has already completed Disability claim forms.

The Life Insurance continued under this benefit will terminate or reduce in accordance with the terms of the Group Policy (ies).

- 1 Direct Participants to call The Standard to submit their claim over the phone. They may also submit a claim via mail by accessing their claim forms from The Standard's Member Services website.
- 2 Complete the Employer Statement and send the form to The Standard with the following:
  - Job description
  - Employment application or resume
- 3 Advise Participants they must continue paying premiums.

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## **Benefits Administration for Group Disability Insurance**

### **Submitting a Claim for Disability Benefits**

Use a Disability Benefits Claim Packet and follow these steps to assist an employee in submitting a Disability claim.

- 1 Direct Participants to call The Standard to submit their claim over the phone. They may also submit a claim via the mail, fax, or web submission by accessing their claim forms from The Standard's Member Services Center website.
- 2 Complete the Employer Statement and send it to The Standard with the following:
  - Job description and/or completed Job Analysis form
  - Employment application or resume
  - Documentation of any Deductible Income as defined by the Group Policy
  - Documentation of any Extra Duty Pay contract the employee may have for a future extra Duty Pay assignment.

### **When an Employee With a Pending or Active Disability Claim Returns to Work or Dies**

If an employee who has a current Disability claim with The Standard returns to work in any capacity or dies, immediately notify the assigned Benefits Analyst. The Benefits Analyst will request additional information as needed to determine whether further benefits may be payable under the terms of the Group Policy.

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## Appendix A: Annotated Premium Change Notification

### Premium Change Notification

The Premium Change Notification is The Standard's printed acknowledgement that we have received and processed a change submitted to us by a Participant, an administrator, or other authorized staff regarding coverage under a Voluntary plan. Such changes include (1) adding or deleting Participants and (2) increasing or decreasing coverage amounts. Once we process such changes, these notices are generated by our computer system.

Administrators use the Premium Change Notification information to make appropriate adjustments to the Participant's payroll deduction for premium billings.

For the notification sample on page 2, this chart defines the specified items.

|          |  |
|----------|--|
| <b>A</b> | POLICYHOLDER: The school or organization name and address and the name of the contact person.<br><i>Please confirm that this field contains the right information.</i> |
| <b>B</b> | OUR ADDRESS: The mailing address for your correspondence to Standard. (This is different from our billing address).  |
| <b>C</b> | REPORT DATE: The date the form was generated, which is usually the date the change was processed at The Standard.  |
| <b>D</b> | PARTICIPANT NAME & ID: The name and identifying number of the Participant to whom the change applies.  |
| <b>E</b> | POLICY NUMBER: The identifying number of the policy for your school district or organization.  |
| <b>F</b> | DIVISION: The assigned billing division within your group number.  |
| <b>G</b> | DEDUCTION EFFECTIVE DATE: The date that the change affects your premium billing.   |
| <b>H</b> | NEW TENTHLY PREMIUM DEDUCTION: Your billing mode. (In this example, the school/organization gets 10 bills a year.)   |
| <b>I</b> | NEW PREMIUM DEDUCTION: The amount you are to deduct from payroll deductions and submit with your premium.  |

|   |  |                                   |
|---|--|-----------------------------------|
| CTA SCHOOL NAME<br>ATTN: SALLY MAY<br>ADDRESS<br>CITY, STATE ZIP <b>A</b> | STANDARD INSURANCE COMPANY<br>PO BOX 4744, PORTLAND OR 97208-4744 <b>B</b> | Report Date<br>5/17/2007 <b>C</b> |
|---|--|-----------------------------------|

  

### Premium Change Notification

Please make the following payroll deduction change.

  

|   |                                      |                        |                   |
|---|--------------------------------------|------------------------|-------------------|
| Participant Name<br>GILLIGAN, OTIS <b>D</b> | Participant ID<br>323009999 <b>D</b> | Policy Number <b>E</b> | Division <b>F</b> |
|---|--------------------------------------|------------------------|-------------------|

  

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| Deduction Effective Date <b>G</b><br>01/01/2007 | Coverage Type<br>Basic Life | New Premium Deduction<br>\$3.60 |
|---|-----------------------------|---------------------------------|

  

**H** NEW TENTHLY PREMIUM DEDUCTION: **I** \$3.60

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## Appendix B: Annotated Census Bill and Premium Remittance Statement

### Billing Census

The Billing Census is a list of your Participants—and the coverages and costs for each—as of the print date of the census form. This is mailed to you approximately 11 days before the premium due date. **Only coverages appropriate to your school or organization will have volume, rate, and premium information.** Any other coverage categories can be ignored.

**Start here when you administer your billing.** As of the print date of this census, these are the Participants and their coverages and costs. This chart defines the items specified in the sample census on page 2. So that the sample statement on page 2 would fit easily in a Word document, we omitted some columns for supplemental coverages.

|          |  |
|----------|--|
| <b>A</b> | POLICY NUMBER: The assigned policy number for your school district. (This is sometimes referred to as "group ID.")                                   |
| <b>B</b> | DIVISION: The assigned billing division within your policy number.   |
| <b>C</b> | OUR BILLING ADDRESS: The letters "CB" tell us this is your payment. We have other addresses for correspondence.                                      |
| <b>D</b> | NAME & ADDRESS: Please confirm that we have the right contact person in the ATTN line for your school address.                                       |
| <b>E</b> | DUE DATE: The date your premium is due at The Standard.  |
| <b>F</b> | PARTICIPANT ID & NAME: The name and identifying number of the Participant to whom the coverage applies.  |
| <b>G</b> | EFFECTIVE DATE: The date that the Participant became effective for the first coverage.   |
| <b>H</b> | BLIFE (BASIC LIFE): The volume and premium for basic Life coverage.  |
| <b>I</b> | AD&D (BASIC AD&D): The volume and premium for basic Accidental Death and Dismemberment coverage.   |
| <b>J</b> | Other coverages that may be provided by your plan. A column will display and contain information only if at least one Participant has that coverage. |
| <b>K</b> | PREMIUM TOTAL: The total premium for the Participant.  |

| BILLING CENSUS  |                   |                            |                           |                            |                            |   |                            |                             |                            |                                    |                  |
|---|-------------------|----------------------------|---------------------------|----------------------------|----------------------------|---|----------------------------|-----------------------------|----------------------------|------------------------------------|------------------|
| <b>THE STANDARD</b>   |                   |                            |                           |                            |                            | POLICY NUMBER<br>CT 123456 <b>A</b>   |                            | DIVISION<br>1000 <b>B</b>   |                            |                                    |                  |
| PLEASE SEND YOUR PREMIUM PAYMENT TO: <b>C</b>   |                   |                            |                           |                            |                            | NAME & ADDRESS: <b>D</b>  |                            | PRINT DATE<br>JAN. 17, 2007 |                            | DUE DATE<br>FEB. 01, 2007 <b>E</b> |                  |
| STANDARD INSURANCE COMPANY CB<br>PO BOX 4664<br>PORTLAND OR 97208-4664  |                   |                            |                           |                            |                            | AMADOR COUNTY UNIFIED<br>ATTN: SALLY MAY<br>2425 JEFFERSON STREET<br>NAPA, CA 94903 |                            |                             |                            |                                    |                  |
| PLEASE COMPLETE THE FOLLOWING INFORMATION FOR REMITTANCE AND RETURN THIS PAGE WITH YOUR PAYMENT.<br>If payment is not received within your contractual grace period, coverage under the contracts will lapse. |                   |                            |                           |                            |                            |   |                            |                             |                            |                                    |                  |
| Participant<br>Name/ID  | Effective<br>Date | BLIFE<br>Volume<br>Premium | AD&D<br>Volume<br>Premium | SUPPL<br>Volume<br>Premium | SAD&D<br>Volume<br>Premium | SUPPL<br>Volume<br>Premium  | SPADD<br>Volume<br>Premium | DPLF1<br>Volume<br>Premium  | DPAD1<br>Volume<br>Premium | DIS<br>Volume<br>Premium           | PREMIUM<br>TOTAL |
| <b>F</b>  | <b>G</b>          | <b>H</b>                   | <b>I</b>                  | <b>J</b>                   | <b>J</b>                   | <b>J</b>  | <b>J</b>                   | <b>J</b>                    | <b>J</b>                   | <b>J</b>                           | <b>K</b>         |
| Sullivan, Margaret<br>AA0000064   | 02/01/07          | 22,222<br>\$ 9.99          | 22,222<br>\$ 1.11         |                            |                            |   |                            |                             |                            |                                    | \$11.10          |
|   |                   |                            |                           |                            |                            |   |                            |                             |                            |                                    |                  |
| Subtotal for bill category 0100 Volume  |                   | 22,222                     | 22,222                    |                            |                            |   |                            |                             |                            |                                    |                  |
| Subtotal for bill category 0100 Premium   |                   | \$ 9.99                    | \$ 1.11                   |                            |                            |   |                            |                             |                            |                                    |                  |

The information described here is subject to all terms and conditions of the Group Policy(ies). Please ask your employees to refer to their Summary Plan Description for full details.

**Questions? Call 800.522.0406 or email [ctaadmin@standard.com](mailto:ctaadmin@standard.com)**

## Appendix B: Annotated Census Bill and Premium Remittance Statement (cont.)

### Premium Remittance Statement

After you review the census, make note here of any changes (which typically result from adding or terminating Participants or of increasing coverages) and corresponding adjustments. If you have questions, please call us at 1-800-522-0406. We'd rather talk you through making changes than have you guess.

This chart defines the specified items shown in the sample on page 4.

|          |  |
|----------|--|
| <b>A</b> | POLICY NUMBER: The assigned policy number for your school district. (This is sometimes referred to as "group ID.") |
| <b>B</b> | DIVISION: The assigned billing division within your policy number.   |
| <b>C</b> | OUR BILLING ADDRESS: The letters "CB" tell us this is your payment. We have other addresses for correspondence.    |
| <b>D</b> | NAME & ADDRESS: Please confirm that we have the right contact person in the ATTN line for your school address.     |
| <b>E</b> | DUE DATE: The date your premium is due at The Standard.  |
| <b>F</b> | COVERAGE TYPE: The category of insurance for which premium is due.   |
| <b>G</b> | PARTICIPANTS INSURED: This is the <b>total number</b> of Participants insured for this coverage type.              |
| <b>H</b> | COVERAGE VOLUME: This is the <b>total amount</b> of volume of the Participants insured for this coverage type.     |
| <b>I</b> | RETRO ADJUSTMENTS (+/-): The amount of premium to be added to or deducted from the statement.                      |
| <b>J</b> | COVERAGE PREMIUM: Write the <b>total premium due</b> for all coverages.  |

| THE STANDARD  |                              | PREMIUM REMITTANCE STATEMENT   |                               | POLICY NUMBER<br>CT 123456 <b>A</b> | DIVISION<br>1000 <b>B</b>          |
|---|------------------------------|--|-------------------------------|-------------------------------------|------------------------------------|
|   |                              |  |                               | PRINT DATE<br>JAN. 17, 2007         | DUE DATE<br>FEB. 01, 2007 <b>E</b> |
| PLEASE SEND YOUR PREMIUM PAYMENT TO: <b>C</b>   |                              | NAME & ADDRESS: <b>D</b>   |                               |                                     |                                    |
| STANDARD INSURANCE COMPANY CB<br>PO BOX 4664<br>PORTLAND OR 97208-4664  |                              | AMADOR COUNTY UNIFIED<br>ATTN SALLY MAY<br>2425 JEFFERSON STREET<br>NAPA, CA 97203 |                               |                                     |                                    |
| PLEASE COMPLETE THE FOLLOWING INFORMATION FOR REMITTANCE AND RETURN THIS PAGE WITH YOUR PAYMENT.<br>If payment is not received within your contractual grace period, coverage under the contracts will lapse. |                              |  |                               |                                     |                                    |
| BILLING<br>CATEGORY   | COVERAGE TYPE                | PARTICIPANTS<br>INSURED<br><b>G</b>  | COVERGE<br>VOLUME<br><b>H</b> | Retro Adjustments (+/-)<br><b>I</b> | COVERAGE<br>PREMIUM<br><b>J</b>    |
| 0100  | BLIFE BASIC LIFE             |  |                               |                                     | \$                                 |
| 0100  | AD&D BASIC AD&D              |  |                               |                                     | \$                                 |
| 0100  | SUPLF SUPPLEMENTAL LIFE      |  |                               |                                     | \$                                 |
| 0100  | SAD&D SUPPLEMENTAL AD&D      |  |                               |                                     | \$                                 |
| 0100  | SUPPL SUPPLEMENTAL PLUS LIFE |  |                               |                                     | \$                                 |
| 0100  | SPADD SUPPLEMENTAL PLUS AD&D |  |                               |                                     | \$                                 |
| 0100  | DPLF1 DEPENDENT LIFE         |  |                               |                                     | \$                                 |
| 0100  | DPAD1 DEPENDENT AD&D         |  |                               |                                     | \$                                 |
| 0100  | DPLF2 DEPENDENT LIFE         |  |                               |                                     | \$                                 |
| 0100  | DPAD2 DEPENDENT AD&D         |  |                               |                                     | \$                                 |
| 0100  | DIS DISABILITY               |  |                               |                                     | \$                                 |
| <b>TOTAL PREMIUM DUE. PLEASE PAY THIS AMOUNT ➤</b>  |                              |  |                               |                                     | \$                                 |

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**Questions? Call 800.522.0406 or email [ctaadmin@standard.com](mailto:ctaadmin@standard.com)**

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## Glossary

**CTA member:** An employee who is a member of CTA: they may or may not be insured (see “Participant”).

**Applicant:** An employee applying for coverage who is not yet insured.

**Participant:** A member of CTA who is insured under a CTA-endorsed plan.

**Claimant:** An employee who has submitted a claim.