



Explore Your Employee Benefits

We believe in protecting what matters

**Group Accident, Critical Illness, Life,
Accidental Death and Dismemberment
(AD&D) and Long Term Disability Insurance**

CSU The California State University



Policy Number(s):
Group Basic Life 603267
Group LTD 642920
Group Voluntary Life 101770
Group Voluntary AD&D 648371
Group Voluntary LTD 648379
Group Accident 758442
Group Critical Illness 758443



Act Now to Help Protect What You Care About

Explore your benefit options with The California State University.

Having a lot of benefit choices is great — but can be confusing! You may be wondering ... which ones are the best for me and my family?

Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Each benefit that The California State University offers can play a role in helping you achieve financial security.

Enrolling in coverage now is an easy way to help make sure you and your loved ones have the protection you need. Use this guide to explore your group insurance options from Standard Insurance Company (The Standard).



When you buy insurance through work, you get competitive group rates. And it's convenient, with premiums deducted right from your paycheck.



Your Employer-Paid Benefits

- Page 3 – Group Basic Life with Accidental Death and Dismemberment (AD&D) insurance
- Page 7 – Group Long Term Disability insurance
(Eligibility depends on job classification and may not cover all CSU employees. See the Class Definition section on Page 7 for details.)



Benefits You Can Add at Group Rates

- Page 11 – Group Critical Illness insurance
- Page 19 – Group Accident insurance
- Page 25 – Group Voluntary Life and Dependents Life insurance
- Page 34 – Group Voluntary Accidental Death and Dismemberment (AD&D) insurance
- Page 40 – Group Voluntary Long Term Disability insurance
(Available to CSU employees who are not covered in the employer-paid plan.)

Note: Faculty Early Retirement Participants are ineligible for benefits.



Protect Your Family From the Unexpected

An accident or serious illness can be a big drain on your finances. Even with medical insurance, deductibles and copays can pile up. The insurance below pays a benefit directly to you — instead of your doctors. So, you can use the money for anything you choose — from medical costs to rent, gas and groceries.

Accident insurance can help keep your finances on track when an accident happens. It pays a benefit directly to you, not to medical providers. Another plus, your group insurance rate won't increase as you get older.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum benefit directly to you upon diagnosis with a covered illness, which you can use to pay bills while you or a family member recover.

As part of your Critical Illness coverage, insured employees and their covered dependents can receive a **Health Maintenance Screening Benefit** of \$100, twice per calendar year, for participating in approved health maintenance screenings.



Protect Your Loved Ones

Life insurance helps take care of your family if something happens to you. It can help your loved ones get through a difficult time and pay for important things, like a home or college plans.

Accidental Death and Dismemberment (AD&D) insurance helps protect your family's finances if an accident causes death or a severe physical loss. It pays a benefit in addition to any life insurance you have. That can help pay for a funeral or ongoing special care.



Protect Your Paycheck

Disability insurance can replace part of your paycheck if you can't work because of an illness, injury or pregnancy. The benefit payments can help with bills that continue even when you can't work — like your rent or mortgage.

Long Term Disability (LTD) insurance helps replace part of your paycheck if you experience a disability that lasts for months or even years.



Ready to Apply? It's Easy to Enroll!

To apply for Accident, Critical Illness, Voluntary Life, Voluntary AD&D, and Voluntary LTD insurance, simply use one of the options listed below:

1. Enroll online at standard.com/mybenefits/csu.
2. Fill out the [Enrollment Form](#) and The California State University [Payroll Deduction Authorization Form](#). Email the forms to csubenefits@standard.com or return them to The Standard at the following address:

CSU Benefits Team
Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204

ENROLL SOON

Elect Voluntary Life, Voluntary AD&D, and Voluntary LTD insurance year-round.

Critical Illness and Accident insurance are only available during your Annual Open Enrollment Period in the fall.

ENROLL ONLINE

standard.com/mybenefits/csu

QUESTIONS?

For details on applying for coverage or for any questions, including technical assistance, please contact The Standard.

Email: csubenefits@standard.com

Call The Standard:
800.378.5745

GP494-ADD/S399, GP310-ADD,
GP609-ADD

SI 20444

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Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Group Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by The California State University.

Eligibility	
Definition of a Member	<p>You are a member if you are an active employee of The California State University and one of the following:</p> <ul style="list-style-type: none"> • Appointed half-time or more for more than six months in an executive, management, confidential, bargaining Unit 1, Unit 3, teaching associate, Unit 4, Unit 8, CSUEU (Units 2, 5, 7 and 9), Unit 13 or Unit 10 position • Appointed for at least six (6) weighted teaching units or more for at least one semester or two or more consecutive quarter terms in a lecturer or coach academic year position (Unit 3) <p>You are not a member if you are a full-time member of the armed forces.</p>
Class Definition	<p>Class 1 Executive members</p> <p>Class 2 Management members</p> <p>Class 3 Confidential members</p> <p>Class 4 Unit 3 members</p> <p>Class 5 Teaching associate members</p> <p>Class 6 Unit 4 members</p> <p>Class 7 Unit 8 members</p> <p>Class 8 CSUEU (Units 2, 5, 7 and 9) members</p> <p>Class 9 Unit 1 members</p> <p>Class 12 Unit 13 members (Core ELP Instructors-CSULA)</p> <p>Class 13 Unit 10 members</p>
Eligibility Waiting Period	<p>You are eligible on the first day of the calendar month that follows the date you become a member.</p> <p>Class 13 Your eligibility waiting period will be reduced by any continuous period as an employee of the employer immediately prior to the date you become a member.</p>

Benefits

Basic Life Coverage Amount

Your Basic Life coverage amount is equal to:

- Class 1** \$250,000
- Class 2** \$100,000
- Class 3** \$50,000
- Class 4** \$50,000
- Class 5** \$50,000
- Class 6** \$25,000
- Class 7** \$50,000
- Class 8** \$50,000
- Class 9** \$25,000
- Class 12** \$10,000
- Class 13** \$10,000

Basic AD&D Coverage Amount

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

- Class 5** None

Age Reductions

Basic Life and AD&D insurance coverage amounts do not reduce due to a change in age.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Expanded AD&D Package
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by The California State University. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and The California State University may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. View your group certificate by visiting our website at standard.com/mybenefits/csu. For more complete details of coverage, contact The Standard at 800.378.5745.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

standard.com

SI 20411

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The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name “assurance” for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.



Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with Standard Insurance Company. Health Advocate is solely responsible for providing and administering the included service. This service is only available while insured under Standard Insurance Company's life insurance policy. Standard Insurance Company may change providers or terminate service at any time.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions virtually or in person. Your beneficiaries are eligible for up to three face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.



Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by The California State University. **Eligibility is based on job classification and may not cover all CSU employees. See Class Definition below for details.**

Eligibility	
Definition of a Member	<p>You are a member if you are a regular employee of The California State University, a citizen or resident of the United States or Canada and one of the following:</p> <ul style="list-style-type: none"> Appointed half-time or more for more than 6 months in an executive, management, supervisory, confidential, bargaining Unit 4, bargaining Unit 3 (excluding faculty early retirement participants) or bargaining Unit 1 position Appointed for 6 weighted teaching units or more for at least one semester or two or more consecutive quarter terms in a lecturer or coach academic year position (Unit 3) <p>You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.</p>
Class Definition	<p>Class 1 Management employees and supervisors Class 2 Bargaining Unit 3 faculty employees Class 3 Bargaining Unit 3 employees in a lecturer or coach academic year position who are appointed for 6 weighted teaching units or more for at least one semester or two or more consecutive quarter terms Class 4 Bargaining Unit 4 employees Class 5 Bargaining Unit 1 employees Class 6 Executives Class 7 Confidential employees</p>
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits	
Monthly Benefit	<p>Your monthly benefit is shown below:</p> <p>Classes 1 and 6 66 2/3% of the first \$37,500 of monthly predisability earnings, reduced by deductible income</p> <p>Classes 2, 3, 4, 5 and 7 66 2/3% of the first \$21,000 of monthly predisability earnings, reduced by deductible income</p>

Benefits Continued																			
Maximum Monthly Benefit	<p>Classes 1 and 6 \$25,000 before reduction by deductible income</p> <p>Classes 2, 3, 4, 5 and 7 \$14,000 before reduction by deductible income</p>																		
Minimum Monthly Benefit	\$100																		
Benefit Waiting Period	180 days																		
Definition of Disability	<p>For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none"> You are unable to perform with reasonable continuity the substantial and material acts necessary to pursue duties of your own occupation and you are not working in your own occupation, or You are unable to earn 80% or more of your predisability earnings when working in your own occupation. <p>You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p> <p>After the own occupation period of disability, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder, you are unable to engage with reasonable continuity in any occupation, or you are working in an occupation but are unable to engage with reasonable continuity in that occupation or any occupation.</p> <p>Any occupation means all occupations or employment which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity at an occupation within a reasonable distance from your residence, an equivalent distance to your work before disability, or the regional labor market if you reside in a metropolitan area.</p>																		
Maximum Benefit Period	<p>If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years, 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:</p> <table> <thead> <tr> <th>Age</th><th>Maximum Benefit Period</th></tr> </thead> <tbody> <tr> <td>62</td><td>To SSNRA or 3 years, 6 months, whichever is longer</td></tr> <tr> <td>63</td><td>To SSNRA or 3 years, whichever is longer</td></tr> <tr> <td>64</td><td>To SSNRA or 2 years, 6 months, whichever is longer</td></tr> <tr> <td>65</td><td>2 years</td></tr> <tr> <td>66</td><td>1 year, 9 months</td></tr> <tr> <td>67</td><td>1 year, 6 months</td></tr> <tr> <td>68</td><td>1 year, 3 months</td></tr> <tr> <td>69+</td><td>1 year</td></tr> </tbody> </table>	Age	Maximum Benefit Period	62	To SSNRA or 3 years, 6 months, whichever is longer	63	To SSNRA or 3 years, whichever is longer	64	To SSNRA or 2 years, 6 months, whichever is longer	65	2 years	66	1 year, 9 months	67	1 year, 6 months	68	1 year, 3 months	69+	1 year
Age	Maximum Benefit Period																		
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67	1 year, 6 months																		
68	1 year, 3 months																		
69+	1 year																		

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
 - Conversion of Insurance Provision
 - Family Care Expense Adjustment
 - Reasonable Accommodation Expense Benefit
 - Return to Work Incentive
 - Survivors Benefit
 - Temporary Recovery Provision
 - Waiver of Premium while Long Term Disability benefits are payable
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This information is only a brief description of the group Long Term Disability insurance policy sponsored by The California State University. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and The California State University may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. View your group certificate by visiting our website at standard.com/mybenefits/csu. For more complete details of coverage, contact The Standard at 800.378.5745.



Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

standard.com

SI 20413

CA-642920
(5/25)

A photograph of a man with grey hair and a beard, wearing a blue shirt and a light-colored jacket, kissing a young woman on the forehead. The woman is wearing a black graduation cap and gown and is smiling. They are standing in front of a red wall.

We Believe

YOU MATTER

You're the reason we're here. Your financial well-being and peace of mind matter because you matter. Not because they serve our bottom line. We believe you deserve to live and work feeling confident in tomorrow. We challenge ourselves to go above and beyond to serve you every day. Not as a number or a policy — but as a person.



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse/domestic partner**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$5,000	\$10,000	\$20,000
Total Out-Of-Pocket Expenses	\$10,900	\$10,900	\$10,900
Remaining Out-Of-Pocket Expenses	\$5,900	\$900	\$0
Remaining Benefit For Other Expenses	\$0	\$0	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$50,000 in increments of \$5,000
Your spouse/domestic partner	\$5,000-\$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through The California State University, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same monthly payment for as long as you have your coverage.

The monthly premiums you would pay for Critical Illness insurance benefits are based on the ages of you and your spouse/domestic partner and whether or not you or your spouse/domestic partner use tobacco (including vaping tobacco). The rates below are not combined rates for you and your spouse/domestic partner, rather they are the rates for each of you individually. * You may continue your coverage past age 64. However, you cannot increase your coverage or apply for new coverage past age 64.

Non-Tobacco Monthly Issue Age Premiums					
Coverage Amount	Age Band				
	18-29	30-39	40-49	50-59	60-64*
\$5,000	\$1.70	\$3.15	\$5.45	\$10.45	\$18.55
\$10,000	\$3.40	\$6.30	\$10.90	\$20.90	\$37.10
\$15,000	\$5.10	\$9.45	\$16.35	\$31.35	\$55.65
\$20,000	\$6.80	\$12.60	\$21.80	\$41.80	\$74.20
\$25,000	\$8.50	\$15.75	\$27.25	\$52.25	\$92.75
\$30,000	\$10.20	\$18.90	\$32.70	\$62.70	\$111.30
\$35,000	\$11.90	\$22.05	\$38.15	\$73.15	\$129.85
\$40,000	\$13.60	\$25.20	\$43.60	\$83.60	\$148.40
\$45,000	\$15.30	\$28.35	\$49.05	\$94.05	\$166.95
\$50,000	\$17.00	\$31.50	\$54.50	\$104.50	\$185.50

Tobacco Monthly Issue Age Premiums					
Coverage Amount	Age Band				
	18-29	30-39	40-49	50-59	60-64*
\$5,000	\$2.40	\$5.25	\$10.50	\$22.70	\$42.60
\$10,000	\$4.80	\$10.50	\$21.00	\$45.40	\$85.20
\$15,000	\$7.20	\$15.75	\$31.50	\$68.10	\$127.80
\$20,000	\$9.60	\$21.00	\$42.00	\$90.80	\$170.40
\$25,000	\$12.00	\$26.25	\$52.50	\$113.50	\$213.00
\$30,000	\$14.40	\$31.50	\$63.00	\$136.20	\$255.60
\$35,000	\$16.80	\$36.75	\$73.50	\$158.90	\$298.20
\$40,000	\$19.20	\$42.00	\$84.00	\$181.60	\$340.80
\$45,000	\$21.60	\$47.25	\$94.50	\$204.30	\$383.40
\$50,000	\$24.00	\$52.50	\$105.00	\$227.00	\$426.00

* You may continue your coverage past age 64. However, you cannot increase your coverage or apply for new coverage past age 64.

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse/domestic partner up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50% of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, down syndrome, muscular dystrophy, spina bifida, and cerebral palsy.
- **Receive a benefit for taking care of your health.** Regular checkups are important for the things you depend on - especially your health. You and your covered dependents will receive a cash benefit of \$100 when completing any one of the 22 approved tests, which may include a novel infectious disease test (including COVID-19) or a mammogram - that typically cost you nothing under your medical insurance. This benefit is available up to **two times per calendar year** when separate tests are completed on different dates.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100% of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100% of your coverage amount for:

- Heart attack
- Severe Stroke
- Invasive Cancer
- End stage renal (kidney) failure
- Major organ failure

Receive 25% of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Non-Invasive Cancer

*Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill — at the same rate you would pay today — if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be age 64 or younger and have major medical or other minimum essential insurance that provides medical, hospital, and surgical coverage and you must also be a regular employee of The California State University, actively working in the United States, a citizen or resident of the United States, benefit eligible and one of the following:

- Appointed half-time or more for more than six months in an eligible employee category; or
- Appointed for at least six (6) weighted teaching units or more for at least one semester or two or more consecutive quarter terms in a lecturer or coach academic year position (Unit 3)

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse/domestic partner or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. Coverage will be effective on the first of the month after you make your election.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Once we receive your application and you meet the active work requirements, we will notify the State Controller's Office to commence payroll deductions. If this notification is received by the State Controller's Office on or before the 10th of the month, your insurance will become effective on the first of the following month, otherwise there will be a delay of one month.

If you have questions, please contact your dedicated Account Specialist at The Standard.

Annual Open Enrollment

You may enroll for coverage for you and your spouse/domestic partner up to the maximum of \$50,000 for employee and \$30,000 for spouse/domestic partner, if you enroll within 60 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so only during your employer's designated annual open enrollment period.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 12-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is proximately caused by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony
- Intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician

- **Cosmetic surgery.** Cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve your or your dependent's appearance. This exclusion will not apply to a Critical Illness caused or contributed to by reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to do either of the following:

- To improve function;
- To create a normal appearance to the extent possible. Reconstructive surgery includes medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

Note: This exclusion will not apply to a Critical Illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you reach age 80, you cease meeting the member definition or the group policy terminates.

Child and spouse/domestic partner insurance ends when your insurance ends, they cease to meet the definition of child or spouse/domestic partner, you stop making premium payments for spouse/domestic partner insurance, your spouse/domestic partner reaches age 80, spouse/domestic partner or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL,
GP0614-CI 1122, GP0614-CI MO, GP0614-CIw/GC0614-
CI, GP0614-CI 042021, GP0614-CI PA, GP0614-CI AA

SI 17616-D-CA-758443 (4/25)

7817020-1291898

Health Maintenance Screening

Get a Cash Benefit Each Year for
Covered Wellness Exams



Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit of \$100 when completing any one of the 22 tests listed below. This benefit is available up to two times per calendar year, when separate tests are completed on different dates. **It's all part of the Health Maintenance Screening Benefit that comes with your Critical Illness insurance from Standard Insurance Company.**

Approved Tests:

- ✓ Abdominal aortic aneurysm ultrasound
- ✓ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- ✓ Biopsies for cancer
- ✓ Bone density screening
- ✓ Breast ultrasound
- ✓ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ✓ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ✓ Carcinoembryonic antigen (CEA) blood test for colon cancer
- ✓ Colonoscopy
- ✓ Complete Blood Count (CBC)
- ✓ Comprehensive Metabolic Panel (CMP)
- ✓ COVID-19 testing and antibody testing for COVID-19¹
- ✓ Electrocardiogram (EKG)
- ✓ Hemocult stool analysis
- ✓ Hemoglobin A1C
- ✓ Human Papillomavirus (HPV) vaccination
- ✓ Lipid panel
- ✓ Mammography
- ✓ Mental Health Assessment¹
- ✓ Pap smears or thin prep pap test
- ✓ Prostate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill

Novel infectious disease and mental health assessment tests are not approved in all states or on all products. Please reference your certificate of coverage to confirm these tests are available.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

¹ Test not available in the state of New York. Test is not available on the Accident product in the states of Oregon, Idaho, and Utah.

Schedule your health
screening test today,
submit your claim and
receive your cash benefit.



Standard Insurance Company

1100 SW Sixth Avenue
Portland OR 97204

[standard.com](https://www.standard.com)

GP0614-ACC

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Health Maintenance Screening EE
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Group Accident Insurance

Keep your finances on track when an accident happens.

Here's how Accident insurance works

1. You have an accident.	2. We pay you benefits.	3. You focus on getting better.
You submit a claim. Your health insurance covers some costs after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.	Once we approve your claim, we'll pay you directly, not your medical providers. You decide how you spend the money.	With extra financial support from The Standard, you can focus on your recovery instead of worrying about expenses.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Take it with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse/domestic partner and children.
- Pays an additional 25% of the total benefits paid if your child, 18 or under, is injured playing an organized sport that requires a registration form — no annual limit.
- If you sustain multiple fractures and/or dislocations in a covered accident, you'll receive payment for each of those injuries.
- Critical Care Unit Admission and Daily Critical Care Unit Confinement benefits pay in addition to the Hospital Admission and Daily Hospital Confinement benefits.
- Simplifies claim submission by paying some related benefits without additional documentation on select approved claims.
- Provides 24-hour coverage, including coverage for accidents that occur on and off the job.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Our Accident insurance includes 70+ benefits for covered injuries and treatment.

Emergency Care Benefits	Benefit Amounts
Air ambulance	\$1,500
Blood, plasma and platelets - transfusion	\$600
Emergency dental - crown	\$350
Emergency dental - extraction	\$150
Emergency room	\$200
Ground ambulance	\$600
Initial physician's visit ¹	\$60
Major diagnostic exam	\$300
Urgent care visit	\$60
Outpatient X-ray	\$60

¹ Not payable if urgent care or emergency room visit benefits is payable.

Fracture Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, arm (shoulder to elbow), arm (elbow to wrist), collarbone, elbow, foot, hand, kneecap, lower jaw, shoulder blade, sternum, wrist	\$650/ \$1,300
Bones of face, coccyx, nose, vertebrae	\$750/ \$1,500
Finger, toe	\$200/ \$400
Hip	\$3,000/ \$6,000
Leg (hip to knee)	\$3,000/ \$6,000
Leg (knee to ankle), pelvis, vertebral column	\$1,700/ \$3,400
Rib	\$500/ \$1,000
Skull (depressed)	\$5,250/ \$10,500
Skull (non-depressed)	\$2,000/ \$4,000

Chip fracture (% of the non-surgical fracture amount)	25%
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Specific Injury Benefits	Benefit Amounts
Burns, 2nd degree, <15%	\$500
Burns, 2nd degree, >15%	\$1,500
Burns, 3rd degree, <15%	\$7,500
Burns, 3rd degree, >15%	\$12,500
Coma	\$15,000
Concussion	\$200
Eye injuries: removal of foreign body or surgical repair	\$300
Lacerations, < 2"	\$100
Lacerations, 2" - 6"	\$400
Lacerations, > 6"	\$800
Skin grafts (% of burn benefit)	50%

Surgical Benefits	Benefit Amounts
Knee cartilage, repair ²	\$1,000
Knee cartilage, exploratory ²	\$250
Tendon, ligament, rotator cuff, repair of one ³	\$1,000
Tendon, ligament, rotator cuff, repair of two or more ³	\$1,500
Tendon, ligament, rotator cuff, exploratory ³	\$250
Ruptured disc, repair	\$1,000
Abdominal/thoracic, exploratory ⁴	\$400
Abdominal/thoracic, laparoscopic ⁴	\$1,000
Abdominal/thoracic, open ⁴	\$2,000
Outpatient surgical facility	\$500

2 Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount.

3 If two or more surgeries are required for the same covered accident, will pay the highest benefit amount.

4 If more than one surgery is required for the same covered accident, will pay the highest benefit amount.

Hospital Benefits	Benefit Amounts
Critical care unit admission	\$1,000
Daily rehab facility (per day)	\$150/up to 90 days
Daily critical care unit confinement (per day)	\$200/up to 15 days
Daily hospital confinement (per day)	\$400/up to 365 days
Hospital admission	\$1,500

Dislocation Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, collarbone (sternoclavicular), elbow, foot (except toes), hand (except fingers), lower jaw, shoulder, wrist	\$1,000/ \$2,000
Collarbone (acromio/separation)	\$500/ \$1,000
Finger, rib, toe	\$200/ \$400
Hip	\$3,500/ \$7,000
Knee (not knee cap)	\$1,000/ \$2,000
Spine	\$500/ \$1,000
Partial dislocation (% of non-surgical amount)	25%

Follow-Up Care Benefits	Benefit Amounts
Medical appliance (e.g., cane, wheelchair or brace)	\$200
Chiropractic care (per day)	\$60/ up to 2 days
Accident follow-up care (per day)	\$70/ up to 3 days
Hearing device	\$600
Prosthesis (one)	\$1,000
Prosthesis (two or more)	\$2,000
Therapy services (per day)	\$50/ up to 4 days

Additional Benefits	Benefit Amounts
Lodging (per day up to 30 days per accident)	\$200
Transportation (per day up to 30 days per accident)	\$200

Here's what it would cost you:

Coverage for	Monthly Premium
You	\$9.52
You and your spouse/domestic partner	\$15.14
You and your children	\$19.13
You, your spouse/domestic partner and your children	\$29.77

See Accident insurance in action.

Ari was walking to their car on an icy morning. As they approached the car, their foot slipped on the ice, and they lost their balance. Instinctively, they extended their arm to break their fall. Unfortunately, the impact was too forceful, and they broke their wrist. Ari submitted documentation of their broken wrist to The Standard. In addition to receiving payment for their qualifying claim for a fractured wrist, The Standard automatically anticipated and sent payment for the following benefits, with no additional documentation required:

- Urgent care visit
- X-ray
- Follow-up visit



Their broken wrist required an additional follow-up visit with their doctor, three weeks after the first follow-up appointment. Ari submitted documentation for this second follow-up visit to The Standard to receive the benefit.

Important Details

Here's where you'll find the details about Accident Insurance.

Eligibility Requirements

To be eligible for this coverage, you must be a regular employee of The California State University, actively working in the United States, a citizen or resident of the United States, benefit eligible, and one of the following:

- Appointed half-time or more for more than six months in an eligible employee category; or
- Appointed for at least six (6) weighted teaching units or more for at least one semester or two or more consecutive quarter terms in a lecturer or coach academic year position (Unit 3)

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse/domestic partner who must be 18 years old or older. A spouse is a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse/domestic partner or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Once we receive your application and you meet the Actively at Work requirements, we will notify the State Controller's Office to commence payroll deductions. If this notification is received by the State Controller's Office on or before the 10th of the month, your insurance will become effective on the first of the following month, otherwise there will be a delay of one month.

Annual Open Enrollment

You may enroll for coverage for you and your spouse/domestic partner within 60 days after becoming eligible. However, if you do not enroll during this period, you may do so only during your employer's designated annual open enrollment period.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse/domestic partner insurance ends when your insurance ends, they cease to meet the definition of child or spouse/domestic, you stop making premium payments for child or spouse/domestic partner insurance, spouse/domestic partner or child insurance is no longer offered under the group policy or the group policy terminates.

Exclusions

Benefits are not payable if an accident is proximately caused by any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or being engaged in an illegal occupation
- Any accident sustained or contracted in consequence of you or your dependent being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, base jumping, parachuting, skydiving, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, kiteboarding, or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received

Group Accident Insurance

- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- Any accident which occurs while you or your dependents are incarcerated in a jail, penal, or correctional institution

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

GP0614-ACC, GP0614-ACC FLORIDA,
GP0614-ACC 0323, GP0614-ACC PA.

SI 25108-D-CA-758442 (4/25)

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Group Voluntary Life Insurance

We can help provide for your family when you can't.

Group Voluntary Life insurance can help protect your family's finances if something happens to you. This coverage can help provide financial support and stability to your family if you pass away.

Life insurance can help make things easier for the people you care about.

How much Life insurance do you need?

Consider your family's everyday expenses and big-ticket items. How will they manage without your income? How much help do they need to maintain their standard of living? Pay off debt? And fund your children's education?

Life insurance is an easy, responsible way to help your loved ones during a difficult time — and into the future.

What's at stake.

A death might leave your family facing expenses they couldn't pay without your income. That could include extra costs for medical care or a funeral.

This Life insurance coverage lets you take advantage of group rates. It's also convenient. Your premium payments are deducted directly from your paycheck. **Plan now to help your family cover future expenses, such as:**



Tuition



Child Care



Housing Costs



Daily Living Expenses

Voluntary Life Insurance

How Much Can I Apply For?

If you are insured for Voluntary Life insurance, you may apply for Dependents Life insurance for your spouse/domestic partner or your eligible child(ren).

For You:

You may elect one of the following options:

- \$10,000–\$200,000 in increments of \$10,000
- \$225,000–\$1,500,000 in increments of \$25,000

For Your Spouse/Domestic Partner:

You may elect one of the following options:

- \$10,000–\$200,000 in increments of \$10,000
- \$225,000–\$750,000 in increments of \$25,000

For Your Child(ren):

Your choice of \$5,000, \$10,000 or \$20,000

What Is The Guarantee Issue Amount?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions. This guarantee issue amount is only available for the first 60 days.

For You:

Up to \$150,000

For Your Spouse/Domestic Partner:

Up to \$50,000

See the Important Details section for more information, including requirements, exclusions, limitations and definitions.

Additional Feature

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75% of your Life benefit, to a maximum of \$500,000.

How Much Your Coverage Costs

Because this insurance is offered through The California State University, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

For You:

How much your premium costs depends on your age and the benefit amount. Use the formula and rate table below to calculate the monthly premium for your Voluntary Life coverage.

For Your Spouse/Domestic Partner:

If you buy coverage for your spouse/domestic partner, your monthly rate is shown in the following table. Use the same formula to calculate the premium that you used for yourself, but use your spouse/domestic partner's age and your spouse/domestic partner's rate.

Use this formula to estimate your monthly premium payment:

$$\frac{\text{Enter the amount of coverage you are requesting (see benefit amounts on page 2).}}{\div 1000} = \frac{\text{Enter your rate from the rate table.}}{\times} = \text{This amount is an estimate of how much you would pay each month.}$$

Age (As of Last Jan. 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse/Domestic Partner's Rate (Per \$1,000 of Total Coverage)
<30	\$0.04	\$0.032
30-34	\$0.06	\$0.048
35-39	\$0.07	\$0.064
40-44	\$0.08	\$0.096
45-49	\$0.12	\$0.150
50-54	\$0.18	\$0.230
55-59	\$0.34	\$0.430
60-64	\$0.51	\$0.620
65-69	\$1.02	\$1.050
70-74	\$1.65	\$1.570
75+	\$1.65	\$2.050

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Your child(ren)'s education
- Burial expenses
- Medical bills
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at standard.com/life/needs.

For Your Child(ren):

If you buy Dependents Life for your child(ren), your monthly premium is shown in the table below.

Child Life Monthly Premiums*	
Coverage Amount	Premium
\$5,000	\$0.69
\$10,000	\$1.38
\$20,000	\$2.75

*Regardless of the number of eligible children covered.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of The California State University and one of the following:
- Appointed half-time or more for at least six months and one (1) day in an eligible employee category
- An active lecturer or coach (R03) employee who is appointed for at least six (6) weighted teaching units for at least one semester or two or more consecutive quarters

Temporary and seasonal employees, full-time members of the armed forces, leased employees, independent contractors, employees appointed in a Unit 12 classification and insured employees under CIGNA Group Universal Life Insurance Policy Number 03-M101220 or insured under ING/ReliaStar Group Life Insurance Policy Number GL 36353-7 are not eligible.

If you buy Voluntary Life insurance for yourself, you may also buy Life coverage for your eligible child(ren) and/or spouse/domestic partner. This is called Dependents Life insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your legally adopted child, a stepchild, a natural child recognized by the parent or a child living with you in a parent-child relationship who is economically dependent upon you. Dependent child(ren) may be covered from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse/domestic partner or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue amount
- Late application (applying 60 days after becoming eligible) for you or your spouse/domestic partner
- Requests for coverage increases for you or your spouse/domestic partner
- Reinstatements for you or your spouse/domestic partner
- Employees and spouse/domestic partners eligible but not insured under the prior life insurance plan

Medical underwriting is not required for child(ren).

If you elect coverage that requires medical underwriting approval, you will be prompted to submit a Medical History Statement online at the time of enrollment.

Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Receive medical underwriting approval (if applicable)
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*You are eligible on the first day of the calendar month that follows the date you become a member.

If you are not actively at work on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. You may have a different effective date for Voluntary Life coverage below and above the guarantee issue amount. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including Dependents Life insurance.

Age Reductions

Under this plan, your coverage amount does not reduce due to a change in age.

Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan
- Are under age 60
- Complete a waiting period of 180 days

If these conditions are met, your Life insurance coverage may continue without cost until age 70, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The last day of the calendar month in which you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependent Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If you become insured, contact your human resources representative for a group insurance certificate. This certificate contains a detailed description of the insurance coverage, including definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

You can review and print your certificate of coverage by visiting our website at standard.com/mybenefits/csu. If you have additional questions, contact The Standard at 800.378.5745.

GP190-LIFE/S399, GP399-LIFE/TRUST,
GP899-LIFE, GP190-LIFE/A997/S399,
GP411-LIFE, GP190-LIFE/S214

Group Life Insurance Beneficiary Designation FAQs



These are commonly asked questions about beneficiary designations under the Group Life Insurance Policy issued by Standard Insurance Company (The Standard). The Standard administers claims for life insurance benefits in accordance with the Group Policy terms and makes the ultimate decision on claim payments. The Group Policy terms supersede any discrepancy between these FAQs and the Group Policy. Please refer to your Group Life Insurance Certificate and Summary Plan Description or Certificate for the policy terms.

These FAQs are for informational purposes and do not serve as legal advice. As with any other legal matter, The Standard recommends that you consult with your legal advisor.

Can I name more than one person as my beneficiary?

Yes. You may name as many persons as you wish. The beneficiary designation form typically allows room for you to name the number of beneficiaries you want and the percentage of the life insurance benefits you want to leave for each beneficiary. If you do need more room, remember to sign and date any additional designations that you attach to the form.

Why should I name a beneficiary for my life insurance?

If you do not name a beneficiary, The Standard will pay the life insurance benefits according to the policy order. Typically, that means your surviving spouse would be paid the benefits as the first person listed in the order; if none, then the benefits would be paid, in equal shares, to your surviving children; if none, then to your parents; if none, then to your siblings; if none, then to your estate. The same process would be followed if your designated beneficiary is no longer living at the time of your death, unless you have named a contingent beneficiary.

What is a contingent beneficiary?

A contingent beneficiary is the person you may name to receive your life insurance benefits if your primary beneficiary is no longer living at the time of your death. If you do not name a contingent beneficiary and your designated beneficiary is no longer living at the time of your death, then The Standard typically will pay the life insurance benefits according to the policy order, as described above.

Do I have to name my spouse as beneficiary?

No. The Group Policy is written to allow you to designate anyone you want as your beneficiary.



Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

www.standard.com

Do I have to name my spouse as beneficiary for a portion of my life benefits?

No. The Group Policy is written to pay the percentage you list for each named beneficiary regardless of whether you have a spouse. Naming your beneficiary is strictly your personal decision. The Standard cannot provide you with legal advice on this matter.

If I live in a community property state and do not name my spouse as beneficiary for a portion of the benefits, can my spouse sue the named beneficiary to get a portion of the benefits?

If state law governs the Group Policy and you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), your spouse may have a legal claim for a portion of the benefits under community property law. However, that would be an issue involving your spouse and the named beneficiary, to be decided by a court of law. The Standard will not decide whether a spouse who is not named as a beneficiary has a valid community property claim to the benefits. The Standard will pay your life benefits to your named beneficiary, unless a court order requires payment to someone else.

Can I name my ex-spouse as beneficiary?

If state law governs the Group Policy, in many states divorce (or annulment) automatically revokes a designation of your ex-spouse as a beneficiary that you made before the divorce. If you divorce and wish to keep your ex-spouse as your beneficiary, you must complete a new beneficiary designation after your divorce is final. In general, if state law revokes the designation of your ex-spouse, then The Standard cannot pay the benefits to your ex-spouse unless you have named your ex-spouse as beneficiary after the divorce, you have remarried your ex-spouse, or a court order requires payment to your ex-spouse.

Who will get my life benefits if my primary beneficiary designation is revoked by law?

If you named a contingent beneficiary, this beneficiary will receive your benefits. If you did not name a contingent beneficiary The Standard typically will pay the benefits according to the policy order as described above.

Can I designate my minor child or children to be my beneficiary?

Yes. However, when the life benefits are payable to your child who is under the age of majority (usually age 18 or 21, depending on state law), The Standard may place the funds in an interest-bearing account maintained by The Standard until your child reaches the age of majority. For a child under the age of majority, a court-appointed guardian of the child's estate may contact The Standard to collect the benefits.

If you wish to have your minor children receive your life benefits, you should consult with your legal advisor to determine the best way to accomplish this under the laws of your state of residence.

What if I have children aged 18, 15 and 10? Will they all get paid the benefits if I die?

You may name your three children to receive a designated percentage of the benefits. In this case, the percentage of the benefits designated for your 18-year-old child will be payable to that child upon your death if 18 is the age of majority in your state of residence. The percentage of the benefits designated to the children under age 18 may be maintained by The Standard in an interest-bearing account and paid when each child reaches the age of majority or when a court-appointed guardian of the child's estate contacts The Standard to collect the benefits.

If my will states that a relative (or other trusted individual) will be responsible for my minor child, who do I name as a beneficiary?

A will generally has no effect on who will receive life insurance benefits. The benefits can be paid to the individual named in your will only if that person is also named as your beneficiary or if he/she obtains legal guardianship of your child's estate.

Can I designate a relative (or other trusted individual) to receive life insurance benefits in trust for my minor children?

Yes, but the individual will need to obtain legal guardianship of your child's estate before The Standard can make payment.

Who can I name on the beneficiary form if I have a will?

Even if you have a will, you can name any person you wish as your life insurance beneficiary. If you wish to have the benefits paid to your estate, you may name your estate as your beneficiary. After your death, a court-appointed personal representative named in your probated will files the claim for benefits.

Can the attorney in fact I name in my Power of Attorney complete my beneficiary designation form, and can he/she name him/herself as beneficiary?

A Power of Attorney must grant your attorney in fact specific authority, by the terms of the Power of Attorney document or applicable law, to make or change a beneficiary designation. Broad general grants of authority in a Power of Attorney often are not sufficient to make such a designation. If you have questions, consult your legal advisor.

Can I name a trust* as beneficiary?

Yes. However, if you name a trust as beneficiary, a valid trust must exist at the time of your death. If the trust was never established, is not in existence, or has been revoked by the time you die, then The Standard cannot honor that beneficiary designation and will be required to pay the benefits to a contingent beneficiary or under the policy order. You should consult your legal advisor as to how to establish a valid trust and determine if naming a trust as beneficiary is appropriate for your financial and estate-planning needs.

If I have Dependents Life coverage for my spouse or children, am I the beneficiary?

Typically, you as the insured member are automatically the beneficiary.

How often can I change my beneficiary?

You can change your beneficiary as often as you wish. Beneficiary forms typically are maintained by your benefits administration office. If so, you should request, complete and return beneficiary forms to that office.

* Trust definition: Generally, a trust is a written document under which money or other assets are transferred from one person (the grantor) to another person or institution such as a bank (the trustee), to be managed and used for the benefit of a third person (the beneficiary). There are two basic types of trusts: living (or inter vivos) trusts and testamentary trusts. Living trusts are created during the lifetime of the grantor. Life insurance proceeds which are distributed to a living trust will avoid probate. Testamentary trusts are drafted as part of a will and take effect after the death of the grantor. Proceeds distributed through a testamentary trust pass through the probate process after the grantor's death because the trust is included in the will.

This policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or terminated. Please contact your employer for additional information, including costs and complete details of coverage.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

www.standard.com

Assigning Beneficiaries FAQ
SI 18328 (5/25)



Group Voluntary Accidental Death and Dismemberment Insurance

Plan for extra protection when it's needed most.

Accidents can happen to anyone, anywhere. Voluntary Accidental Death and Dismemberment (AD&D) insurance can provide extra protection if an accident happens to you. It pays benefits if you die due to an accident, or experience a severe physical loss, such as a limb, mobility, sight or hearing.

AD&D insurance can help protect your loved ones' finances.

AD&D insurance pays an amount of money, specified in the policy, if a covered accident results in your death or a severe physical loss, such as a limb, mobility or your eyesight.

If an accident left you with a serious injury, you might need to pay for special care and modified living arrangements.

Benefits for accidental death or serious loss.

AD&D insurance pays a benefit to your loved ones if you die due to a covered accident. This benefit is in addition to any life insurance.

If you survive an accident with a covered loss, the benefits from AD&D insurance can help you adjust your lifestyle and focus on your future.

Being ready for difficult times is an important piece of the financial planning puzzle. AD&D insurance can help strengthen your loved ones' economic security. **Add an extra layer of financial security to help pay for unexpected expenses, such as:**



Extra Medical Costs



Caregiving



Home Modifications



Funeral Costs

Voluntary AD&D Insurance

How Much Can I Apply For?

Your Voluntary AD&D amount can't exceed 10 times your annual earnings.

The amount for your child may not exceed \$25,000.

For You:

You may elect Voluntary AD&D insurance in one of the following amounts: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, \$250,000, \$300,000, \$400,000, \$500,000, \$600,000, \$700,000, \$800,000, \$900,000, or \$1,000,000

For Your Family:

Spouse/Domestic Partner Only:

60% of your Voluntary AD&D coverage amount

Child Only:

15% of your Voluntary AD&D coverage amount for each child

Spouse/Domestic Partner and Children:

50% of your Voluntary AD&D coverage amount

10% of your Voluntary AD&D coverage amount for each child

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Features

Seat Belt and Air Bag Benefits

The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.

Family Benefits Package

This package is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse/domestic partner and higher education for your children.

Occupational Assault

The Standard may pay a benefit if you die or are dismembered as a result of an act of workplace violence that is punishable by law.

How Much Will Your Coverage Cost?

Because this insurance is offered through The California State University, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on the benefit amount you elect.

If you buy coverage for your family (spouse/domestic partner and children), your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for...	Cost Per \$1,000 of Coverage
You	\$0.012
You and your family	\$0.022

Use this formula to calculate your monthly premium payment:

÷ 1000 =

x

=

Enter the amount of Voluntary AD&D coverage you're requesting (see benefit amounts on page 2.)

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

Important Details

Here’s where you’ll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of The California State University who is one of the following:
- Appointed half-time for at least six months and one (1) day in an eligible employee category
- An active lecturer or coach (R03) employee who is appointed for at least six (6) weighted teaching units for at least one semester or two or more consecutive quarters

Temporary and seasonal employees, full-time members of the armed forces, leased employees, independent contractors, and employees appointed in a Unit 12 classification, are not eligible.

If you buy Voluntary AD&D insurance for yourself, you can also buy AD&D coverage for your family— your spouse/domestic partner and child(ren).

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You can also choose to cover your child. Child means your child from live birth through age 25.

Please note:

- Your child cannot be insured by more than one employee.
- Your spouse/domestic partner and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Coverage Effective Date

To become insured you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*You are eligible on the first day of the calendar month that follows or coincides with the date you become a member.

If you are not actively at work on the day before the scheduled effective date of insurance, including AD&D insurance for your dependents, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your dependents.

Age Reductions

Under this plan, your coverage amount reduces to 65% at age 70, to 45% at age 75, to 30% at age 80, and to 15% at age 85. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

AD&D Benefits

The amount of your or your dependent’s AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent’s AD&D insurance in effect on the date of the covered accident as shown below. No more than 100% of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident, within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered Loss	Percentage of AD&D Benefit Payable
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

Coma: 1% per month of the remainder of the AD&D insurance benefit payable for loss of life after reduction by any AD&D insurance benefit paid for any other loss as a result of the same accident. Payments for coma will not exceed a maximum of 60 months.

¹ Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, or paraplegia involving the same hand or foot.

³ This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or act of war (declared or undeclared), whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare-paying passenger on a commercial aircraft

You can review and print your certificate of coverage by visiting our website at standard.com/mybenefits/csu. If you have additional questions, contact The Standard at 800.378.5745.

When Your Insurance Ends

Your AD&D Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If you become insured, contact your human resources representative for a group insurance certificate. This certificate contains a detailed description of the insurance coverage, including definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP494-ADD/S399, GP310-ADD,
GP609-ADD

SI 20365

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(5/25)

We Believe in

DOING THE RIGHT THING

We take pride in purpose, and we've built more than a century-long reputation on it. We know that our actions — how we administer claims and manage our business — affect people's lives. We take that responsibility seriously.





Group Voluntary Long Term Disability Insurance

Protect your income while coping with a long-lasting disability.

Long Term Disability insurance can help protect your income if you can't work due to a qualifying disability. It can also help you get back to work when you're ready. Whether you're out for a few months or years, this benefit can help you protect your income — and those who depend on it.

Available to CSU employees who are not covered in the employer-paid plan.

Long Term Disability insurance may help protect your income if you can't work and don't get your regular paycheck.

Long Term Disability insurance can help pay the bills if you become disabled and can't work for an extended period. That could be a few months or several years. This coverage may help replace part of your paycheck, which can help protect your lifestyle and savings.

You can get help returning to work when you're ready. This Long Term Disability coverage includes incentives and assistance to help you get back to work. The Standard may also help pay the costs of modifying your workplace to accommodate your needs.

Long-term disabilities can be caused by accidents but also by illnesses such as cancer and heart disease. How many paychecks could you miss? **Long Term Disability insurance can help you maintain your lifestyle and pay for things, such as:**



Housing Costs



Groceries



Car Insurance



College Tuition

Voluntary Long Term Disability Insurance

What Your Benefit Provides

This is the amount per month you would receive if you experience a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

Your Long Term Disability Benefit:

\$500–\$7,500 in increments of \$100

Plan maximum per month: cannot exceed 60% of your insured predisability earnings

Plan minimum per month: \$100

Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit.

You may elect one of the following options:

Option 1: 30 days

Option 2: 90 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the Maximum Benefit Period table in the Important Details section for specifics.

See the Important Details section for more information, including requirements, limitations, exclusions and definitions.

Additional Features

Help With Returning To Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

Survivors Benefit

If you die while receiving benefits, your survivors may be eligible to receive a one-time additional payment.

How Much Your Coverage Costs

Because this insurance is offered through The California State University, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on your age and the benefit waiting period you select.

Use this formula to estimate your monthly premium payment:

Line 1:

Enter the Voluntary Long Term Disability benefit amount you have elected.

Line 2:

Select your rate from the rate table and divide this by 100.

Line 3:

Multiply Line 1 by the amount on Line 2.

The amount shown on Line 3 is an estimate of how much you'd pay each month.

Option 1 (30-day Benefit Waiting Period):

Your Age (As of Jan. 1)	Rate (Per \$100 of Benefit)
<25	\$0.25
25-29	\$0.28
30-34	\$0.30
35-39	\$0.33
40-44	\$0.45
45-49	\$0.60
50-54	\$0.73
55-59	\$0.93
60-64	\$0.95
65-69	\$0.98
70+	\$1.53

Option 2 (90-day Benefit Waiting Period):

Your Age (As of Jan. 1)	Rate (Per \$100 of Benefit)
<25	\$0.10
25-29	\$0.11
30-34	\$0.13
35-39	\$0.18
40-44	\$0.23
45-49	\$0.35
50-54	\$0.50
55-59	\$0.63
60-64	\$0.67
65-69	\$0.70
70+	\$1.13

As you consider Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you with housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at standard.com/disability/needs.

Important Details

Here’s where you’ll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of The California State University actively working and appointed half-time or more for at least six months and one (1) day in one of the following employee categories: E99, R02, R05, R06, R07, R08, R09 (CSUEU), R10, R11 (teaching associates only) or R13 (English language program instructors-CSULA)
- A citizen or resident of the United States or Canada

Temporary employees, seasonal employees, full-time members of the armed forces, leased employees, independent contractors, and employees in the following employee categories: M80 (MPP), M98 (executives), R01 (physicians), R03 (faculty), R04 (academic professionals), R12 or C99 are not eligible.

Employee Coverage Effective Date

To become insured you must:

- Meet the eligibility requirements listed above
 - Serve an eligibility waiting period*
 - Apply for coverage and agree to pay premiums
 - Receive medical underwriting approval (if applicable)
 - Be actively at work (able to perform with reasonable continuity the substantial and material acts of your job) on the day before the scheduled effective date of insurance
- *You are eligible on the first day of the calendar month that follows or coincides with the date you become a member.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying more than 60 days after becoming eligible), requests for coverage increases (including requests to insure predisability earnings that are greater than the last amount for which medical underwriting approval was required), a change from the 90-day benefit waiting period option to the 30-day benefit waiting period option and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval.

If you elect coverage that requires medical underwriting approval, you will be prompted to submit a Medical History Statement online at the time of enrollment.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the substantial and material acts necessary to pursue duties of your own occupation and you are not working in your own occupation, or
- You are unable to earn 80% or more of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to engage with reasonable continuity in any occupation, or you are working in an occupation but as a result of physical disease, injury, pregnancy or mental disorder, you are unable to engage with reasonable continuity in that occupation or any occupation.

Any occupation means all occupations or employment which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity at an occupation within a reasonable distance from your residence, an equivalent distance to your work before disability, or the regional labor market if you reside in a metropolitan area.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years, 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA or 3 years, 6 months, whichever is longer
63	To SSNRA or 3 years, whichever is longer
64	To SSNRA or 2 years, 6 months, whichever is longer
65	2 years
66	1 year, 9 months
67	1 year, 6 months
68	1 year, 3 months
69+	1 year

Exclusions

You are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- A preexisting condition or the medical or surgical treatment of a preexisting condition, unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is:

- A diagnosed mental or physical condition for which you received medical treatment, care or services or have taken prescribed medication at any time during the preexisting condition period, or
- A mental or physical condition, whether diagnosed or undiagnosed:
 - For which you have received medical treatment, care or services or have taken prescribed medication at any time during the preexisting condition period just before your insurance becomes effective, or
 - That caused symptoms during the preexisting condition period for which a prudent person would usually seek medical treatment, care or services, and which was misrepresented or not disclosed in your application for coverage or Medical History Statement.

Preexisting Condition Period: The 180-day period just before your insurance becomes effective.

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not receiving care by a physician which is appropriate for the condition(s) causing the disability
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders, alcohol use, alcoholism or drug use, musculoskeletal and connective tissue disorders, chronic fatigue conditions or chemical and environmental sensitivities

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- The date your work earnings equal or exceed 80% of your indexed predisability earnings
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are entitled to receive while receiving Long Term Disability benefits. [Deductible income includes:](#)

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation, (including donated amounts, but not vacation pay) paid to you by your employer that exceeds 100% of your indexed predisability earnings when added to your Long Term Disability benefit
- Benefits under any workers' compensation law (other than California Workers' Compensation benefits for permanent total and permanent partial disability) or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance that exceed 80% of your indexed predisability earnings when added to your Long Term Disability benefit
- Any retirement benefits received or disability benefits you received or are entitled to receive from your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Long Term Disability benefits are payable
- Any amount of third party liability payments you receive by judgment, settlement or otherwise
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

[Your insurance ends automatically when any of the following occur:](#)

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)

Benefit Calculation Example

The Long Term Disability benefit amount is the increment of \$100 you elected (not to exceed 60% of your predisability earnings). This amount is then reduced by deductible income. [In the example below, the Long Term Disability benefit amount elected is \\$1,500. If during disability you receive a monthly Social Security disability benefit of \\$600 and a monthly benefit of \\$400 from your employer's retirement plan, your monthly Long Term Disability benefit would be calculated as follows:](#)

LTD benefit elected	\$1,500
Less Social Security disability benefit	-\$600
Less employer retirement benefit	-\$400
Amount of Long Term Disability benefit	\$500*

*Please note your Long Term Disability benefit amount may vary based on your own circumstances, including whether your employer has a retirement plan and the amount of their contribution.

When Your Insurance Ends

[Your insurance ends automatically when any of the following occur:](#)

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)

Conversion

You may have the option to obtain Long Term Disability conversion insurance after the termination of your insurance with The California State University, if you meet the requirements defined by the group policy.

Group Insurance Certificate

If you become insured, contact your human resources representative for a group insurance certificate. This certificate contains a detailed description of the insurance coverage, including definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

You can review and print your certificate of coverage by visiting our website at standard.com/mybenefits/csu. If you have additional questions, contact **The Standard** at 800.378.5745.



Explore the world with confidence.

Rely on Travel Assistance when you're away from home.



Standard Insurance
Company

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Participants are responsible for arranging transportation from the point of injury or illness to the initial point of medical care or assessment and the cost related to this transportation. Any emergency evacuation services provided by Assist America, Inc. must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



Standard Insurance Company

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Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204