

Welcome to your employee benefits.

Enroll in coverage now to help protect
yourself and your loved ones in the future.



American Conference of Cantors,
Inc.

Standard Insurance Company



Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process.

Protection for Your Loved Ones

Life insurance helps provide support and stability to your family if something were to happen to you or your spouse or children. It can help your family financially through a difficult time and provide support into the future.

Accidental Death and Dismemberment (AD&D) insurance helps protect against a sudden financial loss brought on by an accidental death. It can also help pay for the high cost of living associated with surviving an accident that results in a severe physical loss.

Benefits You Can Apply for Now:

- Life and AD&D insurance
- Spouse Life and AD&D insurance
- Child Life insurance
- Long Term Disability insurance

Protection for Your Paycheck

Your most valuable asset is your ability to earn an income. Disability insurance provides partial income replacement if you can't work because of a qualifying disability caused by an illness, injury or pregnancy. The benefit payments can help with bills that continue even when you can't work, like your mortgage or rent — expenses medical insurance won't cover.

Long Term Disability insurance pays a monthly benefit if you experience a disability that lasts for several months or even years.

Ready to Apply? You'll Find the Form(s) Right Here

Once you've reviewed your options, the next step is to apply using the form(s) included at the end of this guide. Don't forget to turn in your forms before your enrollment period ends.

SI 16919-D-IL-159034 (8/17)



Group Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- Benefits if you are dismembered, become terminally ill or die

🔗 About This Coverage

Life Insurance		
How Much Can I Apply For?	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	50 percent of your benefit to a maximum of \$150,000
	For Your Child(ren):	\$10,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$150,000
	For Your Spouse:	Up to \$10,000

AD&D Insurance

The benefit is paid if you or your spouse are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?

Note: You can't buy more coverage for your spouse than you buy for yourself.

For You:

The AD&D insurance coverage amount matches what you elect for Life insurance.

For Your Spouse:

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

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

Additional Features

Your coverage comes with some added features:

Life Insurance

Accelerated Benefit

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

Travel Assistance¹

Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days.

AD&D Insurance

Seat Belt and Air Bag Benefit(s)

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 benefit 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 and higher education for your child(ren).

¹ This service is provided through an arrangement with a service provider who is not affiliated with The Standard. Travel Assistance is not an insurance product in all states except Oregon. For more information, visit www.standard.com/travel-info.

How much Life insurance do you need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for outstanding debt, burial expenses, medical bills, your children's education and daily expenses.

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

How Much Your Coverage Costs

Because this insurance is offered through American Conference of Cantors, Inc., you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

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

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

If you buy Life coverage for your child(ren), your monthly rate is \$2.10 for \$10,000, no matter how many children you're covering.

Age (as of last January 1)	Your Rate* (Per \$1,000 of Total Coverage)	Your Spouse's Rate* (Per \$1,000 of Total Coverage)
<30	\$0.19	\$0.19
30-34	\$0.19	\$0.19
35-39	\$0.217	\$0.217
40-44	\$0.271	\$0.271
45-49	\$0.361	\$0.361
50-54	\$0.487	\$0.487
55-59	\$0.667	\$0.667
60-64	\$1.018	\$1.018
65-69	\$1.729	\$1.729
70-74	\$2.56	\$2.56
75+	\$4.29	\$4.29

*The American Conference of Cantors includes an administration fee of \$0.10 per \$1,000 of coverage.

Important Details

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

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

An active member of American Conference of Cantors, Inc.

Regularly working at least 30 hours per week

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

If you buy Life and AD&D insurance for yourself, you may also buy Life and AD&D coverage for your eligible children and/or spouse. 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, or your civil union partner. You may also choose to cover your child. Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution). Your child cannot be insured by more than one employee. Your spouse 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 for Life Coverage

Required for:

Coverage amounts higher than the guarantee issue maximum amount

All late applications (applying 31 days after becoming eligible)

Requests for coverage increases

Reinstatements

Members eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date for Life Coverage

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, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

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 Life coverage below and above the guarantee issue amount.

*Defined as date you become a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65 and to 50 percent at age 70. If you or your spouse are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

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

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

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

Life Insurance 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.

Life Insurance 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.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your or your spouse's Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent 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	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

AD&D Insurance 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 any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary 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

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 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
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependents 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 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.

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

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5352961-105207

Travel Assistance

Explore the World with Confidence



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.

You and your spouse are covered with Travel Assistance¹ — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).

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:



Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements



Emergency ticket, credit card and passport replacement, funds transfer and missing baggage



24/7/365 phone access to registered nurses for health and medication information, symptom decision support, and help understanding treatment options



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains²



Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services



Return travel companion if travel is disrupted due to emergency transportation services³ or return dependent children if left unattended due to prolonged hospitalization



Logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability; for more complex situations, assists with making arrangements with providers of specialized security services

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.

Contact Travel Assistance

800.527.0218

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

+1.410.453.6330

Everywhere else

Assistance@uhcglobal.com

www.standard.com/travel

1 Travel Assistance is provided through an arrangement with UnitedHealthcare Global, which is not affiliated with The Standard, and is subject to the terms and conditions, including exclusions and limitations, of the Emergency Travel Assistance Program Employee Description. UnitedHealthcare Global is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product, except in Oregon. UnitedHealthcare Global is the marketing name for FrontierMEDEX, Inc. This service is only available while insured under The Standard's group policy.

2 Must be arranged by UnitedHealthcare Global. Related medical services, medical supplies and a medical escort are covered where applicable and necessary.

3 Not available to Oregon residents.



Global Intelligence Center
www.standard.com/travel
Group #9061

Travel Assistance is available if you travel more than 100 miles from home or in a foreign country.

Contact

800.527.0218: United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda
+1.410.453.6330: Everywhere else
Assistance@uhcglobal.com



UnitedHealthcare Global is not responsible for the availability or results of any medical, legal, or transportation services. You are responsible for obtaining all services not directly provided by UnitedHealthcare Global and for the expenses associated with them. All services must be arranged by UnitedHealthcare Global. No claims for reimbursement will be accepted.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

Travel Assistance
SI 14684-D (5/17) EE



Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



This plan offers:

Competitive group rates

Benefits for a qualifying disability that occurs on or off the job

🔗 About This Coverage

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

What Your Benefit Provides

This is the amount per month you would receive if you were to suffer 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.

60% of your eligible earnings, up to a maximum benefit of **\$12,000** per month.

Plan minimum per month: **\$100**.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your monthly benefit.

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 table in the Important Details section for specifics.

☰ Additional Features

Your coverage comes with some added features:

Help with Returning to Work	<p>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.</p> <p>If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.</p> <p>You may also be eligible to receive an additional benefit of 10 percent of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.</p>
Survivors Benefit	<p>If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.</p>
Support When You Need It	<p>You'll have access to an Employee Assistance Program, a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.</p>

How Much Your Coverage Costs

Because this insurance is offered through American Conference of Cantors, Inc., you'll have access to competitive group rates that may be more affordable than those available through individual insurance. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:

$$\frac{\text{Enter your monthly earnings (cannot be more than \$20,000). Divide your annual salary (including parsonage) by 12.}}{\text{Enter your rate from the rate table.}} \times \text{Enter your rate from the rate table.} \div 100 = \text{This amount is an estimate of how much you'd pay each month.}$$

Your Age (as of last January 1)	Rate %*
25-29	0.243
30-34	0.271
35-39	0.451
40-44	0.65
45-49	0.868
50-54	1.134
55-59	1.257
60-64	1.181
65+	1.143

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 cover your housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at www.standard.com/disability/needs.

*The American Conference of Cantors includes an administration fee of \$0.10 per \$1,000 of coverage.

Important Details

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

Eligibility Requirements

To be eligible for coverage, you must be:

A regular member of American Conference of Cantors, Inc.

Actively working at least 30 hours per week

A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors 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
- 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.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Members eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. 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.

*Defined as date you become a member

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 material duties of your own occupation, and
- You suffer a loss of at least 20 percent 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 perform with reasonable continuity the material duties of any occupation.

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 longer. 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

Subject to state variations, 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)
- The loss of your professional or occupational license or certification
- 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 mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

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

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- 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
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the first 24 months after the end of the benefit waiting period, the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation.

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, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

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
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible 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) paid that exceeds 100 percent of your indexed predisability earnings when added to your LTD benefit
- Benefits under any workers' compensation law 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
- Any retirement or disability benefits you received from your employer's retirement plan which are not attributable to your contributions
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Long Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- 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)

- The date American Conference of Cantors, Inc. ends participation in the group policy

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.

GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD, GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399, GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399

[SI 12501-D-IL-159034 \(8/17\)](#)

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A Helping Hand When You Need It

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program¹ (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

With EAP, assistance is immediate, personal and available when you need it.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation

¹ The EAP service is provided through an arrangement with Bensinger, DuPont & Associates (BDA), which is not affiliated with The Standard. BDA is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Children under the age of 12 will not receive individual face-to-face counseling sessions.

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.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit www.eapbda.com to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.



Contact EAP

888.293.6948

TDD: 800.327.1833

24 hours a day, seven days a week

www.eapbda.com

Enter **standard** as the login ID and **eap4u** as the password

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

Standard Insurance Company

standard.com

Employee Assistance Program-3
SI 17201-D (5/17) EE

Group Number 159034	Hire Date
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To Be Completed By Applicant

Apply for Coverage Name Change Former Name _____
 Add Dependent Delete Dependent Date of Add/Delete _____
 Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation Cantor	Male	Female
Employer Name American Conference of Cantors, Inc.	Hours Worked Per Week		
Earnings \$ _____ (Annual salary including parsonage).			

Coverage

Evidence of Insurability is required if you have been a member of the ACC for more than 31 days. You must also complete the Medical Questionnaire Application.

Life Insurance Life with AD&D (Employee Paid) requested amount \$ _____

Dependents Life Insurance Spouse Life with AD&D (Employee Paid) requested amount \$ _____ Child(ren) Life (Employee Paid) requested amount \$10,000
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Long Term Disability Insurance Long Term Disability (Employee Paid)

Your Full Name

Beneficiary
This designation applies to your Life and Accidental Death and Dismemberment Insurance and Voluntary Accidental Death and Dismemberment Insurance, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	Relationship	% of Benefit <i>Total must equal 100%</i>
Contingent — Full Name	Address	Relationship	% of Benefit <i>Total must equal 100%</i>

Signature
 I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from credit card or bank account to cover my premiums of insurance. I understand that my deduction amount will change if my coverage or costs change.

Signature of Applicant (Member)	Date
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Beneficiary Information
 Your designation revokes all prior designations.
 Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
 If you name two or more Beneficiaries in a class:

- Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
- If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.

Dependents Insurance, if any, is payable to you, if living.

DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 3. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 2. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above.

MEMBER/EMPLOYEE INFORMATION

Name of Group American Conference of Cantors		Group Number 159034	Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Member/Employee Name		Birthdate (Mo/Day/Year)	Date Hired (Mo/Day/Year)	
Occupation	Salary (annual)	Social Security Number		

APPLICANT INFORMATION

Applicant's Name (Person to be insured)				
Street Address		City	State	Zip
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone () Home Phone ()

APPLICATION INFORMATION

Type of Application (check one) Initial Increase in Coverage Late Application

Check the type and provide details on the amount of coverage you are requesting.

<input type="checkbox"/> Long Term Disability	_____	+	60% of annual salary	=	60% of annual salary
	Current Amount In Force, if any		Additional Amount Requested		Total Amount Requested
<input type="checkbox"/> Life	_____	+	_____	=	_____
	Current Amount In Force, if any		Additional Amount Requested		Total Amount Requested
<input type="checkbox"/> Dependents Life	_____	+	_____	=	_____
	Current Amount In Force, if any		Additional Amount Requested		Total Amount Requested

MEDICAL HISTORY STATEMENT QUESTIONS

- Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.**
- Are you now unable to work full-time because of any physical or mental condition, or injury? Yes No
 - Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal ailment, or digestive system disorder? Yes No
 - Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, blindness, deafness, or any other neurological or muscle disorder? Yes No
 - Cancer, tumor, lesions, leukemia, lymphoma, blood clotting or other malignancy or growth? Yes No
 - Cardiovascular disease, heart ailment, arteriosclerosis, abnormal pulse, high blood pressure, heart murmur, valve, circulatory, or vascular disorders? Yes No
 - Emphysema, asthma, bronchitis, sleep apnea, or other respiratory or lung disease? Yes No
 - Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Virus (HIV)? Yes No
 - Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back, or spine, arthritic or disc conditions? Yes No
 - Diabetes, thyroid, gland, spleen, or nephritis? Yes No
 - Drug or alcohol abuse, or have you used alcohol, drugs or nicotine in a manner that has resulted in medical treatment? Yes No
 - Psychiatric or mental condition, depression, adjustment disorder, affective disorder, anxiety disorder, or obsessive-compulsive disorder? Yes No
 - In the past 7 years have you had any illness or injury not listed above which resulted in the use of prescribed medication or physician visits? Yes No
 - Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Yes No
 - Do you plan any operation or visit to a doctor or practitioner for an existing physical or mental condition, or injury? Yes No
 - Are you currently pregnant? Yes No

Height	Weight	Physician Name or Medical Facility with Applicant's Complete Medical Records (provide name and full mailing address)

Applicant Name	Social Security Number
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Describe any "yes" answers below. (Please provide the entire question number.)

Question Number	Description of Injuries, Disorders and Operations	Month/Year	Duration	Final Result	Physicians Consulted, City & State

ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION (Please read carefully.)

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any attachments, are true and complete, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the MIB, Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I understand The Standard may release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid six months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and I have kept a copy of this Medical History Statement.

Signature of Applicant (or Member/Employee for Dependent Child)	Date
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Applicant Name	Social Security Number
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INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.
 Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.
 Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.
- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.

FRAUD NOTICE

- FOR RESIDENTS OF ARKANSAS, LOUISIANA, OHIO, WASHINGTON: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.
- FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- FOR RESIDENTS OF DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FOR RESIDENTS OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- FOR RESIDENTS OF PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

YOUR INFORMATION
Last Name, First Name:
Annual Salary (includes parsonage):
Social Security Number:

Home Address:
City, State Zip:
Phone:
Email:

PAYMENT OPTIONS (select one)		
<input type="checkbox"/> Checking Account	Name as it appears on check:	
	Bank Name:	
	Routing Number (9 digits):	
	Account Number:	

<input type="checkbox"/> Visa	Name as it appears on card:	
<input type="checkbox"/> MasterCard	Credit Card Number:	
	Expiration (MM/YY):	
<i>**We do not accept Amex or Discover</i>	Card Security Code (last 3 digits on back of card):	

Signature of Member _____

Date _____

The premiums for this program are collected in advance of the month that they are due. Premium must be paid via automatic collection by credit card or bank draft. Your initial premium due will be collected within 5 business days of the application. Subsequent premiums will be collected on the 15th of the month prior to the start of the next month. **There will be no invoicing of premium; premium will ONLY be collected electronically.** You are authorizing Babbitt Municipalities, Inc. (d.b.a. Group Benefit Associates) to debit a checking account or charge a credit card for the purpose of collecting premiums for the supplemental benefits.

Insurance Resources

For specific information regarding policy benefits, enrollment, and premiums, contact the ACC's third party insurance administrator, Group Benefit Associates. All enrollment forms are to be returned to Group Benefit Associates for processing:

Group Benefit Associates (GBA)

1701 E. Lake Avenue, Suite 400 Glenview, IL 60025

Telephone: 800-450-1271

Fax: 800-450-1271

CustomerService@groupba.com

Hours: Mon-Fri 9am-5pm Central

For general information about the ACC's group insurance offerings:

Laura Majeski

American Conference of Cantors

Telephone: 847-781-7800, Ext 302

retirement@accantors.org

For more about the American Conference of Cantors' Long Term Disability and Life insurance carrier, The Standard Insurance Company:

www.standard.com



About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

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

Enrollment Booklet
SI 16891-D-IL-159034 (8/17)
5352961-105193