



LONG TERM CARE RETIRED MEMBER BENEFIT ELECTION FORM

Underwritten by:
Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

Los Angeles Police Relief Association, Inc.
Policy Number: 096797-002

IMPORTANT: You must complete this form and a Long Term Care Insurance Application for any long-term care coverage you select.

Your Name: (Last Name, First Name, Initial)	Social Security Number ____ - ____ - _____	Date of Birth (MM/DD/YYYY) __ / __ / _____
Street Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire (MM/DD/YYYY) __ / __ / _____
City, State, Zip Code	Home Telephone # ()	Work Telephone # ()
Email Address		

LAPRA will contribute up to \$7.53 per month toward the cost of LTC coverage you select.

Retired members applying for LTC coverage will be subject to full medical underwriting. If you are approved for LTC coverage, LAPRA will contribute up to \$7.53 per month toward the cost of your LTC coverage.

Choose a Plan (Check One)

<input type="checkbox"/> Plan 1 100% Facility, Home and Community-Based Care, No Inflation Protection	<input type="checkbox"/> Plan 2 100% Facility, Home and Community-Based Care, 5% Simple Inflation	<input type="checkbox"/> Plan 3 100% Facility, Home and Community-Based Care, 5% Compound Inflation
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Choose a Benefit Duration (Check One)

<input type="checkbox"/> 2 Years	<input type="checkbox"/> 5 Years	<input type="checkbox"/> Lifetime
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Choose a Monthly Facility Benefit Amount (Check One)

<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$5,500	<input type="checkbox"/> \$6,500	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$8,500
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Full Medical Underwriting is required for this coverage. The retired member must complete the entire Long Term Care Insurance Application and a signed Authorization to Request Medical Information Form #6720-04-CA included as part of the Application.

(continued on reverse side)



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Calculate Your Premium

To calculate your premium, please refer to the rate sheet in your kit and use the calculation below.

_____ X _____ / \$1,000 = _____ (A)
Rate per \$1,000 for Plan Chosen Monthly Benefit Amount Monthly Premium

LTC Premium Contribution Paid by LAPRA

If you are approved by Unum for LTC coverage, LAPRA will contribute \$7.53 per month toward the LTC premium. = \$7.53 / LAPRA Paid Monthly Premium (B)

(A) MINUS (B) = _____
MEMBER'S Monthly Premium

You can also use the online premium calculator on the Unum long-term care insurance website for LAPRA members at http://w3.unum.com/enroll/LAPRA.

Request for Signature (Please read this entire form carefully before signing below.)

Your signature below also authorizes LAPRA to deduct premium from your pension check, if applicable. Your premium is based on your insurance age. Insurance age is your age on the plan effective date. If you enroll for coverage on or after the plan effective date, insurance age is your age on the date you sign the enrollment form. Please verify your name, Social Security number and date of birth before signing. Please Note: Retired member signature is required. Retain a copy for your records.

Caution: If your answers on this Retired Member Benefit Election Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

Retired Member Signature

Date

If you have any questions about long-term care coverage, please call Unum at 1-800-227-4165.

Please sign and return all forms that require a signature to:

Keep a copy of the forms for your records.

LAPRA
600 North Grand Ave
Los Angeles, CA 90012