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

LONG TERM CARE
SURVIVING SPOUSE BENEFIT ELECTION FORM

Los Angeles Police Relief Association, Inc.
Policy Number: 096797-004

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 ☐ Male ☐ Female	Date of Hire (MM/DD/YYYY) __ __ / __ __/ __ __ __ __
City, State, Zip Code	Home Telephone # ( )	Work Telephone # ( )
Email Address		

Surviving Spouses applying for LTC coverage will be subject to full medical underwriting. If you are approved for LTC coverage, LAPRA will pay the premium for up to following LTC coverage:	
Level of Care:	100% Facility, Home and Community-Based Care
Benefit Duration:	2 Years Facility / 100% Home and Community-Based Care
Monthly Benefit:	$5,500 Facility/ 100% Home and Community-Based Care
Inflation Protection:	None
Elimination Period:	90 Days

Choose a Plan (Check One)		
☐ Plan 1 100% Facility, Home and Community-Based Care, No Inflation Protection	☐ Plan 2 100% Facility, Home and Community-Based Care, 5% Simple Inflation	☐ Plan 3 100% Facility, Home and Community-Based Care,5% Compound Inflation

Choose a Benefit Duration (Check One)		
☐ 2 Years	☐ 5 Years	☐ Lifetime

Choose a Facility Monthly Benefit Amount (Check One)							
☐ $1,500	☐ $2,500	☐ $3,500	☐ $4,500	☐ $5,500	☐ $6,500	☐ $7,500	☐ $8,500

Full Medical Underwriting is required for this coverage: The surviving spouse must complete a Long Term Care Insurance Application and a signed Authorization to Request Medical Information Form #6720-03-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.

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

LTC Premium Contribution Paid by LAPRA

If you are approved by Unum for LTC coverage, LAPRA will contribute a premium amount up to the monthly premium cost for a $5,500 monthly benefit amount under Plan 1, 2 year benefit duration with no inflation protection.

Rate per $1,000 for Plan 1	X	$5,500 Maximum Monthly Benefit Amount	/ $1,000 =	Maximum Monthly Premium Paid by LAPRA	(B)

NOTE: If (A) – (B) is less than $0, then your monthly premium cost is $0.

(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 will be deducted from your pension check and your signature below authorizes the association to deduct it. 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: Your signature is required. Retain a copy for your records**.

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

MA Residents Only: You also signify that you have received and read the MassHealth eligibility notice entitled "For Massachusetts Residents Only" – Form #7650-04.

_____ _____

Surviving Spouse 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:

LAPRA
600 North Grand Ave
Los Angeles, CA 90012

Keep a copy of the forms for your records.