RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

CPFIT UNION LTD PLAN SEASONAL MEMBERS

CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST

Name of Local: CAL FIRE 2881 **Policy:** LTD 126556

Application Type: ☐ **New Enrollment** ☐ **Change** **I am a member in good standing of my Local Union** ☐ **Yes** ☐ **No**

Member Information		
Name:	Date of Employment: ___/___/___	Date of Birth:___/___/___
Address:	City:	State: Zip:
Phone: Cell:	Email:	SS.#
Are you actively performing all the duties of your occupation as a firefighter? ☐ Yes ☐ No **If "No," explain:**		☐ Male ☐ Female

Coverage	Enroll or Decline	Total Amount Applied For	Monthly Premium
Voluntary Long Term Disability:	☐ **Enroll** ☐ **Decline**	**55% of BASE Salary as a Firefighter (integrated- see Certificate)**	**$24.00**

"Enroll" authorizes payroll deduction of premiums. Base Salary (Income used to calculate Retirement) $ _____ Per Month

During an approved enrollment, guaranteed issue (GI) amounts of insurance will not require evidence of insurability provided this form is complete, signed and received during your enrollment period. If you desire insurance at a later date: (1) you may be required to furnish, at your own expense, evidence of each person's insurability; and (2) Reliance Standard will have the right to refuse your request.

X _____ _____
Member's Signature Date

I understand and agree that:

- The information provided on this Enrollment form is true and correct to the best of my knowledge.
- The insurance requested will become effective in accordance with the individual effective date information in the Policy; any amount subject to evidence of insurability will not become effective until approved by Reliance Standard and Reliance Standard has the right to refuse my request. Coverage may be subject to a minimum participation requirement at the Local Union level and if the minimum is not met, coverage may not be issued even though an enrollment form has been completed. An effective date is subject to eligibility requirement, satisfaction of service waiting period (if applicable) and payment of first premium when due. An effective date may be deferred for a member not actively at work.
- Benefits are subject to terms and conditions of the Policy.
- If payroll deduction of premium begins prior to processing of the enrollment form, it does not mean coverage is in effect. Premiums paid for coverage not issued will be returned.
- Benefits may not be payable for a disability due to a pre-existing condition, should the insured become disabled due to such pre-existing condition within the first 12 months of coverage. A pre-existing condition is any condition (whether diagnosed or not) for which an insured sought treatment, advice, care or services from a doctor, or for which he/she took prescription drugs or medicines within 12 months before the individual effective date of coverage.

  Please Note: During an approved enrollment, guarantee issue amounts of insurance will not require a Statement of Health form provided the Enrollment form is complete, signed and received by the administrator during your enrollment period and: a) you are not a late applicant with respect to insurance for yourself; or b) during your present service with your Local Union or an affiliate, you have not, with respect to insurance with Reliance Standard or an affiliate, had an application withdrawn; been previously declined; had coverage postponed; or voluntarily terminated; or c) the enrollment period is not one with specific guaranteed issue/health acceptability rules.

CALIFORNIA PROFESSIONAL FIREFIGHTERS INSURANCE TRUST

Send Completed Form to:
CPF Insurance Trust
Post Office Box 27098
Fresno, CA 93729

For Office Use only

Effective _____ by: _____

RELIANCE STANDARD LIFE INSURANCE COMPANY **ADMINISTRATIVE OFFICE: Philadelphia, PA**