



New Hire Brochure

2023-2024 School Year
Effective July 1, 2023

Your Guide to
CTA-endorsed Disability
and Life Insurance
from The Standard

Limited-time
Special
Enrollment
Inside.



You're on Your Way to Some Great CTA Member Benefits

If you're new to your district this school year, you have a special opportunity to apply for CTA-endorsed Disability and Life insurance **with no health questions asked within 270 days of starting work.**

Your Limited-time Special Enrollment Coverage Options:



Disability Insurance:

- Helps protect your paycheck if you're unable to work due to illness, injury, pregnancy or childbirth.



Life Insurance:

- Up to \$400,000 of Life insurance for yourself¹
- Up to \$50,000 of Life insurance for your spouse/domestic partner^{1,2}
- Additional \$5,000 of Life insurance for spouse/domestic partner and each dependent child²

Had coverage with The Standard at your prior district? You must reapply for coverage at the new school district as it does not automatically transfer to the new employer.

3 Ways To Apply



In Person

Complete the application on the next page, and give it to a representative from The Standard.



Virtual Appointment

Schedule an appointment with The Standard when it's convenient for you:
stdrd.co/newhireappt



Apply Online

Take 5 minutes to apply online:
standard.com/cta/newhire



¹ Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80. Offer not available to retirees.

² Each option of Life insurance for your spouse/domestic partner or dependents may not exceed 50% of your Life insurance coverage.

Standard Insurance Company

CTA Benefits and Services
 PO Box 4744 Portland OR 97208
 Tel 800.522.0406 Fax 888.414.0393

Disability and/or Life Application for Enrollment for CTA-endorsed Plans

For additional information and forms visit CTAMemberBenefits.org/TheStandard

Please be sure to complete all sections to ensure prompt processing of your enrollment. Sign and date the completed form and return it to The Standard at the address above, email¹ a scanned copy to ctaservice@standard.com or fax to 888.414.0393.

EMPLOYEE INFORMATION Note: All fields are required.			
FIRST NAME		MIDDLE INITIAL	LAST NAME
HOME MAILING ADDRESS		CITY	STATE ZIP
PRIMARY PHONE		PERSONAL EMAIL ADDRESS	
DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes Effective Date _____ Type _____	
SCHOOL DISTRICT <i>Please do not abbreviate.</i>		DATE FIRST HIRED AT CURRENT SCHOOL DISTRICT? (FIRST DAY OF WORK) ____/____/____	
CURRENTLY WORKING? <input type="checkbox"/> Yes Hours Per Week _____ <input type="checkbox"/> No		ANNUAL CONTRACT OR EQUIVALENT WITH YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT IS YOUR JOB TITLE?		FULL TIME MEMBER OF THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU CURRENTLY (OR IN THE PROCESS OF BECOMING) A CTA MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>You must be an active member to have coverage.</i>		HAVE YOU TRANSFERRED DISTRICTS THIS SCHOOL YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COVERAGES

Refer to the enrollment materials provided when completing this form. Coverage may be subject to evidence of insurability (satisfactory proof of good health) requirements. If you have questions, please call The Standard's dedicated CTA Customer Service Department at 800.522.0406 or email ctaservice@standard.com.

Disability Insurance	Life Insurance and Dependents Life Insurance	
<input type="checkbox"/> Disability Gross Annual Salary (Required) \$ _____	SELF <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$400,000	DEPENDENTS (choose one or both) Spouse/Domestic Partner <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$37,500 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Spouse/Domestic Partner and Children <input type="checkbox"/> \$5,000 Dependent Information <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child(ren) Number of Child(ren) _____
	Please Note: Each option of Life insurance for your spouse/domestic partner or dependents may not exceed 50% of your Life insurance coverage under the Group Policy.	

SIGNATURE REQUIRED

I wish to make the choices indicated on this form. I authorize my employer to deduct premiums from my wages to cover my cost of insurance sponsored by California Teachers Association. I understand that my employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that a copy of this form will be provided to my employer to facilitate payroll deduction for the coverages that I have elected. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard. I certify that I meet the eligibility requirements of the coverage(s) for which I applied and understand that if I am no longer eligible my coverage(s) will end. I also certify that the information I have provided is accurate.

I understand that Disability Insurance coverage will not pay for benefits for disability due to any diagnosed mental or physical condition for which I have received treatment, care, services or taken prescription medication in the 30 calendar days prior to my insurance effective date unless I have worked 10 consecutive regular days of required attendance after my insurance effective date and prior to becoming disabled.

FRAUD NOTICE: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X Signature _____ Date _____

¹Please note that email may not be a secure transmission unless you have the capability to encrypt your email when sent. Information once received by The Standard is protected.

Protect Your Paycheck with Disability Insurance

Top causes of disability claims for CTA members¹



Pregnancy



Mental Health Conditions



Muscle/Bone Disorders



Cancer



Reproductive/Urinary



Accidents/Fractures

What can you use disability benefits for?



Rent/Mortgage



Utilities



Groceries



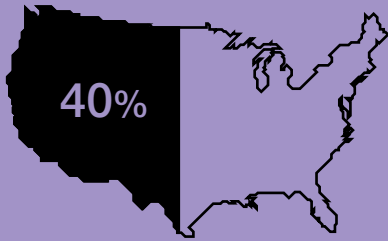
Child Care



School Loans

How long can you or your family go without your paycheck if you're not working?

40% of U.S. adults don't have enough savings to cover three months of living expenses.²



The risk of disability is real:

More than 25% of today's 20-year-olds will become disabled during their career.³



Watch this short video to learn more:



Special Enrollment Opportunity for Newly Hired CTA Members

stdrd.co/newhirevideo



¹ Based on the claims decisions data developed by The Standard for period of 9/1/18 - 8/30/21.

² Report on the Economic Well-Being of U.S. Households in 2021 - May 2022.
www.federalreserve.gov/publications/report-economic-well-being-us-households.htm

³ Social Security Administration, Disability and Death Probability Tables for Insured Workers Born in 2001, Report as of November 2021.
www.ssa.gov/oact/NOTES/ran6/index.html

Disability Insurance Premium Rates (Effective 7/1/2023)

Annual Contract Salary Ranges	Monthly Premium ¹ (12x a year)	Eleventhly Premium ¹ (11x a year)	Tenthly Premium ¹ (10x a year)
\$0 – \$44,499	\$16.84	\$18.37	\$20.21
\$44,500 – \$53,249	\$20.26	\$22.10	\$24.31
\$53,250 – \$60,249	\$23.94	\$26.12	\$28.73
\$60,250 – \$67,249	\$27.06	\$29.52	\$32.47
\$67,250 – \$76,249	\$30.09	\$32.83	\$36.11
\$76,250 – \$85,249	\$33.76	\$36.83	\$40.51
\$85,250 – \$94,249	\$39.22	\$42.79	\$47.06
\$94,250 – \$103,249	\$43.16	\$47.08	\$51.79
\$103,250 – \$112,249	\$47.09	\$51.37	\$56.51
\$112,250 – \$121,249	\$51.02	\$55.66	\$61.22
\$121,250 and over	\$54.95	\$59.95	\$65.94

CTA-endorsed Disability Plan Highlights



Paycheck Protection – pays up to 80% of your regular daily contract salary minus any sources of deductible income² if you're unable to work due to illness, injury, pregnancy or childbirth.



Student Loan Benefit – additional benefit of up to \$400/month (maximum of \$2,400, not to exceed the balance of the student loan) to approved claimants with an active student loan.



Cancer Benefit – additional benefit of up to \$400/month (maximum of \$2,400) for an approved disability claim due to cancer.



Summer Benefit – additional \$500 per week (maximum of \$4,500) during the months of June and July for eligible members who become or continue to be Disabled with a Disability date on or after September 1, 2022.³

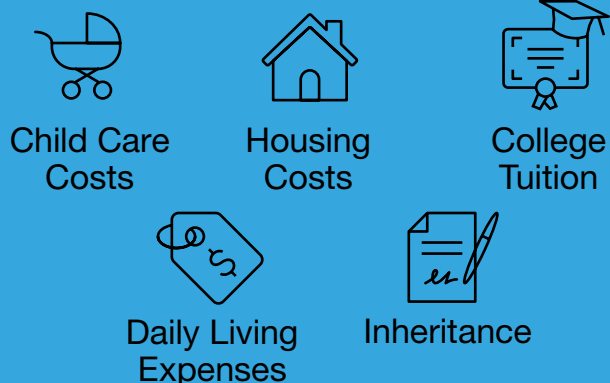
¹ Frequency of required premium payments (monthly, etc.) is determined by your employer. While monthly, eleventhly and tenthly are common deduction frequencies, your district may deduct premiums on an alternative frequency.

² Examples of deductible income (if currently insured, see your certificate of insurance for a full listing and exceptions): substitute differential pay, personal leave pay, severance pay, catastrophic/extraordinary leave bank, salary continuation, workers' compensation, work earnings, social security, state disability, CalPERS/CalSTRS benefits.

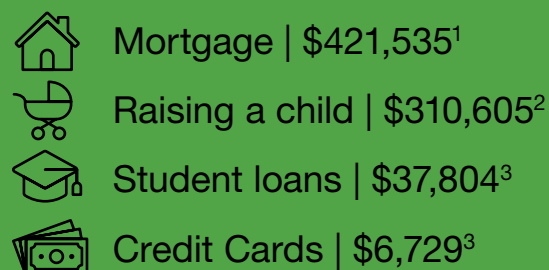
³ Summer Benefit is offered by CTA to eligible members who meet the Definition of Disability with a Disability date on or after 9/1/2022 who meet additional specific criteria. Summer Benefit is only payable during the calendar months of June and July, for up to two Benefit Years for each instance of qualifying Disability. Summer Benefit is not provided under the Voluntary Disability insurance policy. CTA provides this benefit at no extra cost and The Standard acts only as the claims administrator of this benefit.

Protect Your Loved Ones With Life Insurance

How Life insurance can be used



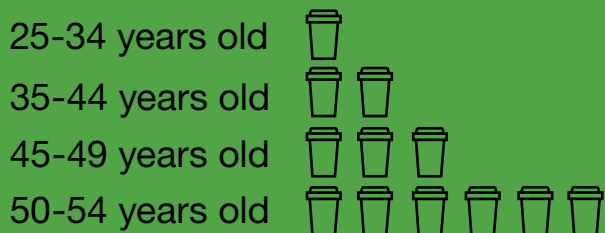
Consider your financial obligations*



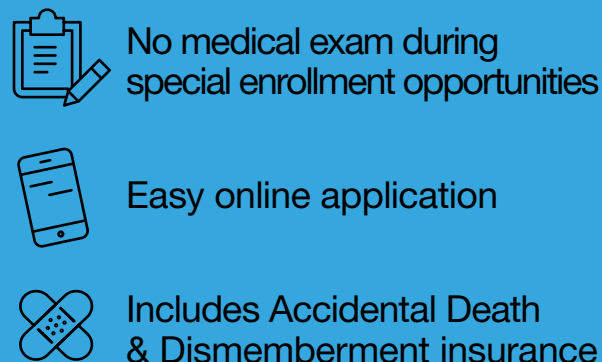
*Average California Expenses

Life insurance may cost less than you think

Typical monthly cost of a \$100,000 term Life insurance policy in coffee drinks⁴



CTA-endorsed Life insurance highlights



Includes resources you can use now:



Life Services Toolkit⁵

Access to helpful online tools and resources that can help you create a will and put your finances in order. After a loss, beneficiaries have access to grief counseling, legal advice and helpful online resources.



Travel Assistance⁵

Access to a comprehensive range of professional, 24-hour medical and travel emergency assistance services including prescription refill assistance, medical referrals and more.

¹ Average mortgage debt in California, 11/4/2022, www.creditkarma.com/insights/i/average-mortgage-debt#average-mortgage-debt-by-state.

² Washington Post, What does it cost to raise a child?, 10/13/2022, www.washingtonpost.com/business/interactive/2022/cost-raising-child-calculator/.

³ Average student loan debt in California (\$37,084); Average credit card debt (\$6,729); www.debt.org/faqs/americans-in-debt/consumer-california/. Accessed on 4/11/2023.

⁴ Costs are approximate and based on the data developed by The Standard. For premium rates, see the next page.

⁵ Travel Assistance and Life Services Toolkit are provided through an arrangement with service partners that are not affiliated with The Standard. These services are not insurance products.

Life Insurance Premium Rates and Coverage Options

To find your premium rate, select your age range, the coverage amount you want, and the color coded box corresponding with how often your district deducts premiums.

AGE	Calculated as MONTHLY PREMIUMS (Deducted 12x a year)			Calculated as ELEVENTHLY PREMIUMS (Deducted 11x a year)			Calculated as TENTHLY PREMIUMS (Deducted 10x a year)			How premiums are deducted (monthly, eleventhly or tenthly) is determined by your employer.
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	
under 25	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
	\$1.64	\$3.27	\$4.91	\$6.55	\$9.82	\$13.09	\$15.27	\$17.45	\$19.64	\$21.82
	\$1.80	\$3.60	\$5.40	\$7.20	\$10.80	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
25-29	\$1.75	\$3.50	\$5.25	\$7.00	\$10.50	\$14.00	\$16.50	\$19.00	\$21.50	\$24.00
	\$1.91	\$3.82	\$5.73	\$7.64	\$11.45	\$15.27	\$18.00	\$20.73	\$23.45	\$26.18
	\$2.10	\$4.20	\$6.30	\$8.40	\$12.60	\$16.80	\$19.80	\$22.80	\$25.80	\$28.80
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$19.00	\$22.00	\$25.00	\$28.00
	\$2.18	\$4.36	\$6.55	\$8.73	\$13.09	\$17.45	\$20.73	\$24.00	\$27.27	\$30.55
	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40	\$19.20	\$22.80	\$26.40	\$30.00	\$33.60
35-39	\$2.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00
	\$2.73	\$5.45	\$8.18	\$10.91	\$16.36	\$21.82	\$26.18	\$30.55	\$34.91	\$39.27
	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20
40-44	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$31.50	\$37.00	\$42.50	\$48.00
	\$3.55	\$7.09	\$10.64	\$14.18	\$21.27	\$28.36	\$34.36	\$40.36	\$46.36	\$52.36
	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$31.20	\$37.80	\$44.40	\$51.00	\$57.60
45-49	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$44.00	\$52.00	\$60.00	\$68.00
	\$4.91	\$9.82	\$14.73	\$19.64	\$29.45	\$39.27	\$48.00	\$56.73	\$65.45	\$74.18
	\$5.40	\$10.80	\$16.20	\$21.60	\$32.40	\$43.20	\$52.80	\$62.40	\$72.00	\$81.60
50-54	\$8.25	\$16.50	\$24.75	\$33.00	\$49.50	\$66.00	\$81.50	\$97.00	\$112.50	\$128.00
	\$9.00	\$18.00	\$27.00	\$36.00	\$54.00	\$72.00	\$88.91	\$105.82	\$122.73	\$139.64
	\$9.90	\$19.80	\$29.70	\$39.60	\$59.40	\$79.20	\$97.80	\$116.40	\$135.00	\$153.60
55-59	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$101.50	\$121.00	\$140.50	\$160.00
	\$11.18	\$22.36	\$33.55	\$44.73	\$67.09	\$89.45	\$110.73	\$132.00	\$153.27	\$174.55
	\$12.30	\$24.60	\$36.90	\$49.20	\$73.80	\$98.40	\$121.80	\$145.20	\$168.60	\$192.00
60-64	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$104.00	\$129.00	\$154.00	\$179.00	\$204.00
	\$14.18	\$28.36	\$42.55	\$56.73	\$85.09	\$113.45	\$140.73	\$168.00	\$195.27	\$222.55
	\$15.60	\$31.20	\$46.80	\$62.40	\$93.60	\$124.80	\$154.80	\$184.80	\$214.80	\$244.80
65-69	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$27.82	\$55.64	\$83.45	\$111.27	\$166.91	\$222.55	\$277.09	\$331.64	\$386.18	\$440.73
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80
+70 ¹	\$25.50	\$51.00	\$76.50	\$102.00	\$153.00	\$204.00	\$254.00	\$304.00	\$354.00	\$404.00
	\$27.82	\$55.64	\$83.45	\$111.27	\$166.91	\$222.55	\$277.09	\$331.64	\$386.18	\$440.73
	\$30.60	\$61.20	\$91.80	\$122.40	\$183.60	\$244.80	\$304.80	\$364.80	\$424.80	\$484.80

Family Coverage Options & Premium Rates

Spouse/Domestic Partner Coverage

Elect up to \$50,000 of Life insurance for your spouse/domestic partner.^{1,2} Rates are based on your age (not your spouse's or domestic partner's age) and spouse/domestic partner coverage amount.

Dependent Coverage

Add \$5,000 of Life insurance for your dependents,² including spouse/domestic partner and eligible children through age 25. All dependents are included in one single rate: \$1.00 monthly, \$1.09 eleventhly, \$1.20 tenthly.

¹ Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75, and 30% of the amount in force at age 80. Offer not available to retirees.

² Each option of Life insurance for your spouse/domestic partner or dependents may not exceed 50% of your Life insurance coverage under the Group Policy.



Ways To Apply



In Person

Complete the application form in this brochure and give it to a representative from The Standard.



Virtual Appointment

stdrd.co/newhireappt



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standard.com/cta/newhire



Questions?

Contact our dedicated CTA Customer Service team at 800.522.0406 or ctaservice@standard.com, available 7 a.m. to 6 p.m., Monday through Friday.

For more coverage details, see our Member Enrollment Brochure: stdrd.co/meb



For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policies may be continued in force, please contact The Standard's dedicated CTA Customer Service Department at 800.522.0406, 7:00 a.m. to 6:00 p.m., Monday through Friday.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

