



- Please note that there are four pages to the brochure (not including this one)
- **If you would like to apply, the last page is the actual application that you can complete.**
  - You can complete the application and **submit it by email** by either clicking the button (outlook users), or if you use an online email provider (gmail, yahoo, hotmail, aol, etc.) you must save the pdf to a location on your computer (i.e. desktop or my documents folder). From there, open your email provider, attach the pdf, and email to [wp@peinsurance.com](mailto:wp@peinsurance.com). We will then send the document back to you for electronic signature (this is very fast and easy).

**OR**

- You can complete the application and then **print, sign and mail** to:

**Pacific Educators  
2808 E. Katella Ave., Suite 101  
Orange, CA 92867**

- If you have any questions, please do not hesitate to contact us directly (800) 722-3365 (or) [wp@peinsurance.com](mailto:wp@peinsurance.com)
- For information on common examples of personal information collected from California residents and the purposes for which the categories of personal information will be used, please see the NOTICE AT COLLECTION FOR CALIFORNIA RESIDENTS [HERE](#) or attached to this pdf.

# GROUP TERM LIFE INSURANCE PLAN

**AVAILABLE ONLY TO SCHOOL PERSONNEL  
AND THEIR FAMILIES**



**With Premiums Starting at \$4.50 Per Month  
And Coverage up to \$402,000.00<sup>1</sup>**

Policyholder:  
United Associations of America Group Insurance Trust  
Underwritten by:  
**Fidelity Security Life Insurance Company®**  
Kansas City, MO 64111

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Fidelity Security Life Insurance Company® detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder, United Associations of America Group Insurance Trust. This program may vary and may not be available to residents of all states. Some benefits, exclusions or limitations may vary by state.

**Policy Form # M-1006; Policy No. TL-141**

Administered by:



2808 E. Katella Ave., Suite 101 Orange, CA 92867  
(800) 722-3365 • (714) 639-0962  
www.PEinsurance.com Lic.#0429928

Pacific Educators is the plan administrator and insurance broker that administers the insurance plan on behalf of Fidelity Security Life Insurance Company®. Pacific Educators is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company, in addition to other compensation it may receive.

<sup>1</sup> Benefits reduce as the insured enters into each new age band. Please refer to the rate chart for more information.

# INSURANCE COVERAGE

## Help to Ensure Your Family's Future

If something happened to you, would your family be financially secure?

Group Term Life insurance can help give your family the protection they may need... and deserve.

But how much life insurance is enough? To find out, begin by estimating your monthly expenses. Include mortgage or rent payments, car loan, medical expenses, utility bills, charge account bills and grocery bills — and don't forget the amount you save regularly for vacations and the children's college education. Then divide the amount of your present life insurance by your monthly expenditure. This is not intended to serve as financial advice. You may wish to consult with a personal Financial Advisor, as individual needs may vary.

You may find that your present life insurance would not cover many months of these expenses. Yet, the sad truth is that a lot of Americans today are under-insured, and some do not have any insurance at all. Now, there's a no frills insurance plan that helps give you the protection you may need at an affordable price: The Term Life/Accidental Death and Dismemberment insurance plan. It's a combination of coverage that helps to give you additional insurance protection. Best of all, its affordable cost won't hurt your budget!

This group plan lets you buy what you may need for less. This is term life insurance with accidental death and dismemberment coverage built right in to enhance your overall insurance protection. And with six plans to choose from, there's sure to be one that helps fit your needs. All those eligible are invited to apply. You and your Spouse are encouraged to apply for this sensible, economical insurance protection if you are a member of a California School or School District and are actively at work. Your spouse may be insured for the same plan as you or less. You can also provide additional spouse and children coverage by selecting the dependent plan: \$5,000 for your spouse under age 70 and each of your dependent, unmarried children age 6 months to 23 years (\$500 for those age 15 days to 6 months). Spouse means your spouse age 18 or older unless you and your spouse are legally separated or divorced. Dependent child means your unmarried child, less than age 19 (23 if a full-time student) who is primarily dependent on you for support and maintenance.)

## FEATURES Of Your Life Insurance Program

### Six plans to choose from.

The plan amounts you may select are determined by your age. Select your own plan of coverage beginning at \$402,000, \$281,400, \$201,000, \$120,600, \$80,400 or \$40,200 under age 25, and decreasing as you get older according to the Benefit Schedule.

### Accidental Death and Dismemberment coverage.

The program provides an additional amount of insurance for accidental losses listed in the policy. The amount of Accidental Death and Dismemberment coverage you may receive is based on your age and the plan you select. Check the benefit schedule for exact amounts. Accidental losses must occur within 365 days of the covered accident to be eligible for benefits.

### Terminations.

Your coverage remains in effect as long as you pay the required premiums, and the master policy remains in force. Spouse and family coverage ends when you does, unless your spouse is no longer married to you and your dependent children no longer meet the eligibility requirements.

### Premiums.

Your premiums remain level no matter what your age. Premiums are subject to change on a group wide basis.

### Affordable

Premiums for this important program are economical because of the mass purchasing power of your group and the savings of standardized administration.

### Definitions

**Loss** means: for a hand or foot, total, complete and permanent severance of all four fingers or entire hand above the wrist joint or the entire foot at or above the ankle joint; for thumb and index finger through or above the metacarpophalangeal joints; for loss of use, movement or total feeling in the arm including the hand, or in the leg, including the foot, and the loss is determined by a physician to be total and irrecoverable; for an eye, total and irrecoverable loss of sight; for speech and/or hearing total and irrecoverable loss of speech and/or hearing; for death, the direct result of a covered accidental bodily injury.

**Injury** means: bodily Injury caused by an accident. The accident must happen while the Insured Person is covered by the Policy and must be the direct cause of loss, independent of sickness or other causes. All injuries to an Insured Person in a single accident are treated as one Injury.

### Suicide Limitation

Death by suicide, while sane or insane is not covered for 24 months from the Insured's effective date. In such event the Company will only refund the premiums paid.

This provision will also apply if the Insured Person commits suicide during the two years immediately following an increase in coverage under the Policy. In that event, the amount of insurance payable will equal the amount of insurance inforce prior to the increase, plus an amount equal to the premium paid for the increase to the date of death.

### Exclusions

Accidental Death and Dismemberment benefits are not payable for any loss caused directly by: intentional self-inflicted Injury or suicide while sane or insane; sickness including any medical or surgical treatment of sickness; infections, except pyogenic infection resulting from an accidental bodily Injury or from accidental ingestion of a contaminated substance; participation in a riot or insurrection; active duty as a member of any military, naval or air force; war or any act of war, declared or not; commission or attempted commission of a felony, assault or illegal action; voluntary use of any alcohol, drug or narcotic unless prescribed by a Physician and taken as prescribed; voluntary inhalation of any kind of gas including carbon monoxide; travel or flight in any aircraft except as a fare paying passenger of a commercial airline flying on regularly scheduled routes between definitely established air-ports; driving a vehicle while legally intoxicated according to the laws of the area where the accident occurred.

**More Details** 

# BENEFIT SCHEDULE

## Premiums Below Apply to You or Your Spouse

Premiums Monthly Tenthly	Plan 6*	Plan 5*	Plan 4*	Plan 3*	Plan 2	Plan 1	Plus All Plans Include
	\$39.75 each \$47.70 each	\$27.74 each \$33.30 each	\$19.49 each \$23.40 each	\$12.00 each \$14.40 each	\$8.25 each \$9.90 each	\$4.50 each \$5.40 each	
Your Age	Life	Life	Life	Life	Life	Life	AD&D
Under 25	\$402,000.00	\$281,400.00	\$201,000.00	\$120,600.00	80,400.00	40,200.00	40,200.00
25-29	360,000.00	252,000.00	180,000.00	108,000.00	72,000.00	36,000.00	36,000.00
30-34	321,000.00	224,700.00	160,500.00	96,300.00	64,200.00	32,100.00	32,100.00
35-39	279,000.00	195,300.00	139,500.00	83,700.00	55,800.00	27,900.00	27,900.00
40-44	222,000.00	155,400.00	111,000.00	66,600.00	44,400.00	22,200.00	22,200.00
45-49	144,000.00	100,800.00	72,000.00	43,200.00	28,800.00	14,400.00	14,400.00
50-54	129,600.00	90,720.00	64,800.00	38,880.00	25,920.00	12,960.00	12,960.00
55-59	118,800.00	83,160.00	59,400.00	35,640.00	23,760.00	11,880.00	11,880.00
60-64	97,200.00	68,040.00	48,600.00	29,160.00	19,440.00	9,720.00	9,720.00
65-69	63,180.00	44,230.00	31,590.00	18,950.00	12,640.00	6,320.00	6,320.00
70 & over	31,590.00	22,115.00	15,795.00	9,475.00	6,320.00	3,160.00	3,160.00

Plans 1 & 2 are available to new employees without evidence of insurability (see requirements below). Plan 1 & 2 may also be available to existing employees during special enrollment periods. Please contact Pacific Educators at (800) 722-3365 to check eligibility. \*Plans 3 thru 6 require evidence of insurability and approval from the insurance company.

Please contact Pacific Educators at (800) 722-3365 to obtain the proper application. Upon retirement, you may continue your coverage under the Retired Scheduled of Benefits.

### Optional Family Coverage

Monthly Premium (covers all eligible family members)  
\$1.00 monthly (\$1.20 paid tenthsly through payroll deductions)

#### Life Insurance Amount

Spouse . . . . . **\$5,000**  
 Dependent Children:  
 Age 6 months to 23 years . . . . . **\$5,000**  
 Age 15 days to 6 months . . . . . **\$500**

Family premium covers all eligible dependent children.  
There is no AD&D benefit for dependent coverage.

### Level Premiums

Your premium remains level no matter what your age! Premiums are subject to change on a group wide basis.

### 30 Day Policy Review

You have 30 days to review your coverage. When you receive your certificate of insurance please read it carefully. Make sure it's everything you expected. If you are dissatisfied for any reason, you have a right to send your certificate back to the insurance company, or to Pacific Educators, within 30 days of its receipt and your coverage will be cancelled with no questions asked. You must be completely satisfied.

### Effective Date

Your coverage will become effective upon the first day of the month following the plan administrator's receipt of this enrollment form and your first premium payment.

### Retirement Coverage Provision

You must notify the Plan Administrator when you retire. You may continue your coverage under the retirement plan with no evidence of insurability. Your benefits under the retirement plan are based on your attained age and will reduce as you enter a new age category. Accidental Death and Dismemberment benefits are not payable under the retirement plan or for dependents of active members. Please contact your Plan Administrator at 1-800-722-3365 for more information.

### Guarantee Issue Benefit for New Employees

#### How to Enroll

If you are a NEW employee, for 120 days following initial date employed, you are guaranteed acceptance under Plan 1 or Plan 2 and optional family coverage for your eligible dependents without evidence of insurability. If you are enrolling for more than Plan 1 or 2, or have been employed for more than 120 days, Please contact the plan administrator, Pacific Educators, at (800) 722-3365 to obtain the proper application.

#### Eligibility Restrictions

When a husband and wife are both insured: coverage may not be duplicated by applying as dependents of each other; and coverage for a Dependent Child may be requested by either the wife or the husband, but not both. No Dependent Child will be covered unless the Insured or Spouse is also covered.

**Enroll Now** 

**APPLICATION FOR GROUP TERM LIFE INSURANCE®**  
**Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111**

Policy No. TL-141

**I. APPLICANT INFORMATION:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Male  Female Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Original Date Employed: \_\_\_\_\_  
 Your Beneficiary: Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**II. PLEASE CHOOSE YOUR COVERAGE:**

Plan 1  Plan 2 *(To apply for a larger plan – 3, 4, 5 or 6 call 800-722-3365 to obtain the proper application)*

\$5,000 Spouse and/or Dependent Child Coverage:  Yes  No *(To apply for spouse coverage on plans 1, 2, 3, 4, 5 or 6 call 800-722-3365)*

**III. PLEASE COMPLETE FOR SPOUSE AND DEPENDENT CHILD COVERAGE:**

<i>You will be the beneficiary of your spouse and children's coverage unless you request otherwise.</i>			Date of Birth
Spouse Name <i>(if applying)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	
Child Name <i>(if applying)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	
Child Name <i>(if applying)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	
Child Name <i>(if applying)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	
Child Name <i>(if applying)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	

**IV. SIGNATURE:**

I understand that if death occurs from suicide within two years from the effective date of insurance, no death benefit is payable and the Company's only obligation will be to refund all premiums paid for that person.

I understand and acknowledge that by applying for this group insurance, I am also becoming a member of the United Associations of American Group Insurance Trust. I understand the insurance applied for will become effective on the date specified by the Company only if this application is accepted by the Company and the first premium is paid prior to the death of any proposed insured. I represent that, to the best of my knowledge and belief, all statements and answers recorded on this application are true and complete and are made to obtain the insurance applied for. I understand that any false statement or material misrepresentations in the application may result in claim denial or rescission of coverage, and that if coverage is rescinded, the Company's only obligation will be to refund all premiums paid for that person. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Spouse (if applying): \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Child (if over 18): \_\_\_\_\_

A-00809

M-1006

**Payroll Deduction Authorization**

I hereby authorize my employer to deduct from my salary such amounts as may now or hereafter be payable by me and to pay this amount to Fidelity Security Life Insurance Company® or its authorized administrator. The authorization will continue in effect until my employment is terminated or until I submit timely written notice of cancellation to the Payroll Department.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

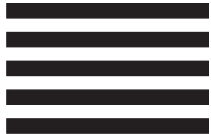
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

School District \_\_\_\_\_

After completing application, please fold, seal (tape or staple),  
and mail using the postage paid return below.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 335 ORANGE CA

POSTAGE WILL BE PAID BY ADDRESSEE

**PACIFIC EDUCATORS INC**  
**PO BOX 1526**  
**ORANGE CA 92856-9975**



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