



- 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.



## CANCER INSURANCE PLAN

Underwritten by:

**Fidelity Security Life Insurance Company®**  
Kansas City, Missouri 64111

Fidelity Security Life Insurance Company® has been rated A (Excellent), based on an analysis of financial position and operating performance by A. M. Best Company, an independent analyst of the insurance industry. For the latest rating, access [www.ambest.com](http://www.ambest.com)

Administered by:



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

Policy Form No.IC0010  
(8/2020)



Policy No. CA15  
Policy No. CA15A  
Policy No. CA15B



EARLY DETECTION IS THE BEST MEDICINE!



## INDIVIDUAL CANCER INSURANCE PLAN

**AFFORDABLE PROTECTION  
MAMMOGRAM COVERAGE  
AVAILABLE WITHOUT  
DIAGNOSIS OF CANCER.**

UTLACA15-082020

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

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 335 ORANGE CA



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





# EXCELLENT PROTECTION AT RATES YOU CAN AFFORD

This individual Cancer Protection Insurance Plan provides you with important **Additional Extra Benefits** for your increased protection. You, your spouse and unmarried dependent children to age 26 are eligible to apply. Acceptance is guaranteed to each family member who hasn't been medically treated or advised of cancer within 10 years. If you choose family coverage, all children born after your effective date will be automatically insured.

## QUESTIONS & ANSWERS

### **Q: Why buy insurance just for cancer?**

**A:** More than 1.7 million new cancer cases are expected to be diagnosed in 2020. The estimate does not include carcinoma or basal cell and squamous cell skin cancers. The Agency for Healthcare Research and Quality estimates that cancer-related direct medical costs in the US in 2015 were \$80.2 billion, with 52% of those costs resulting from hospital outpatient or office-based provider visits and 38% from inpatient hospital stays.\*This may be more than your health insurance will cover. An affordable cancer plan helps with the extraordinary high cost of cancer treatment.

\*Source: American Cancer Society Facts & Figures 2020 [www.cancer.org](http://www.cancer.org)

### **Q: I've had cancer. Can I still apply?**

**A:** Yes, as long as you've been cancer-free for the last ten years.

### **Q: Does this plan pay in addition to any other insurance?**

**A:** Yes. We pay in addition to any other insurance you may have... including the Kaiser Plan, Blue Cross, Blue Shield and Medicare. Whenever cancer affects you, or any insured family member, all of the benefits of your Cancer Protection Plan will be available for you (and paid directly to you) in this time of great need.

### **Q: If I have a mammogram or a cervical cancer screening and there is no diagnosis of cancer, what is the benefit?**

**A:** We will pay in addition to any other coverage up to \$50 per the policy schedule for a mammogram and up to \$30 per year for a Pap smear, even if there is NO diagnosis of cancer. If you have no other coverage, actual charges will be paid per the policy schedule.

## DEFINITIONS

### **Hospital Definition**

"Hospital" means an establishment which is a legally constituted institution; operates mainly for the care of sick or injured persons as inpatients; provides 24-hour nursing service by registered or graduate nurses; has a staff of one or more licensed physicians available at all times; provides facilities for diagnosis and surgery; is not mainly a clinic, nursing home or similar establishment; is not other than incidentally, a place for alcoholics or drug addicts. If confined in a special unit of a hospital used mainly as an extended care or similar facility, the company will not consider this as hospital confinement.

### **Cancer Definition**

"Cancer" means a disease manifested by the presence of a malignant tumor. This tumor must be characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, or leukemia. Such cancer must be diagnosed by a licensed doctor. Diagnosis must be a result of a microscopic study of fixed tissue or preparations from the hemic system. Judgment will be based solely on the criteria of malignancy as accepted by the American or Osteopathic Boards of Pathology.

### **What the Policy Does Not Cover**

This policy does not cover bodily injury or sickness other than cancer; expenses for diagnostic procedures; confinement or treatment in a Veteran's Administration or other government hospital unless you are legally required to pay in the absence of insurance; or any loss while serving in the armed forces of any country.

## RENEWABLE

Renew your coverage for your lifetime. It terminates only if you do not pay your premium or if the Company non-renews all policies with this form number in California.

Dependent coverage terminates when your coverage terminates, or on the premium due date when the dependent is no longer eligible.

## NO MEDICAL EXAM NEEDED!

You must tell us if you have been diagnosed with cancer within the last 10 years. If you haven't been - you are eligible for coverage.

More details 

# OUTLINE OF YOUR COVERAGE

This is a cancer-only Plan Of Insurance

When you or your covered dependents have cancer, you will be paid benefits as outlined below. Cancer means pathologically diagnosed cancer including metastatic tumors or leukemia.

**The following preventive benefits are paid in addition to any other coverage.**

**Mammography Screening\*** .....Up to \$50.00 maximum paid according to policy schedule  
**Cervical Cancer Screening\*** .....\$30.00 maximum 12-month period

## Your Choice of Three Plans!

During the first 90 days of a covered cancer hospitalization for any one illness period your plan will pay:

- Beginning with the first day of hospitalization
- Miscellaneous hospital expenses including operating room, medical supplies, drugs, oxygen and other necessary supplies and services provided by the hospital\*
- Attending Physician benefit\*

**High Benefit Plan\***

\$200.00 a day  
\$4,000.00  
\$40.00 a day  
\$2,400.00 maximum

**Mid Benefit Plan\***

\$100.00 a day  
\$2,000.00  
\$20.00 a day  
\$1,200.00 maximum

**Economy Plan\***

\$50.00 a day  
\$1,000.00  
\$10.00 a day  
\$600.00 maximum

The following payments for a covered cancer will be made during an illness period whether or not you are hospital confined. Maximums are per illness period:

- For surgery by a licensed physician or surgeon — paid according to policy schedule\*
- For blood and blood plasma\* (no maximum for leukemia)
- For private-duty Registered Nurse or Licensed Practical Nurse\*
- For anesthetist not employed by hospital (\$40 maximum for skin cancer operations)\*
- For ambulance to and from the hospital\*
- For x-ray, radium, cobalt treatment and chemotherapy not including diagnostic procedures\*
- Professional consultation when requested by your Physician\*

\$4,000.00 maximum  
\$800.00  
\$30.00 a day  
\$750.00 maximum  
\$400.00  
\$50.00 per confinement  
\$500.00 maximum  
\$3,000.00  
\$100.00

\$2,000.00 maximum  
\$600.00  
\$30.00 a day  
\$750.00 maximum  
\$200.00  
\$50.00 per confinement  
\$500.00 maximum  
\$2,000.00  
\$100.00

\$1,000.00 maximum  
\$500.00  
\$30.00 a day  
\$750.00 maximum  
\$100.00  
\$50.00 per confinement  
\$500.00 maximum  
\$1,500.00  
\$100.00

## Additional Benefits

**THESE GENEROUS BENEFITS ARE THE SAME WHETHER YOU CHOOSE THE HIGH, MID OR ECONOMY PLAN.**

**\*First Diagnosis** Pays a one-time \$1,500.00 benefit for the first diagnosis of any cancer (except skin cancer).

**\*Intensive Care** Pays \$200.00 a day for the first 90 days in I.C.U.

**\*Extended Care** Pays \$40.00 a day for up to a lifetime maximum of 120 days after a hospital stay of at least 3 days.

**\*Hospice Care** Pays \$30.00 a day to a maximum of 90 cumulative days. (Physician must certify that the insured has a life expectancy of less than six months.)

## Extended Benefits

Beginning with the 91st day of cumulative hospital confinement during any one illness period, Cancer Protection Plan will pay 100% of all reasonable expenses incurred for medical services and supplies furnished by the hospital.

**\*High Benefit Plan** Up to \$8,000.00 a month for as long as you're confined.

**\*Mid Benefit Plan** Up to \$6,000.00 a month for as long as you're confined.

**\*Economy Plan** Up to \$5,000.00 a month for as long as you're confined.

## ILLNESS PERIOD DEFINED

An Illness Period begins when you incur expenses which are payable under the policy. If you go 45 days without incurring any expenses that are eligible for benefits, any further treatment is considered as resulting from a new illness period and eligible for new benefits.

\* All these \$ figures are maximums based on actual expenses. All benefits reduce 50% at age 65.



## Additional Features

Your Cancer Plan pays 100% of the actual charges made by the hospital up to \$8,000.00 (High Benefit Plan), \$6,000.00 (Mid Benefit Plan) or \$5,000.00 (Economy Plan) per month beginning with the 91st day of cumulative hospital confinement. Other cancer plans may begin to pay similar benefits only after a period of 90 consecutive days in the hospital. This significant benefit of your Cancer Plan can mean a real difference to your peace of mind.

## Surprised at the Cost?

Being one of many school personnel adds up to substantial buying power.

	High Benefit Plan	Mid Benefit Plan	Economy Plan
	Monthly	Monthly	Monthly
Yourself	\$20.96	\$11.10	\$7.26
Full Family	\$32.02	\$16.54	\$10.38

**NOTE:** Premiums **DO NOT** increase as you get older, however premiums may be changed by the Company for all insureds.

## Easy to Apply

Just complete the enrollment form and payroll deduction authorization to the right. Detach, fold and mail the postage-paid form. Your coverage will become effective on approval of your enrollment form and the first payroll deduction (if available).

**QUESTIONS? Call 1-800-722-3365**  
**COMPLETE APPLICATION & MAIL**  
**Postage is Paid!**

## UNITED TEACHERS – LOS ANGELES CANCER INSURANCE PLAN APPLICATION

**Check your choice of plans. Choose one:**

CA15 (075-0602)  
CA15A (075-0603)  
CA15B (075-0604)

### High Benefit Plan

Monthly Premium	
Yourself	<input type="checkbox"/> \$20.96
Family	<input type="checkbox"/> \$32.02

### Mid Benefit Plan

Monthly Premium	
Yourself	<input type="checkbox"/> \$11.10
Family	<input type="checkbox"/> \$16.54

### Economy Benefit Plan

Monthly Premium	
Yourself	<input type="checkbox"/> \$ 7.26
Family	<input type="checkbox"/> \$10.38

PLEASE PRINT OR TYPE IN BLACK INK

1. Name \_\_\_\_\_  
Last First Middle  
2. Address \_\_\_\_\_  
Street City State Zip  
3. Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

4. Fill in below if you wish to include your spouse and/or dependent children (attach separate sheet if necessary)

	NAME	SOCIAL SECURITY #	SEX	AGE	BIRTH DATE
SPOUSE					
CHILD					
CHILD					
CHILD					

I hereby represent that as of the date I signed this application no person to be insured under this Cancer Plan has had any type of cancer during the past 10 years except \_\_\_\_\_ who is/are to be excluded from coverage under this plan (California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage). I understand any material misstatements or omissions may be used as a basis for rescinding my coverage. This means all claims will be denied and the Company's liability will be limited to full refund of premium less any claims previously paid. The falsity of any statement in this Application will not bar the right to recovery under the Policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the Company.

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_

This plan is underwritten by: Fidelity Security Life Insurance Company®, Kansas City, MO and administered by: Pacific Educators, Inc., Orange, CA

A-00747

Policy Form No. IC-00010

Occupation \_\_\_\_\_

Employed By: Los Angeles Unified School District Home Phone (area code and number) Home E-mail Address

### TO: LOS ANGELES CITY BOARD OF EDUCATION

I hereby authorize the Payroll Department to deduct from my salary such amount for insurance premiums as may now or hereafter be payable by me, and transmit the deduction to UTLA.

I further understand and agree that the Los Angeles City Board of Education or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction or payment herein authorized.

**This authorization shall remain in force until cancelled by written notice from UTLA or myself.**

EMPLOYEE SIGNATURE \_\_\_\_\_ APPROVED BY UTLA \_\_\_\_\_  
Employee No. \_\_\_\_\_ Date \_\_\_\_\_ Effective Date \_\_\_\_\_

This salary deduction authorization must be received by the Deduction Control Unit of the Payroll Branch by the first Thursday after your regular payday (not ESA payday) in order to be effective for your next regular payday.

08/2020