



- 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. 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
- 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.

CSP

California Schools Personnel

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

Administered by:



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

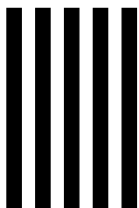
Policy Form No.IC-00010
(03/2023)

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



EARLY DETECTION IS THE BEST MEDICINE!



INDIVIDUAL CANCER INSURANCE PLAN

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

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 2019 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

\$2,000.00 maximum

\$1,000.00 maximum

\$800.00

\$600.00

\$500.00

\$30.00 a day
\$750.00 maximum

\$30.00 a day
\$750.00 maximum

\$30.00 a day
\$750.00 maximum

\$400.00

\$200.00

\$100.00

\$50.00 per confinement
\$500.00 maximum

\$50.00 per confinement
\$500.00 maximum

\$50.00 per confinement
\$500.00 maximum

\$3,000.00

\$2,000.00

\$1,500.00

\$100.00

\$100.00

\$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	
	Tenthly	Monthly	Tenthly	Monthly	Tenthly	Monthly
Yourself	\$25.16	\$20.96	\$13.32	\$11.10	\$8.72	\$7.26
Full Family	\$38.44	\$32.02	\$19.86	\$16.54	\$12.46	\$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!

CALIFORNIA SCHOOLS PERSONNEL CANCER INSURANCE PLAN APPLICATION

Check your choice of plans. Choose one:

CA15 (075-0602)

CA15A (075-0603)

CA15B (075-0604)

High Benefit Plan

	Tenthly	Monthly
Yourself	<input type="checkbox"/> \$25.16	<input type="checkbox"/> \$20.96
Family	<input type="checkbox"/> \$38.44	<input type="checkbox"/> \$32.02

Mid Benefit Plan

	Tenthly	Monthly
Yourself	<input type="checkbox"/> \$13.32	<input type="checkbox"/> \$11.10
Family	<input type="checkbox"/> \$19.86	<input type="checkbox"/> \$16.54

Economy Benefit Plan

	Tenthly	Monthly
Yourself	<input type="checkbox"/> \$ 8.72	<input type="checkbox"/> \$ 7.26
Family	<input type="checkbox"/> \$12.46	<input type="checkbox"/> \$10.38

PLEASE PRINT OR TYPE IN BLACK INK

- Name _____
Last First Middle
- Address _____
Street City State Zip
- 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. **California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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-00747CA

Policy Form No. IC-00010

Occupation _____ Employed By _____ District _____

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the Payroll Department to deduct monthly from my salary the amount necessary to pay my insurance Premium and to pay same to Fidelity Security Life Insurance Company® or its authorized administrator for me. This authorization will continue in effect until my employment is terminated or until I submit timely written notice of cancellation to the Payroll Department on the prescribed form.

Date _____ Signature _____ Home Phone (area code and number) _____ Home E-mail Address _____