



## Fact Sheet on Judicial Disability Coverage

### Disability Retirement Through the Judges Retirement System (JRS II)

**After holding office for five years\***, if the judge becomes unable to discharge efficiently the duties of office by reason of mental or physical disability that is or is likely to become permanent, he/she may give consent, accompanied by a proper medical certificate, to be retired for disability with approval of the Commission on Judicial Performance and the Chief Justice. In such event, the judge's retirement allowance is the lower of two amounts: a) 65% of the judge's final salary, or b) the retirement allowance the judge would have qualified for if he/she had been able to work until age 65 and accumulate at least 20 years of service credit, or if he/she had worked until age 70, calculated by the regular age and service retirement formula of 3.75% of final salary for each year of service.

*\* If the disability arises out of and in the course of judicial service, there is no waiting period and the pension is always 65% of final salary.* See Gov. Sec. 75560, 75560.1, 75560.4

### CJA's Disability Plan to Cover JRS II Waiting Period and Beyond

CJA offers a long term disability policy to cover members during the five-year JRS waiting period and continuing on for those who have only partial coverage by JRS at 5 years. Underwriter Standard Insurance Company has designed an exclusive group policy for CJA members that is unavailable elsewhere. New judges are eligible to enroll during their **first 60 days of CJA membership** without a medical examination. Enrollment after this date is subject to medical review.

### What does "DISABLED" mean under the CJA Plan?

You are considered disabled if, due to a sickness, accident or pregnancy, you are unable to perform with reasonable continuity the material duties of a judge. A physician must certify your disability. A certificate of coverage is available at your request for your review of the complete contract definition.

### How much do I receive when disabled?

Your monthly benefit is 66.67% of your monthly salary, reduced by income from Workers' Compensation, State Disability, Social Security, Judges Retirement System disability benefits, and any other federal or state social insurance program. These benefits are not subject to federal or state income taxes.

### When will benefits begin?

Benefits begin after a 90-day elimination period and are payable depending on your age when disabled according the following schedule. If you become disabled before age 62, benefits are payable until age 65. After age 62, the maximum benefit period is:

62 - 3 years, 6 months	66 - 1 year, 9 months
63 - 3 years	67 - 1 year, 6 months
64 - 2 years, 6 months	68 - 1 year, 3 months
65 - 2 years	69 or older - 1 year

The maximum benefit period for mental/nervous disorders is 2 years, unless you are confined to a hospital.

### **Do I have to pay premiums while I am disabled?**

**No.** Your disability insurance will be continued without payment of premiums as long as benefits are payable.

### **What is not covered?**

You are not covered for a disability caused or contributed to by war or any acts of war, intentionally self-inflicted injury, or a pre-existing condition during the first twelve months. A pre-existing condition is any condition for which you have received treatment, consultation, or taken medication during the 90 days prior to the effective date of your insurance.

### **Who is the Insurance Carrier that will be paying the benefits?**

STANDARD INSURANCE COMPANY - Standard was founded in Portland, Oregon in 1906. Its reputation and Best's A+ rating has been built on financial performance, innovation and superior service to policy owners. Standard provides similar programs to several California associations and to many law firms in California.

### **Can I continue my insurance if I leave the bench?**

**Yes.** You may convert to an individual plan issued by Standard without providing evidence of good health for up to \$4,000 payable monthly after 180 days to age 65.

### **How much do the benefits COST per month?**

SUPERIOR COURT JUDGES:	Monthly Benefit: \$11,435.00 - Monthly Cost \$245.00
APPELLATE COURT JUSTICES:	Monthly Benefit: \$13,083.00 - Monthly Cost \$279.00

### **How do I enroll?**

1. Complete the enrollment form and return it to CJA (envelope enclosed).
2. Enclose a **check for your first month's premium** made payable to CJA Insurance Administrators.
3. There are no medical questions required **if you enroll during the first 60 days** after you become a member of CJA.
4. You must also complete the authorization form for Automated Clearing House Debits to be made to your checking or savings account for subsequent monthly premiums. The premium amount will be automatically transferred from your bank account to CJA on or about the fifth of every month. This is **required** for participation in this disability insurance program.

PLEASE NOTE: **This is not a payroll deduction**, but an automatic deduction from your **personal bank account**.

This brochure is a summary of the benefits only. You will receive a certificate of insurance from Standard Insurance Company when you enroll.

*For further information, contact:*

**Howard L. Barto, CLU** (800) 548-2671, Ext 2631 or (925) 277-2631, [hlb@dwassociates.com](mailto:hlb@dwassociates.com)

or

CJA Insurance Administrators, (916) 239-4068, [insurance@caljudges.org](mailto:insurance@caljudges.org)

CJA Insurance Administrators ▪ 2520 Venture Oaks Way, Suite 150 ▪ Sacramento, CA 95833 ▪ Fax: (916) 924-7323

[www.caljudges.org](http://www.caljudges.org)

**California Judges Association  
Group Long-Term Disability Insurance  
Enrollment Form**

**Insurer:** Standard Insurance Company  
Portland, Oregon

**Member Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex:** Male (  ) Female (  )

**Home Address:** \_\_\_\_\_, CA \_\_\_\_\_ - \_\_\_\_\_  
# and Street City Zip+4

**Court Address:** \_\_\_\_\_, CA \_\_\_\_\_ - \_\_\_\_\_  
# and Street City Zip+4

**Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Check one:** (  ) Superior Court Judge (  ) Appellate Court Justice

**Oath Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I apply for insurance under the California Judges Association Long-Term Disability Insurance Plan. I authorize monthly automatic bank account deductions to cover the cost of my premium.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CJA Insurance Administrators  
2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833  
P 866-432-1252 or F (916) 924-7323 Email: insurance@caljudges.org



CALIFORNIA JUDGES ASSOCIATION  
*The Voice of the Judiciary*

## AUTHORIZATION AGREEMENT FOR ACH BANK DEBITS

NAME (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please check all that apply:

- Life Insurance / Long-Term Care Policies:** I (we) hereby authorize the California Judges Association, hereinafter called Company, to initiate debit entries at **quarterly (3-month) intervals** to my (our) bank account indicated and the depository named below on the voided check, hereinafter called Depository, to debit the same to such account to pay premiums for the insurance plan(s) in which I (we) am (are) enrolled.
- Disability Insurance Policies:** I (we) hereby authorize the California Judges Association, hereinafter called Company, to initiate debit entries at **monthly intervals** to my (our) bank account indicated and the depository named below on the voided check, hereinafter called Depository, to debit the same to such account to pay premiums for the insurance plan(s) in which I (we) am (are) enrolled.

SELECT ONE:                    \_\_\_\_\_ Checking Account                    \_\_\_\_\_ Savings Account

This authority is to remain in effect until Company has received written notification from me (or either of us) of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK HERE**

**Please return to:**

- CJA Insurance Administrators ▪
- 2520 Venture Oaks Way, Suite 150 ▪ Sacramento, CA 95833 ▪
- Phone 926-239-4068 / Fax 916-924-7323 insurance@caljudges.org ▪