



Local 3144

Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Long Term Disability (LTD) Employee Brochure included in your packet or check with your human resources representative.

Eligibility

To become insured, you must be:

- A regular, full-time employee of the City of New Haven that is represented by Local 3144, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- *Actively at work* at least 35 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement if you do not enroll within 31 days of the date you become eligible. *Evidence of Insurability* is not required if you enroll during the Open Enrollment period.
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one day of *active work* as an eligible employee.

Benefit Amount

Your monthly benefit is 66 2/3 percent of your insured *predisability earnings* reduced by *deductible income*.

Plan Maximum Monthly Benefit: \$5,000

Plan Minimum Monthly Benefit: \$50

Benefit Waiting Period

If your claim for *LTD benefits* is approved by The Standard, benefits become payable after you have been continuously *disabled* for 120 days. Benefits are not payable during the *benefit waiting period*.

Pre-existing Condition Exclusion

Preexisting Condition means a mental or physical condition:

For which you have done or for which a reasonably prudent person would have done any of the following:

- Consulted a physician or other licensed medical professional;
- Received medical treatment, services or advice;
- Undergone diagnostic procedures, including self-administered procedures;
- Taken prescribed drugs or medications;

And as a result of any medical examination, including routine examination was discovered or suspected; at any time during the 90-day period just before your insurance becomes effective.

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you have been continuously insured under the Group Policy for 12 months and have been Actively At Work for at least one full day after the end of that 12 months.

Own Occupation Period

For the plan’s definition of *disability*, as described in your brochure, the *own occupation period* is the first 24 months for which *LTD benefits* are paid.

Any Occupation Period

The *any occupation period* begins at the end of the *own occupation period* and continues until the end of the *maximum benefit period*.

Maximum Benefit Period

61 or youngerTo age 65, or for 5 years, whichever is shorter.
 62 to 64 5 years
 65 to 68 To age 70
 69 or older..... 1 year

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to benefits

Rates

If you have questions regarding how to determine your earnings, please contact your human resources representative.

To calculate your monthly payroll deduction, use the formula indicated below:

- 1. Enter your basic monthly earnings,
not to exceed \$7,500, on Line 1. Line 1: _____

- 2. Multiply Line 1 by .0033. Line 2: _____

The amount shown on Line 2 is your estimated monthly payroll deduction.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.