

# VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of City of Cambridge, MA Teamsters

<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 20 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 180 days after the onset of your disabling injury or illness.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
<b>Maximum Benefit Period</b>	If you become disabled prior to age 65, benefits are payable for five years. At age 65 through 68, benefits are payable to age 70 for at least one year. At age 69 (and older), benefits are payable for one year.
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$100
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> <li>▪ Prevented from performing at least one of the material duties of your regular occupation during the first 24 months of disability and after 24 months are unable to perform all of the material duties of any gainful occupation; and</li> <li>▪ During the first 24 months of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 24 months if partially disabled, are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.</li> </ul> <p>You can be totally or partially disabled during the elimination period.</p>
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Monthly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings may include commissions, bonuses, overtime or differentials.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
<b>Waiver of Premium</b>	The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Employee Assistance Program</b>	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
<b>Alcohol &amp; Drug Abuse</b>	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
<b>Mental Disorders</b>	For disabilities related to mental disorders, benefits are available for up to 24 months.

**FEATURES (CONTINUED)**

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

**EXCLUSIONS & LIMITATIONS****Pre-existing Conditions Exclusion**

Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 12 months prior to coverage are excluded.

**Other Exclusions**

Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

## VOLUNTARY LONG-TERM DISABILITY BENEFIT AND PREMIUM CALCULATION

Use the rates in the Age/Rate Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

Age/Rate Table	
Age	Rate (% of payroll)
0 - 19	\$.0013
20 - 24	\$.0014
25 - 29	\$.0024
30 - 34	\$.0029
35 - 39	\$.0035
40 - 44	\$.0054
45 - 49	\$.0078
50 - 54	\$.0119
55 - 59	\$.0178
60 - 64	\$.0258
65 - 69	\$.0271
70+	\$.0284

Benefit and Premium Calculation Example	
<i>This example is for a 42-year-old employee earning \$42,000 a year.</i>	
A. Enter your annual salary*	\$42,000.00
B. Enter the Monthly Benefit percentage	60%
C. Multiply "A" times "B"	\$25,200.00
D. Divide "C" by 12	\$2100.00
E. Enter the Maximum Monthly Benefit	\$6,000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$2,100.00
G. Divide "F" by 60%	\$3,500.00
H. Multiply "G" by 12	\$42,000.00
I. Enter the rate for your age (from the Age/Rate Table)	\$.0054
J. Multiply "H" times "I"	\$226.80
K. Enter the annual pay cycle	12
L. Divide "J" by "K"; This is your premium (cost per paycheck)	\$18.90

Benefit and Premium Calculation Worksheet	
A. Enter your annual salary*	
B. Enter the Monthly Benefit percentage	60%
C. Multiply "A" times "B"	
D. Divide "C" by 12	
E. Enter the Maximum Monthly Benefit	\$6,000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by 60%	
H. Multiply "G" by 12	
I. Enter the rate for your age (from the Age/Rate Table)	
J. Multiply "H" times "I"	
K. Enter the annual pay cycle	12
L. Divide "J" by "K"; This is your premium (cost per paycheck)	

\*If you are uncertain what your current annual salary is, please consult your employer

### To enroll for long-term disability coverage:

- 1) Enter the amount from line "F" in your worksheet into the Voluntary Long-Term Disability Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "L" in your worksheet into the Voluntary Long-Term Disability Premium Amount section on your enrollment form.