

Plan Highlights Voluntary Group Long Term Disability Insurance



Nassau County AHRC

COVERAGE

Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each active employee working 21 hours or more.

BENEFIT AMOUNT

You may elect a monthly benefit in increments of \$100, from a minimum of \$500 up to a maximum benefit of \$5,000 per month, not to exceed 60% of your covered earnings (rounded to the next lower increment).

ELIMINATION PERIOD

90 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	to age 65
62	3 1/2
63	3
64	2 1/2
65	2
66	1 1/2
67	1 1/2
68	1 1/2
69 or more	1

CONTRIBUTION REQUIREMENTS

Coverage is employee paid

RATES

See attached Rate Sheet

FEATURES

- FMLA Continuation
- Mental/Nervous Illness Limitation – 24 month out-patient
- Minimum Benefit Payable – \$100
- Own Occupation Coverage – 24 months
- Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
- Pre-Existing Condition Limitation – 3/12
- Rehabilitation provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- Substance Abuse Limitation – 24 months
- Survivor Benefit – 3 months

VALUE ADDED SERVICES

- Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSI insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

Income Protection



Because a disability can occur at any time and at any age, Nassau AHRC provides a level of income protection if you become disabled and cannot work.

Long Term Disability

After you have been disabled for 90 days, and have been approved by the insurance company for LTD benefits, your monthly benefit would be 60% of your monthly earnings, up to \$5,000 per month. LTD benefits continue until you no longer meet the definition of total disability or reach age 65, or Social Security Normal Retirement Age. (If you are age 62 or older, LTD benefits may extend past age 65.) Please refer to your documents from First Reliance for additional details about the benefits and limitations. Your cost is determined below.

Long Term Disability Rate Table - Eff. 3-1-15

Age	Rate per \$100 of covered benefit
18-24	\$0.15
25-29	\$0.23
30-34	\$0.42
35-39	\$0.67
40-44	\$1.165
45-49	\$1.520
50-54	\$2.150
55-59	\$2.770
60-64	\$2.140
65-69	\$1.450
70+	\$1.050

Calculating Your Cost for LTD Insurance

1. Write your annual salary. (If paid by the hour, multiple your hourly rate by the number of hours you work per week. Then, multiply the result by 52.	A _____
2. Divide A by 12.	B _____
3. multiply B by 0.6	C _____
4. Divide C by 100	
4. Multiply C by your LTD rate. This is your monthly premium.	D _____
5. Multiply D by 12. This is your annual premium.	E _____

FIRST RELIANCE STANDARD

Life Insurance Company

1-800-368-6868

EMPLOYER: We do not accept faxed forms. When required, submit completed enrollment applications for insurance to:
 Reliance Standard
 P.O. Box 7818
 Philadelphia, PA 19101-7818

Nassau County AHRC

BG 000001
 RSO New York
 VG GI: \$180,000/\$10,000/\$45,000/Yes

ENROLLMENT APPLICATION

Policy Number: VG 182653
 Policy Number: VPL 300857

All sections must be completed to ensure accurate processing. PRINT IN BLUE OR BLACK INK.

▼ **EMPLOYEE INFORMATION** ▼

Reason for Completing Form: Initial Eligibility / New Hire Late Applicant Approved Annual Enrollment
 Change Nature of Change(s): _____

First Name _____ Middle Initial _____ Last Name _____ Date of Birth ____/____/____ Age _____ State of Birth _____ Gender F M

(Home Address) Street _____ Apt _____ City _____ State _____ Zip _____ Daytime Phone Number _____

Social Security Number _____ Date of Hire ____/____/____ Job Title or Position _____ Number of Hours Worked Per Week _____

Are you actively performing all the duties of your occupation or profession? YES NO
 IF "NO", explain: _____

▼ **COVERAGE SELECTION** ▼

Select the insurance plans and benefit levels that meet your needs. Have your Plan Highlights sheets and Premium Table sheets handy for reference. Plans may have benefit maximums, Earnings definitions and/or maximums, limitations, exclusions, reduction in benefit provisions and terms under which coverage may be continued in force or terminated. Read your Certificate of Insurance carefully.

PLAN	"YES" AUTHORIZES EMPLOYER TO PAYROLL DEDUCT PREMIUMS				
Voluntary LTD: Employee	<input type="checkbox"/> YES <input type="checkbox"/> NO*				

* If you check "NO", please note that if you desire insurance on yourself and/or your spouse (if applicable) at a later date: (1) you may be required to furnish, at your own expense, evidence of each person's insurability; and (2) Reliance Standard will have the right to refuse your request.

▼ ADDITIONAL INFORMATION ▼

◆ IF YOU SELECTED **LTD INSURANCE**, complete the following:

Annual Base Salary: \$ _____

I Receive My Paycheck: Weekly Biweekly Semi-monthly Monthly Other: _____

▼ READ, SIGN AND DATE BELOW ▼

I understand and agree that: • The information provided on this Enrollment Application is true and correct to the best of my knowledge. • The insurance requested on this Enrollment Application will become effective in accordance with the individual effective date information in the Certificate of Insurance; any amount subject to evidence of insurability will not become effective until approved by First Reliance Standard. Coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though an Enrollment Application has been completed. An effective date is subject to eligibility requirements, satisfaction of service waiting period (if applicable) and payment of first premium when due. An effective date may be deferred for an employee not actively at work. • For a plan with age-banded rates, premiums increase as an employee (or spouse, if applicable) moves from one age band to the next.

Please Note: During an approved enrollment, guaranteed issue (GI) amounts of life insurance will not require evidence of insurability (EOI) provided this form is complete, signed and received by your employer during your enrollment period and: a) you are not a late applicant with respect to life insurance for yourself (and/or your spouse, if applicable); or b) during your present service with your employer or an affiliate, you (and/or your spouse, if applicable) have not, with respect to life insurance with First Reliance Standard or an affiliate: had an application withdrawn; been previously declined; had coverage postponed; or voluntarily terminated; or c) the enrollment period is not one with specific GI / EOI rules.

X _____
Employee's Signature

Date

Applicable to application for health insurance only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.