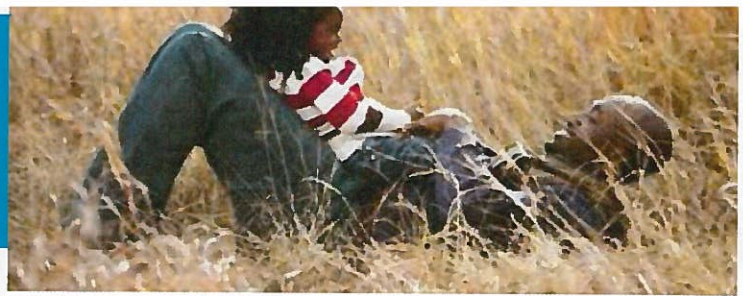


# Voluntary Group Long Term Disability Insurance



GD Barri

## 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, Full-time employee working 30 or more hours per week, and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

## BENEFIT AMOUNT

You may elect a monthly benefit equal to 60% of your covered earnings, up to a maximum benefit of \$10,000 per month.

## 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 ½ years                   |
| 63                        | 3 years                     |
| 64                        | 2 ½ years                   |
| 65                        | 2 years                     |
| 66                        | 1 ¾ years                   |
| 67                        | 1 ½ years                   |
| 68                        | 1 ¼ years                   |
| 69 or more                | 1 year                      |

## CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

## RATES

See attached Rate Sheet.

## FEATURES

- ▶ FMLA Continuation
- ▶ Minimum Benefit Payable - \$50
- ▶ Own Occupation Coverage - 24 months
- ▶ Rehabilitation provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit - 3 months
- ▶ Work Incentive & Child Care provisions

## VALUE ADDED SERVICES

- ▶ Travel Assistance Service

## LIMITATIONS

- ▶ Limited Benefit Period for Other Specific Conditions - 12 months
- ▶ Mental/Nervous Illness Limitation - 24 Months out-patient
- ▶ Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
- ▶ Pre-Existing Condition Limitation - 3/12
- ▶ Substance Abuse Limitation - 24 Months

Please note- pre-ex limitations also apply to benefit increases

## 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 RSL 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.

# Group Long Term Disability Insurance



GD Barri

**Scheduled Benefit:** Each eligible employee may elect **60%** of their monthly earnings, up to **\$10,000** per month benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:  
(Round all numbers to the nearest whole number)

1. Enter your Annual Earnings. 1. \$ \_\_\_\_\_
2. Divide your annual earnings by 12 (monthly earnings).  
Average monthly income cannot exceed \$16,667 2. \$ \_\_\_\_\_
3. Find your rate from the age table displayed 3. \$ \_\_\_\_\_
4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3 4. \$ \_\_\_\_\_
5. Divide the amount on Line 4 by 100 and enter the amount on Line 5 to get your monthly payroll deduction. 5. \$ \_\_\_\_\_

| Age   | Rate per \$100 of covered payroll |
|-------|-----------------------------------|
| 18-24 | 0.09                              |
| 25-29 | 0.14                              |
| 30-34 | 0.26                              |
| 35-39 | 0.41                              |
| 40-44 | 0.71                              |
| 45-49 | 0.93                              |
| 50-54 | 1.31                              |
| 55-59 | 1.69                              |
| 60-64 | 1.31                              |
| 65-69 | 0.88                              |
| 70+   | 0.64                              |

**Example Calculation: Jane Smith is age 35.**

1. Enter your Annual Earnings 1. \$ 50,000
2. Divide your annual earnings by 12 (monthly earnings).  
Average monthly income cannot exceed \$16,667 2. \$ 4,167 (monthly earnings)
3. Find your rate from the age table displayed 3. \$ 0.41
4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3 4. \$ 1708.47
5. Divide the amount on Line 4 by 100 and enter the amount on Line 5 to get your monthly payroll deduction. 5. \$ 17.08 (monthly payroll deduction)

**Submit**

**Reset**