



International Union of Elevator Constructors Voluntary Short & Long Term Disability Income Insurance and Basic Life Insurance Plan



OVERVIEW:

Currently, as a member of International Union of Elevator Constructors, if you were to become disabled due to an accident, injury, or illness, off the job, you will receive \$325 per week from the IUEC sickness benefit. This benefit is received for only 26 weeks.

The IUEC Supplemental Disability Benefit Plan that is being offered by Group Benefit Associates will provide a benefit that will be paid to you in-addition to the Sickness Benefit. As you are aware, it is simply not possible to pay your bills on just the sickness benefit you currently receive.

Advantages of participating in the IUEC program include:

- Partial Income Replacement- Benefits provide partial income replacement when you are unable to work due to a sickness or injury.
- Assistance and support for your return to work efforts
 - Rehabilitation Program- Benefits may include vocational evaluation, job placement services, resume preparation, retraining for a new occupation, and assistance with relocation.
 - Work Site Modification- Hartford will work to find a modification that is likely to help you remain at work or return to work. We may reimburse your employer or make contributions towards its cost.
 - Benefits While Working- Hartford encourages you to stay at work or return to work when it's appropriate, and may pay benefits if you are working while disabled.
- Affordable Group Rates- Hartford's plan is available to you at group rates, which are typically lower than individual rates.
- Benefits Are Not Subject to Income Tax- When the cost of insurance is paid with after-tax dollars, benefits are not subject to income tax.



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ELIGIBILITY:

If you joined International Union of Elevator Constructors within the last 90 days, you are within your open enrollment window and can join with no medical questionnaire. If you elect not to enroll within your open enrollment period, you will have to complete a medical questionnaire and receive approval from the insurance company to join the plan in the future.

As a plan participant you must notify Group Benefit Associates:

- Within 60 days of any layoff and again within 60 days of my subsequent return to work
- Immediately when my bank account or credit card information changes for the purpose of premium collection
- Immediately when my wage rate changes
- Within 1 year of my date of disability if I become disabled

I understand that failure to notify Group Benefit Associates in a timely manner of any of the above listed changes can affect my participation in the plan or the benefits I am eligible to receive under the plan.



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COVERAGE:

Group Benefit Associates has teamed together with Hartford Life to bring you this program. Hartford Life is the insurance carrier for the policy and processes all claims and Group Benefit Associates is the TPA (third-party administrator) responsible for premium collection and remittance.

Short Term Disability (STD)

- Benefit Begins: 15th day non-occupational accidental injury, 15th day non-occupational sickness or pregnancy.
- Benefit Amount: \$325 per week
- Benefit Period: 24 weeks
- Pre-existing Conditions: Exclusions apply. Please refer to the Summary of Benefits for explanations.

During the first 12 months of coverage, no STD benefits will be paid for a disability that is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have. Exclusions may vary by state.



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Long Term Disability (LTD)

- Benefit Begins: 180 days following non-occupational accidental injury, sickness or pregnancy
- Benefit Amount: 60% of monthly covered earnings up to \$5,000 benefit per month. Minimum monthly benefit of \$100.
- Maximum Benefit Period: 5 years
- Limited Pay Periods: Disabilities due to mental illness and disabilities primarily based on self-reported symptoms are limited to 24 months of benefits during your lifetime.
- Survivor Benefits: In the event of your death, three times your gross disability payment is payable to your spouse or children under age 25.
- Pre-existing Conditions: Exclusions apply. Please refer to the Summary of Benefits for explanations.



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COST:

Please follow the steps below to calculate your monthly premium:

Calculating your monthly long-term disability (LTD) cost:

Enter your hourly wage rate	\$ ____.	____
Multiply by 2080	=	____.
Divide by 12	=	____.
Multiply by 0.00293	=	____.
		LTD Premium

**If your monthly earnings exceed \$8,333 (maximum monthly covered earnings) then use \$8,333 as your monthly earnings to calculate your premium.*

Add the short-term disability premium to determine your total monthly premium

+\$21.75= \$____.____ **Total Premium**

Termination Requests: Termination requests must be received in writing by mail, fax or e-mail within 30 days of the requested termination date. Terminations can only be processed on the first of the month, mid-month terminations are not allowable.

Premium Payments & Grace Periods: Premium must be paid via automatic ACH bank drafts or by credit card (Visa or MasterCard). Drafts occur on the 20th of the month for the following month (example, October 20th for November's coverage). If the 20th falls on a weekend or holiday, the draft occurs on the next business day. If a payment is declined or returned, a notice will be sent to your last known address. If payment is not received by the end of the month of which premium was returned, your policy will be canceled (example, the payment drafted on October 20th for November's coverage is declined. A notice will be sent and payment must be received by November 30 to avoid a lapse in coverage).



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CLAIMS:

Filing a Claim:

The disability income insurance claim form is composed of three separate sections that need to be completed by you, your physician and your employer.

- Employee Section: Please be sure to complete this part clearly and sign where indicated.
- Physician Section: Please have the physician that disabled you complete this part. If you have seen additional physicians, please also include their names, addresses, phone numbers and fax numbers on a separate sheet of paper.
- Employer Section: Even though your policy is purchased through the union, your benefit is based on the income you receive from your particular employer. Your employer assumes no liability or responsibility for your claim by completing this form for you.

Failure to provide proper information and documentation will delay your claim so it is very important the claim form is complete and clear. Once complete, forward the form to our office by mail or fax.

How Your Claim Will Be Handled:

Group Benefit Associates will begin waiving your premium as of the date of your disability. The processing of your claim will be handled by The Hartford and therefore you may inquire with them regarding the status of your claim. Please note that Group Benefit Associates does not have access to information regarding claims determination or benefit payments. However, the assistance of our office can be requested if you encounter difficulty in getting your claim processed. The Hartford can be reached Monday through Friday from 8am to 6pm Eastern Time at:

Hartford Customer Service Department

Phone: 800-331-7234

Fax: 860-843-3221

www.TheHartfordAtWork.com

Premium billing questions are handled by Group Benefit Associates at 800-450-1271.

Limitations and exclusions apply. This document is for reference only and does not guarantee coverage under the plan. See your Certificate of Insurance for additional details. In the event of a conflict between this information and your organization's contract with the carrier, the terms of the contract will prevail. Revised 6/8/2010



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FREQUENTLY ASKED QUESTIONS:

What are my responsibilities?

It is your responsibility to notify Group Benefit Associates at 800-450-1271 within 60 days when you stop working and when you return to work (from disability, illness or lay-off). You must also notify Group Benefit Associates when your hourly wage rate changes. Changes in wage rate will take effect on the first of the following month from notification for the purpose of premium and benefit calculation. If you do not notify our office of changes in a timely manner, this can affect your eligibility and/or benefits under this plan. We encourage you to send notice of change in writing via fax (773-427-6875) or email (support@groupba.com).

What are deductible sources of income?

Benefits from statutory plans are deductible sources of income. Deductible sources of income include such items as Social Security benefits, Worker's Compensation awards and/or part-time work earnings. The \$250 weekly benefit you receive from the Health and Welfare Fund is NOT a deductible source of income. The benefit paid by this plan is in addition to the benefit from the Health and Welfare Fund.

When am I considered disabled?

You are considered disabled when you are not able to perform the major duties of your own occupation or any gainful work due to a non-occupational sickness or injury.

When can I apply for coverage?

You can join the plan within 90 days from your union initiation date. If you do not enroll or waive any portion of the benefits offered through this plan and would like to add those benefits at a later date, then you will be required to complete a medical questionnaire and receive approval from the insurance company before your coverage can be added or modified.



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Do I need to pay my premium when I am not working?

No. Whether due to unemployment, illness or disability, you should not pay premium while you are not actively at work. Policy provisions state that premiums of your policy are waived while you are entitled to receive a payment from this plan.

If I am unemployed and I become disabled, am I entitled to receive a benefit?

No. Unfortunately, because the benefit is based on your income, there is no benefit without an income. As stated in the plan booklet, your disability coverage ends on the date your active full-time service ends for any reason.

Will my premium ever change?

Yes. Your premium will be re-evaluated if you have a change in your rate of pay. If the carrier changes the rate, this will also affect your premium and you will be notified in advance in this event.

Who do I contact if I have questions about this policy?

You should contact Group Benefit Associates with questions regarding your coverage and premium billing or to update your payment or contact information at 800-450-1271. If you have filed a claim and would like to inquire about the status, you can also contact Hartford directly at 800-331-7234. Information can also be obtained online at www.groupba.com

How do I pay premium?

Premium payments are automatically deducted from your bank account or credit card (Visa or MasterCard). Drafts occur on the 20th of each month for coverage of the following month (example, April 20th for May coverage). If the 20th falls on a weekend or holiday, the draft will occur on the next business day.

What happens to my coverage if I leave the union?

Your coverage under this plan will end on the date your membership in the union ends.



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What happens if my payment is declined or returned unpaid?

If payment is declined, a notice will be sent to your last known address. Failure to respond within 30 days will result in the termination of your policy. Policy reinstatement will then require a medical questionnaire to be completed and sent to the insurance company for final approval.

How do I file a claim?

Contact Group Benefit Associates at 800-450-1271 to have a claim form mailed, faxed or e-mailed to you. Once complete, the claim form should be returned to:

Group Benefit Associates
3963 W. Belmont Ave., Suite 6
Chicago, IL 60618
773-427-6875 fax

To receive benefits, you must be actively working immediately prior to your disability and you must also be under a doctor's care starting from the date you were first disabled.

Can I get a copy of the plan booklet?

Yes. It is available for download on the website at www.groupba.com or can be requested by calling Group Benefit Associates at 800-450-1271.

What is not covered by this policy?

During the first 12 months of new coverage (not transferred), no short-term or long-term disability benefits will be paid for a disability that is due to a pre-existing condition. A pre-existing condition is an injury, sickness or pregnancy for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have.



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We limit the duration of payments for long-term disabilities caused by mental or emotional conditions or alcohol or drug abuse. We do not pay benefits for charges related to a covered person: Taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, and the employee's loss of earnings is not solely due to disability. This policy provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department. Exclusions may vary by state.