



International Brotherhood of Electrical Workers Local 109 Voluntary Short Term Disability Income Insurance



OVERVIEW:

This disability plan is specifically designed for IBEW members to help them protect their income and assets in the event of a disability or illness. Since January 1, 2003 IBEW brothers and sisters have received over \$1,758,990 in benefits from this program which has helped them keep their bills paid during periods of disability or illness.

If you became disabled or ill, could you...

- **Cover the loss of your income for at least 55 days?** According to MetLife Employee Benefits Trend Research, the average length of a short term disability claim in 2004 was 55 days.
- **Cover the unexpected loss of your income in addition to a likely increase in medical expenses including office visit and prescription copays, deductibles and/or coinsurance?** Your medical expenses are likely to go up when you become disabled. Are you prepared for reduced income and increased expenses?
- **Rely on Social Security income in the event of a disability or illness?** Not necessarily. According to the Social Security Disability Web Site, the average disability amount paid to individuals without qualifying dependents in 2003 was only \$833 and 60% of Social Security disability claims are denied on first review.

Do not underestimate the importance of disability income insurance. Take advantage of the program designed specifically for the brothers and sisters of IBEW and protect your most valuable asset, your paycheck.



International Brotherhood of Electrical Workers Local 109 Voluntary Short Term Disability Income Insurance



ELIGIBILITY:

As a plan participant, I agree to 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 Guardian Life Insurance Company of America (www.glic.com) to bring you this program. Guardian 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: 30th day non-occupational accidental injury, 30th day non-occupational sickness or pregnancy.
- Benefit Amount: \$250 per week
- Benefit Period: 22 weeks

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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COST:

The Short Term Disability (STD) Benefit will provide \$250 per month tax free. That is in addition to any other benefit you may currently receive for a non-job related disability.

Your Monthly Cost is only \$23.69 to participate in the supplemental Short Term Disability Program!

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).



International Brotherhood of Electrical Workers Local 109 Voluntary Short Term Disability Income Insurance



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:

Once received by Group Benefit Associates, we will begin waiving your premium as of the date of your disability. The processing of your claim will be handled by Guardian Life Insurance Company 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. Guardian can be reached Monday through Friday from 8am to 5pm Eastern Standard Time at:

Short-Term Claims Department (for claims payable during first 6 months of disability)

800-268-2525 phone/ 610-807-8270 fax

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



International Brotherhood of Electrical Workers Local 109 Voluntary Short Term Disability Income Insurance



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 (info@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 30 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.



International Brotherhood of Electrical Workers Local 109 Voluntary Short Term Disability Income Insurance



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 fall into a new age bracket as of the first of the month following your birthday or 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 Guardian directly at 800-268-2525 for short-term claims. Information can also be obtained online at www.groupba.com

How do I pay premium?

Premium payments are automatically deducted from your bank account (checking or savings) 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. There is a 3% surcharge for credit card processing. If you need to make changes to your method of payment, please do so by the 15th of the month so the changes can be made before the drafts are scheduled.



International Brotherhood of Electrical Workers Local 109 Voluntary Short Term Disability Income Insurance



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.

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 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



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Electrical Workers Local 109
Voluntary Short Term
Disability Income Insurance**



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 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.