



## Are you prepared for an unexpected disability?

Unum's Short Term Disability Insurance helps pay the bills when you can't work



# Savings aren't always enough. Marcia is a frugal mom with a full-time job. She wants her kids to

She wants her kids to have the best.
Marcia's careful, but

she wants to be prepared. If she has an accident or gets sick, she doesn't want her kids to go without just because she's out of work.

## Protect what you work for with disability insurance

If you become ill or injured and can't work, Unum's group Short Term Disability insurance can help. This plan can replace a percentage of your weekly earnings up to the plan maximum. It can help you cover expenses and balance medical bills if you can't earn a paycheck.

## If a disability kept you from earning an income, how would you pay for:

- Mortgage/rent
- Car insurance
- Groceries
- Medical bills
- Utilities
- Credit card bills

#### The top reason people buy this coverage:\*

- Injuries
- Back disorders
- Cancer
- Normal pregnancy
- Digestive disorders



To learn more, watch for information from your employer.

#### What's the risk?

Consider the frequency of disability. Can you afford *not* to be protected?



**7 seconds** — how often a working-age American becomes disabled for one month or more<sup>2</sup>

**70**%

More than **70**% of American households **couldn't pay their normal living expenses** if a wage earner were disabled for six months.<sup>3</sup>



Employee purchase option			
Maximum weekly benefit	\$2,308		
Maximum weekly benefit percentage	70%		
Elimination period Injury/Sickness	30/30 days		
Maximum benefit duration	22 weeks		

<sup>\*</sup>Unum internal data, 2013. Top five causes of short term disability claims, in rank order. 2. Council for Disability Awareness, 2013 Employer Disability Awareness Study (2013). 3 Charles River Associates (prepared for Unum), Financial Security for Working Americans: An Economic Analysis of Insurance Products in Workplace Benefits Programs (2011).



#### Short Term Disability Income Protection Insurance Plan Highlights

## **Long Beach Community College District Policy # 414969**

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

#### Your Plan

#### Eligibility

You are eligible for coverage if you are a permanent active employee working in the United States with the Employer at least 20 hours per week.

#### Guarantee Issue

#### New Hires

- You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date.
- o If you apply for coverage more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

#### • Open Enrollment

You can elect coverage but your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Please see your Plan Administrator for your eligibility date.

#### Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to 70% of your weekly earnings, to a maximum of \$2,308 per week

If you are totally, partially or residually disabled, in order to receive a benefit, you must have a 20% or greater loss of your weekly pre-disability earnings due to the same disability.

\*Example below illustrates how at least two common reductions would reduce the maximum benefit the insured would receive (benefit percent and amounts are for illustration purposes only and may not be representative of your plan):

Insured's weekly pre-disability earnings: \$1,000
Short term disability benefit percentage: x 70%
Unreduced maximum benefit: \$700
Less Social Security disability benefit per week: -300
Less state disability income benefit per week: -100
Weekly short term disability benefit: \$300

Your disability benefit may be reduced by benefit reductions including amounts you receive or are entitled to receive as:

- disability income payments under any state compulsory benefit act or law;
- a benefit under an occupational disease law or any other act or law with similar intent, other than workers' compensation;
- disability payments due to your disability from Social Security or similar
  governmental programs. Your disability benefit may also be reduced by
  disability payments that your dependent spouse and children receive or are
  entitled to receive due to your disability from Social Security or similar
  governmental programs. Your disability benefit may be reduced by benefit
  reductions including amounts you receive:
- under a salary continuation or accumulated sick leave plan;
- from a third party (after subtracting attorney's fees); by judgment, settlement or otherwise;
- as disability payments under your Employer's retirement plan.
- disability payments under Title 46, United States Code Section 688 (The Jones Act);

If you are totally, partially or residually disabled, your disability benefit may be reduced by any earnings you have while disabled. During the first 12 months of payments, if your disability payments plus your disability earnings exceed 100% of your pre disability earnings we will subtract the amount over 100% from your benefit payment. Disability earnings are earnings which you receive for work performed while you are disabled and working for your Employer or from another employer for whom you became employed after your disability began.

## Definition of Disability

You are totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

You are partially disabled when you are not totally disabled and that while actually working in your usual occupation, as a result of sickness or injury you are unable to

earn 80% or more of your indexed weekly pre-disability earnings.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 30 days.

If your disability is due to a sickness, your Elimination Period is 30 days.

#### Benefit Duration

Elimination Period

Federal Income Taxation If you meet the definition of disability you may receive a benefit for 22 weeks.

Your premium payment made through payroll deduction at LBCC will be made with post-tax dollars. The benefit amount you receive will not be taxed. Any benefit amounts you receive will be reported annually by Unum.

\*\*Post-Tax Dollars are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.

#### <u>Limitations/Exclusions/</u> Termination of Coverage

### Pre-existing Condition Exclusion

Benefits would not be paid for disabilities caused or substantially contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition. You have an excluded pre-existing condition if:

- you received medical treatment, care or services for a diagnosed condition, or took prescribed drugs or prescribed medicines for that diagnosed condition, in the 3 months just prior to your effective date of coverage; and
- the disability caused or substantially contributed to by the condition begins in the first 12 months after your effective date of coverage.

#### Instances When Benefits Would Not Be Paid

Benefits would not be paid for disabilities caused by or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a felony for which you have been convicted;
- war, declared or undeclared, or any act of war.
- occupational sickness or injury (however, Unum will cover disabilities due to occupational sicknesses or injuries for partners or sole proprietors who cannot be covered by a worker's compensation law);
- excluded pre-existing condition.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

#### Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or your coverage under the policy is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment

However, coverage will continue:

- while benefits are being paid;
- while you are fulfilling the requirements of your elimination period, so long as premium is being paid; or
- in accordance with the layoff and leave of absence provisions of the policy.

Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

#### Next Steps

How to Apply

To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date, you may apply at any time during the plan year or wait until open enrollment to apply; however, you will be required to provide evidence of insurability in order to qualify for coverage. This will include a review of your overall medical health including routine, planned, unplanned or ongoing medical care or consultation, and may result in a declination of coverage.

Effective Date of Coverage

Delayed Effective Date of Coverage

Questions

please see your Plan Administrator for your effective date.

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

If you should have any questions about your coverage or how to enroll, please contact Unum at 1-800-421-0344 or see your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1 CA, et al.

Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

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Please complete this form in its entirety. Blank fields will cause significant delays in processing.

Short Term Disability Insurance

**Enrollment Form** 

2211 Congress Street, Portland, ME 04122 Policy #414969

	Employee Social Security Number Gender Date of Birth (mm/dd/yyyy) Hours Worked Per Week										
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Employee First Name M.I. Last Name											
Employee Stre	eet Address	City		State Z	ip Code						
Original Date of Hire Annual Salary Occupation											
·											
☐ Date entered into an eligible class ( <i>ex: part time to full time</i> ) <i>or</i> ☐ Rehire Date <i>or</i>											
	motion to an eligible o	elace									
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		Rates* per \$10 o	of weekly Benefit								
	Age	Rate	Age	Rate							
	<25	\$0.396	50 – 54	\$0.396							
	25 – 29	\$0.408	55 – 59	\$0.528							
	30 – 34	\$0.372	60 – 64	\$0.720							
	35 – 39	\$0.300	65 – 69	\$0.768							
	40 – 44	\$0.324	70+	\$0.768							
	45 – 49	\$0.336									
	*STD rates are base	d on five-year increments	s. Rates increase as vo	ou age.							
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				calculations below. *Final Co	ost may						
vary slightly due	e to rounding. Calculation	is just an estimate of premi	um amount and may be s	subject to change.							
Aging takes pla	ce on the anniversary dat	e which is calculated by tak	ing the Plan Year and su	htracting the Rirth Year							
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