



## Voluntary Long Term Disability

For Pierce County - Teamsters

### How the Plan Works

Long Term Disability coverage is a big help in times of need. You get a monthly check if you can't do your regular job because of the illness or injury, whether it's work-related or not, though pre-existing conditions may be excluded.

- Eligibility Requirement**  
 If you are a full-time active Teamster employee working a minimum of 14 hours per week, you will be eligible for this benefit.
- Who pays for the coverage?**  
 Voluntary Long Term Disability Insurance premium is paid by you, the employee, through payroll deduction.
- Collecting Your Benefit**  
 Once you satisfy the plan's requirements for partial or total disability, you'll receive a benefit once a month for as long as your disability lasts or for your policy's maximum disability duration, whichever comes first.
- What is Total Disability?**  
 You are considered totally disabled if you are unable to do the material duties of your own occupation and have at least a 20% loss of earnings.
- Guaranteed Acceptance\***  
 Enroll when this coverage is initially offered and you won't need to answer any health questions, although benefits may not be payable for pre-existing conditions.  
 \*Minimum participation rates apply.

### Benefits Summary

#### Plan Benefits

Monthly Benefits Begin	Benefits begin after 180 calendar days of disability. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	60% of your monthly pre-disability earnings
Maximum Benefit	\$6,000 per month
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Benefit Period	The maximum benefit period will be based on your age at the time of disability. (See Certificate for the maximum period of payment table)

#### Plan Features

Partial Disability	If you become disabled and can work part time (but not full-time), you may be eligible for partial disability benefits.
Alcoholism or Drug Abuse	The maximum period of payment for disabilities due to alcoholism or drug abuse is 24 months.
Mental Illness	The maximum period of payment for disabilities due to mental illness is 24 months.
Survivor Benefit	If you have been disabled for more than 180 days, upon confirmation of your death, we will pay your eligible survivor a lump sum benefit equal to three times your monthly benefit.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The EAP provides services to help people privately resolve problems that may interfere with work, family and life.

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1 (800) 794-5390

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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Monthly Rates	
Age	Rate Per \$100 of Covered Payroll
29 and under	\$.187
30-34	\$.27
35-39	\$.37
40-44	\$.47
45-49	\$.66
50-54	\$.98
55-59	\$1.22
60-64	\$.87
65-69	\$.57
70 and over	\$.40

**Monthly Premium Calculation**

To calculate your monthly payroll deduction, use the formula below:

<input type="text"/>	x	<input type="text"/>	÷	<input type="text" value="100"/>
<b>Monthly Earnings</b> (if greater than \$10,000, enter \$10,000)				
		<b>Estimated Monthly Payroll Deduction:</b>		<input type="text"/>

**Limitations & Exclusions**

Benefits are not payable for losses due to, but not limited to:

- loss of professional license, occupational license, or certification
- participation in a felony, commission of a crime
- intentionally self-inflicted injuries, attempted suicide
- being legally intoxicated
- active participation in a war, riot
- active military duty
- engaging in any illegal or fraudulent activity
- elective surgery except when required for your appropriate care as a result of your injury or sickness
- traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes

**Pre-existing Condition Exclusion:** Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date; unless you have had no treatment for the condition for 6 consecutive months after your effective date.

**Deductible Sources of Income:** Your Long Term Disability benefit may be reduced by other sources of income. Those sources include but are not limited to, Social Security Income, Workers Compensation and Retirement Income from your Employer. Refer to your Certificate of Coverage for complete details.

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