



# International Union of Operating Engineers Voluntary Short & Long Term Disability Income Insurance



## Overview:

This program provides the ability for you to meet your financial commitments to both you and your family in the event of a **non-work related illness or injury**. Disability insurance allows you to protect your income if an illness or injury prevents you from performing your job. If your wages are your primary source of income, this benefit will help supplement the financial commitments you have to yourself and your family. To review plan details and enroll, visit [www.groupba.com](http://www.groupba.com). Select “Union Members”, then IUOE 399.

## Eligibility:

- You have 90 days from your union initiation date to enroll in this group coverage.
- You must be actively at work to be eligible to enroll.

As a plan participant, you must notify Group Benefit Associates:

- Within 30 days of any layoff and again within 30 days of your subsequent return to work
- Immediately when your bank account or credit card information changes for the purpose of premium collection
- Immediately when your wage rate changes
- Within 1 year of your date of disability if you become disabled
- Within 30 days if you withdraw from the Union

Failure to notify Group Benefit Associates in a timely manner of any of the above listed changes can affect your participation in the plan or the benefits you are eligible to receive under the plan.



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## Coverage:

Group Benefit Associates has teamed together with MetLife to bring you this program. MetLife is the insurance carrier for the policy and processes all claims and Group Benefit Associates is the 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: \$250 per week
- Benefit Period: 24 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.*

### **Long Term Disability (LTD)**

- Benefit Begins: 180 days following non-occupational accidental injury, sickness or pregnancy
- Benefit Amount: 60% of monthly covered earnings
- Maximum Benefit: \$4,500 per month less deductible sources of income and disability earnings.
- Minimum Benefit: \$100 per month
- Benefit Period: Up to 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 net disability payment is payable to your spouse or children under age 19.



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## Cost:

**Short Term Disability (STD):** You may enroll in short-term disability, long-term disability or both.

The short-term disability premium is \$15.25 per month.

**Long Term Disability (LTD):** You may enroll in short-term disability, long-term disability or both.

Long-term disability premiums are based on your age and wage rate. To automatically calculate your long-term disability premium, visit [www.groupba.com](http://www.groupba.com). Select "Union Members", then IUOE 399. To manually calculate your monthly long-term disability cost:

$$\frac{\$ \text{ Hourly wage rate}}{\text{Hourly wage rate}} \times 2080 = \frac{\text{Monthly earnings}}{\text{Monthly earnings}} \div 12 = \frac{\$ \text{ Monthly earnings}}{\text{Monthly earnings}} \times \frac{\text{Rate}}{\text{Rate}} = \frac{\text{LTD Monthly Premium}}{\text{LTD Monthly Premium}} \div 100 = \$$$

*\*If your monthly earnings exceed \$7,500 (maximum monthly covered earnings) then use \$7,500 as your monthly earnings to calculate your premium.*

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.12	\$0.15	\$0.18	\$0.21	\$0.29	\$0.66	\$1.13	\$1.61	\$1.41

*\*\*Please note that your age bracket will be re-determined on the first of the month following your birthday. You will also experience a premium change if you have experienced a change in your pay rate.*

Total monthly premium:

$$\frac{\$15.25}{\text{Short-term disability premium}} + \frac{\$}{\text{Long-term disability premium}} = \frac{\$}{\text{Total monthly premium}}$$

**You may enroll in short-term disability, long-term disability or both.**



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## **Cancellation Requests:**

Cancellation requests must be received by GBA in writing by mail, fax, or e-mail. Cancellations are made on the last day of the month that they are received.

Group Benefit Associates:

Email [CustomerService@groupba.com](mailto:CustomerService@groupba.com)

Fax 773-427-6875

## **Premium Waived if Disabled:**

Premium will not need to be paid if you are receiving benefits. Please contact us within 30 days of your disability so that we may waive your premium while you are not working.

## **Premium Payments:**

Your initial premium due will be collected within 5 business days of your enrollment. Subsequent premiums will be collected automatically from a Visa, MasterCard or direct debit from a checking account on the 15th of each month. If the 15th falls on a weekend or holiday, the charge will occur on the next business day.

## **Ready to Enroll:**

- You may enroll in short-term disability, long-term disability or both.
- Visit [www.groupba.com](http://www.groupba.com). Select "Union Members", then IUOE 399
- Complete the enclosed form and return to GBA via email, fax or mail:

Group Benefit Associates

1701 E. Lake Avenue, Suite 400, Glenview, IL 60025

Email [CustomerService@groupba.com](mailto:CustomerService@groupba.com)

Fax 773-427-6875



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## 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. You may download a claim form from the GBA website at [www.groupba.com](http://www.groupba.com). Select "Union Members", then your specific union to access the forms.

- 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 MetLife by mail or fax.**

## How Your Claim Will Be Handled:

The processing of your claim will be handled by MetLife 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.

MetLife Claims Customer Support:

Telephone 888-444-1433

Fax 800-230-9531