



Sheet Metal Workers' Local 73

Voluntary Short and Long Term

Disability Income Insurance



This disability plan is specifically designed for Sheet Metal Workers' Local 73 members to help them protect their income and assets in the event of a disability or illness.

Some Questions to Think About

- Could you afford to take a six-month vacation? If you can't, do you think you could afford living through a six-month illness or injury?
- How would you and your family pay your bills without your income?
- How long would your savings last if you were unable to work because of an illness or accident and your income stopped?
- If you were sick or injured in an accident today, would your family's standard of living be affected?
- What impact would a long-term illness or injury have on your ability to save for retirement?



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Eligibility

- This plan is specifically designed to benefit the members of Sheet Metal Workers' Local 73. As a current member, you are eligible to enroll in this group coverage.
- You must be actively at work to be eligible to enroll.
- If you joined Sheet Metal Workers' Local 73 within the last 90 days, you are within your open enrollment period and can join with no personal health statement.
- If you have been a member of Sheet Metal Workers' Local 73 for longer than 90 days, you are considered a late applicant and must complete a Late Applicant Enrollment Health Statement. You can expect the insurance carrier to make a determination within 14 business days. You will receive a letter from the insurance carrier to advise if your enrollment has been accepted.

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

Within 30 days of any layoff and again within 30 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

Within 30 days if I 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 Guardian to bring you this program. Guardian 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 2 years or to age 70 (whichever comes first)
- 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 20 or under age 26 if a full-time student at an accredited school.



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Cost

Short-Term Disability (STD)

- For STD benefit of \$250 per week, the monthly premium is \$38.00.

Long-Term Disability (LTD)

- Coverage amounts are based on earnings. Your cost may change if your earnings change. Your cost will also change when you move into a new age category.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59
Calculation Rate	0.13	0.16	0.13	0.13	0.24	0.58	0.93	1.31

$$\frac{\text{Hourly Wage Rate}}{\text{Hourly Wage Rate}} \times 1680 = \frac{\text{Covered Earnings}^*}{\text{Covered Earnings}^*} \div 12 = \frac{\text{Covered Earnings}^*}{\text{Covered Earnings}^*}$$

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

$$\frac{\text{Covered Earnings}^*}{\text{Covered Earnings}^*} \times \text{Calculation Rate} = \frac{\text{Monthly LTD Cost}}{\text{Monthly LTD Cost}} \div 100 = \$$$

$$\frac{\$38.00}{\text{Monthly STD Cost}} + \frac{\text{Monthly LTD Cost}}{\text{Monthly LTD Cost}} = \$ \text{Total Monthly Cost}$$

Example for a 43 year old:

$$\frac{\$43.90}{\text{Hourly Wage Rate}} \times 1680 = \frac{73,752.00}{\text{Covered Earnings}^*} \div 12 = \frac{6,146.00}{\text{Covered Earnings}^*}$$

$$\frac{6,146.00}{\text{Covered Earnings}^*} \times 0.24 = \frac{1,475.04}{\text{Monthly LTD Cost}} \div 100 = \$14.75$$

$$\frac{\$38.00}{\text{Monthly STD Cost}} + \frac{\$14.75}{\text{Monthly LTD Cost}} = \$52.75 \text{ Total Monthly Cost}$$



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Cancellation Requests: Cancellation requests must be received in writing by mail, fax, or e-mail. Cancellations will become effective on the last day of the month in which they are received.

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.



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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.

- 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. 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

Long-Term Claims Department (for claims payable after 6 months of disability)

800-538-4583 phone/ 610-807-9221 fax

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