## **Plan Highlights**

## Group Long Term Disability Insurance



#### Etrailer

#### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### **ELIGIBILITY**

As defined by the Employer.

#### **CONTRIBUTION REQUIREMENTS**

Coverage is 100% Employee Paid.

#### **ELIMINATION PERIOD**

90 consecutive days of total disability.

#### **BENEFIT AMOUNT**

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$7,000 per month.

#### **MAXIMUM BENEFIT DURATION**

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

#### RATES

See attached Rate Sheet

#### **FEATURES**

- ▶ Military Services Leave of Absence
- FMLA Continuation
- Own Occupation Coverage 24 Months
- Rehabilitation Provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- Survivor Benefit 3 months
- Work Incentive & Child Care Provisions
- Worksite Modification Benefit

#### **VALUE-ADDED SERVICES**

Travel Assistance Services

#### **LIMITATIONS**

- Pre-Existing Condition Limitation: 3/12
- ▶ Limited Benefit Period for Other Specific Conditions 24 months
- Mental & Nervous Limitation 24 months outpatient
- ▶ Substance Abuse Limitation 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers
  Compensation, State Disability Plans



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

# **Group Long Term Disability Insurance**



Rate per

### **Etrailer**

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$7,000 per month.

To calculate your bi-weekly payroll deduction, use the formula indicated below:

1.	Enter your <b>Annual Earnings</b> .	1. \$ Age \$100 covered			
2	<b>Divide</b> your annual earnings by 12 (monthly earnings).	bene			
۷.	Average monthly income cannot exceed \$11,667.	2. \$ 18-24 \$0.33	0		
	Average monthly meome cambi exceed \$11,007.	25-29 \$0.33	0		
3.	Multiply the amount in Line 2 by .60. Amount cannot	3. \$ \$0.33	0		
	exceed \$7,000.	35-39 \$0.99	0		
		4. \$ 40-44 \$1.35	0		
4.	Find your rate from the age table displayed.	45-49 \$1.82	20		
		50-54 \$2.48	30		
5.	Multiply the amount on Line 2 by the appropriate rate	5. \$ <b>55-59 \$2.98</b>			
	for your age entered on Line 3.	60-64 \$2.73	0		
_	Divide the amount on Line 4 hy 100 and outer the	65-69 \$2.73 6. \$ 70± \$2.73			
о.	<b>Divide</b> the amount on Line 4 by 100 and enter the amount on Line 5 to get your <b>monthly payroll</b>	6. \$ <b>70+</b> \$2.73	0		
	deduction.				
	ucuucion.	7. \$			
7.	Multiply the amount on Line 5 by 12, then Divide by 26				
	to get your bi-weekly payroll deduction.				
Exc	Example Calculation: Jane Smith is age 35.				
1.	Enter your <b>Annual Earnings</b> .	1. \$ 50,000			
2.	<b>Divide</b> your annual earnings by 12 (monthly earnings).				
	Average monthly income cannot exceed \$11,667.	2. \$ 4,167 (monthly earnings)			
		\ <u></u>			
3.	Multiply the amount in Line 2 by .60. Amount cannot	3. \$ <u>2500.20</u>			
	exceed \$7,000.				
4.	Find your rate from the age table displayed.	4. \$0.990_			
_	Multiply the amount on Line 2 by the appropriate rate				
Э.	for your age entered on Line 3.	5. \$ 2475.20			
	for your age entered on Line 3.	J. 3 2473.20			
6.	<b>Divide</b> the amount on Line 4 by 100 and enter the				
	amount on Line 5 to get your monthly payroll deduction.	6. \$ 24.75 (monthly payroll deduction)			
	5 , , , , ,				
7.	Multiply the amount on Line 5 by 12, then Divide by 26				
	to get your bi-weekly payroll deduction.	7. \$ 11.42 (bi-weekly payroll deduction	1)		