Long Beach Community College District



Long term disability insurance Employee purchase

If you can't work, why should your bank account suffer?

Help keep your finances together with Unum's group long term disability insurance

Unum's long term disability insurance pays you a percentage of your gross monthly salary if you cannot work due to a covered injury or illness. It can provide a monthly benefit whether your disability prevents you from working at all or limits your ability to work. These benefits can help you cover your expenses and protect your finances at a time when you're paying extra medical bills.

Workplace disability insurance: an important financial safety net % chance that in any chance that over our chance you will be disabled for at least given year, our houses lifetimes, we will be involved in an six months during and their contents will be damaged by fire. automobile accident. your earning years. seven out of ten American households COULD NOT PAY their normal living expenses if a wage earner is disabled for six months.

Coverage Highlights		
Benefit amount	60% of monthly earnings to a maximum benefit of \$10,000.	
Elimination period	LTD benefits would begin after 180 consecutive days of disability.	
Definition of disability	2 year regular occupation	
Does this plan include help with work-life balance?	Yes. Our work-life balance employee assistance program (EAP) provides professional advice for a wide range of personal and work-related issues. The services is available to your and your family members 24 hours a day, 365 days a year.	
Pre-existing condition	12/12/24 exclusion	



PROTECT THE ONES YOU LOVE THE MOST!



The work-life balance employee assistance program is provided by Ceridian Corporation and is available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The service is not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

Underwritten by Unum Life Insurance Company of America, Portland, Maine

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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Long Beach Community College District Policy # 414969

Please read carefully the following description of your Unum Long Term Disability Income Protection insurance plan.

<u>Your Plan</u>					
Eligibility	You are eligible for LTD coverage if you are an active permanent employee in the United States working a minimum of 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.				
	 If you apply for coverage more than 31 days after your eligibility date, you 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.				
Benefit Amount	 Monthly LTD Benefit: 60% of your monthly predisability earnings To a maximum benefit of \$10,000 				

*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 monthly pre-disability earnings:	\$3,000			
Long term disability benefit percentage:	x 60%			
Unreduced maximum benefit:	\$1,800			
Less Social Security disability benefit per month: -900				
Less state disability income benefit per month:	-300			
Monthly long term disability benefit:	\$600			

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly predisability earnings or your maximum monthly benefit, unless the excess amount is payable as a Cost of Living Adjustment.

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

- a temporary disability benefit under a workers compensation law;
- a benefit under an occupational disease law or any other act or law with similar intent, other than workers' compensation;
- disability income payments under any state compulsory benefit act or law;
- 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 as:

- disability income payments under any governmental retirement system as a result of your job with your Employer;
- certain 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. After 12 months, your disability payment will be reduced by 50% of any disability earnings. 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.

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

Definition of Disability	For the first 30 months, 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.
	After benefits have been paid for 24 months of disability you are totally disabled when, as a result of sickness or injury, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.
	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 monthly pre-disability earnings.
	After benefits have been paid for 24 months you are partially disabled when you are not totally disabled and that while actually working in an occupation, as a result of sickness or injury you are unable to engage with reasonable continuity in that or in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.
	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.
Elimination Period	The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.
	LTD benefits would begin after 180 consecutive days of disability, if you are disabled, as described in the definition above. Unum will treat your disability as continuous if your disability stops for 30 days or less during the elimination period.
Benefit Duration	Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to age 70, but not less than 1 year. If your disability occurs at or after age 70, benefits would be paid for 1 year.

Federal Income Taxation 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 <u>after</u> 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.

Additional Benefits

Waiver of Premium

Work/Life Balance Employee Assistance Program 1-800-854-1446

Worldwide Emergency Travel Assistance Services 1-800-872-1414 You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

Work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to you and your family members twentyfour hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting child care, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems.

Services include: toll-free phone access to master's-level consultants, up to three face-to-face sessions to help with more serious issues; and online resources. There is no additional charge for utilizing the program. Participation is confidential and strictly voluntary, and employees do not have to have filed a disability claim or be receiving benefits to use the program.

However, if you become disabled and are receiving benefits, Unum's On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

Survivor Benefit	Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.			
	This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.			
	You may receive your survivor benefit prior to your death if you have been diagnosed as terminally ill, your life expectancy has been reduced to less than 12 months, and you are receiving monthly payments. If you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death.			
<u>Limitations/Exclusions/</u> Termination of Coverage				
Pre-existing Condition Exclusion	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 condition, in the 12 months just prior to your effective date of coverage; and			
	• the disability resulting from that condition begins in the first 24 months after your effective date of coverage unless you have been treatment free for 12 consecutive 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; excluded pre-existing conditions (see definition). The loss of a professional or occupational license or certification does not, in itself, constitute disability. 			
Mental and Nervous	The maximum pay period for all disabilities due solely to mental disorders is 24 months. Mental disorders payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the 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.	
<u>Next Steps</u>		
How to Apply	To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date, you may still enroll at any time during the plan year or wait until open enrollment to apply; however, you will be required to provide evivdence 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	Please see your Plan Administrator for your effective date.	
Delayed Effective Date of Coverage	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.	
Questions	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. 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.

Work-life balance employee assistance program services are provided by Ceridian Corporation.

Worldwide emergency travel assistance services are provided by Assist America, Inc.

All worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

Underwritten by:

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

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Long Beach Community College District

Long Term Disability Insurance Enrollment Form

Policy #414969

Employee S	Social Security Num	ber Gender Date	e of Birth (mm/dd/yy) / / Last Name	ry) Hours Work	ed Per Week
Employee S	treet Address	City		State	Zip Code
Original Da	te of Hire	Annual Sal	ar <u>y</u>	Occupation	
/	/	,	,		
		Exempt	□ Non-Exempt		
	•	class (ex: part time to full	time) or		
□ Rehire D	ate <i>or</i> romotion to an eligi	ble class			
		(If unknown, consult with yo	ur Plan Administrator to a	omploto)	
		(ii ulikilowii, consult with yo		ompiete.)	
	R	ates* per \$100 of Covered Sala	ary (Rates are shown as	enthly)]
	Age	Rate	Age	Rate	
	< 25	\$0.096	50 – 54	\$1.212	
	25 - 29	\$0.168	55 – 59	\$1.404	
	30 - 34	\$0.336	60 – 64	\$1.176	
	35 - 39	\$0.576	65 – 69	\$0.516	
	40 - 44	\$0.828	70 +	\$0.516	
	45 - 49	\$1.092			
	*LTD r	ates are based on five-year inc	rements. Rates increase	as you age.	
subject to cha Aging takes p <i>Example 1:</i> T though the bin	nge. lace on the anniversary da		Plan Year and subtracting On the 1/1/12 anniversary c	the Birth Year. ate, the EE will begin billing a	s age 30 even

Note: If your annual salary exceeds \$200,000, use \$200,000 as your annual salary in the calculation.

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Annual Salary	Monthly Salary	Monthly Salary	Rate	Your Tenthly Cost
* Final cost may vary s	lightly due to rounding.			

□ Yes, I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.

No, I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.

Employee Signature: _

Return Forms To:	Benefits – G2

Date:	/	/	
Ву:	/	/	

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