



Group Voluntary Long Term Disability Summary for Eligible Employees of Town of Upton

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

All Full Time Active Town Employees working a minimum of 20 hours per week are eligible for coverage. If an Employee is not actively at work on the effective date then insurance will not become effective until they return to active employment.

Long Term Disability Benefit

- The Monthly Long Term Disability benefit is **60%** of your Basic Monthly Earnings to a Maximum of **\$10,000** with a Minimum of the greater of **10%** of your Basic Monthly Earnings or **\$100**.
- All Long Term Disability coverage is Guaranteed Issue as long as you enroll within your initial eligibility period as defined within the master policy.
- There is a **180 Day Elimination Period** for benefits. This means that approved benefits will be payable at the end of **180 days, or the end of STD Payments, whichever is greater**. Your disability must continue throughout the elimination period before payments begin.

Pre-Existing Condition Limitation This means that any disability caused by sickness or injury for which you have received treatment in the **3 months** prior to your effective date of coverage will not be covered unless the disability began more than **12 months** after your effective date of coverage.

Own Occupation Period Payments will continue for **24 months** if due to the same sickness or injury you are unable to perform the material and substantial duties of your regular occupation.

Maximum Payment Duration is the maximum period of payments you may receive. Your plan has **Social Security Normal Retirement Age (SSNRA)** duration. Your maximum period of payment is as follows and is based on the age when you became disabled:

Insured's Age When Disability Begins	Maximum Period of Payment
Less than Age 60	To Social Security Normal Retirement Age (SSNRA)*
Age 60	60 Months or to SSNRA*
Age 61	48 Months or to SSNRA*
Age 62	42 Months or to SSNRA*
Age 63	36 Months or to SSNRA*
Age 64	30 Months or to SSNRA*
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and Over	12 Months

Definition of Disability

Disability means that due to sickness or injury you are not able to perform *some or all* of the material and substantial duties of your regular occupation and you have at least a **20% loss** in pre disability earnings.

You are also considered disabled if you meet the definition of disability above, but you are working in any occupation and have at least a **20% loss** in pre disability earnings.

The Definition of Disability also presumes:

- Your disability began while you were insured under the plan.
- The loss of a professional or occupational license or certification does not, by itself, mean you are disabled.
- Any occupation includes your regular occupation.
- Regular occupation means the occupation, (as it is performed nationally), that you are routinely performing when disability begins. It does not mean the job that you are performing for a specific employer or at a specific location.

See reverse side for additional information

Exclusions

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law. In addition, no benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

Cost of Coverage

You currently pay the cost of this LTD benefit on a Pre Tax basis. Below, you will find the monthly rate per \$100 of Monthly Covered Payroll:

<25	\$0.15
25-29	\$0.18
30-34	\$0.26
35-39	\$0.39
40-44	\$0.50
45-49	\$0.98
50-54	\$1.33
55-59	\$1.51
60 and older	\$1.58

Additional LTD Features

- **Cost of Living Freeze** – If cost of living increases are incorporated in any income amount received from other sources, your benefit payment will not be reduced further by these increases.
- **Waiver of Premium** – While you are disabled and receiving benefits, you will not be required to pay the monthly premium for the LTD plan.
- **Survivor Benefit** – If you die after having been disabled for a minimum of 180 consecutive days and were receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to your estate. If there is no estate, no payment will be made.

Limitations

- **Mental Illness - Substance Abuse - Special Conditions Benefit** - If your disability is due to Mental Illness, Substance Abuse, or Special Conditions as defined within the master policy, we will pay a monthly benefit for up to **24** months. If you are confined to a hospital, health facility or institution at the end of the **24** month period we will continue to send payment(s) during the confinement. In no event will benefits be paid beyond the maximum payment duration of your plan.

Also available to you...

Telephonic EAP*

- 24/7 Access Unlimited Telephonic Counseling
- Toll-Free 800-847-7240
- Legal Services – initial 30 minute in-office or phone consultation at no cost; 25% discount beyond initial consult
- Online Will Preparation
- Financial Services – one initial 60 minute phone consultation at no cost; 25% discount beyond initial consult

Online Work-Life Resources*

- 24/7 Access On-Line Work-Life Resources
- Financial Calculators
- Child and Eldercare Resources
- Health and Wellness Resources
- Additional Legal and Financial Resources
- www.my-life-resource.com

User Name: *worklife*

Password: *myresource*

**Services provided by Health Management Systems of America – a nationally recognized leader in the field of Mental and Behavioral Health Care Services. These services are currently available but are not part of your Boston Mutual policy/contract.*