Take a look at what your employer is offering



City of Chubbuck		
	Policy #910085 Class 1- All Employees working 30 hours per week Long Term Disability Benefit Summary	
Who is eligible?	You are eligible for Long Term Disability (LTD) coverage if you are an active employee in the United States working a minimum of 30 hours per week.	
What is my monthly benefit amount?	Base: Your employer is providing a benefit of 60% of your monthly earnings to a maximum of \$6,000.	
	Buy-up: You can elect to purchase a benefit of 60% of your monthly earnings to a maximum of \$6,000.	
How long do I have to wait to receive benefits?	The elimination period is the length of time you must be continuously disabled before you can receive benefits.	
	You could begin receiving LTD benefits if, after 90 days of disability, you are still disabled (as described in the definition of disability).	
	During your elimination period, you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be considered disabled during the elimination period due to the same sickness or injury.	
How long will my benefits last?	Base: 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 for 2 years. If your disability occurs at or after age 68, benefits would be paid for a reduced period of time.	
	Buy-up: The duration of your benefit payments is based on your age when your disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 62, benefits could be payable up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, your benefits would be paid according to the benefit duration schedule.	
When is my coverage effective?	Base: Coverage will become effective First of the Month following 30 days.	
	Buy-Up: Coverage will become effective First of the Month following the date your application is approved.	
Do I have to take a health exam to get coverage?	You may receive 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 more than 31 days after your eligibility date, your coverage will be medically underwritten. You may also have to provide information about routine, planned, unplanned or ongoing medical care or consultation. This review may result in coverage being declined.	
	Please see your plan administrator for your eligibility date.	

What if I am out of work when the coverage goes into effect?	Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
What is my maximum monthly benefit amount?	Your total monthly benefit (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment.
	However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, your total monthly benefit (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).
Can my benefit be reduced?	Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers' compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.
When would I be considered disabled?	 You are disabled when Unum determines that: you are limited from performing the material and substantial duties of your regular occupation; and you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury. After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience. You must be under the regular care of a physician in order to be considered disabled.
Do I have to pay for the coverage if I become disabled?	You will not be required to pay LTD premiums as long as you are receiving LTD benefits.
Can I receive rehabilitation and return-to-work services?	If you are deemed eligible and are participating in the program, Unum will pay an additional benefit of 10% of your gross disability payment to a maximum of \$1,000 per month.
What other services are available?	If you are disabled, participating in the rehabilitation and return-to-work assistance program, and have dependent care expenses, you may also receive the dependent care expense benefit — $$350$ per dependent per month, to a monthly maximum of \$1,000 for all eligible dependents combined.
What else is included with this policy?	Worldwide emergency travel assistance is included with this long term disability plan. Emergency travel assistance is available to you, your spouse* and your dependent children when you travel to any foreign country, including Canada or Mexico. It is also available anywhere in the United States when you travel just 100 or more miles from home.
	* A spouse traveling on business for his or her employer is not covered by the program.

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 service is available to you and your family members 24 hours a day, 365 days a year. It provides resources to help you 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. There is no additional charge for using the program, and you do not have to have filed a disability claim or be receiving benefits to use the program.
What happens if I die while receiving disability benefits?	Your eligible survivor will receive a lump-sum benefit equal to three months of your gross disability payment if, on the date of your death, you had been disabled for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan.
	You may request this benefit early if you have been diagnosed with a terminal illness resulting in a life expectancy of less than 12 months, and you are receiving monthly payments. If you choose to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death.
Are my benefits taxed?	It depends on how your premium was taxed during the plan year in which you become disabled. If you paid the premium for the plan year with post-tax dollars , your benefits will not be taxed. However, if you paid the premium for the plan year with pre-tax dollars, your benefits will be taxed. If you paid the premium for the plan year with a combination of pre- and post-tax dollars, then a portion of your benefits will be taxed. Any benefit that is paid by your employer is generally taxable.
Does my plan cover mental and nervous conditions?	Yes. Depending on your plan, the lifetime cumulative maximum benefit period for all disabilities due to mental illness [and disabilities based primarily on self- reported symptoms] is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities — even if the disabilities are not continuous and/or are not related. Payments may only continue beyond 24 months if you are confined to a hospital or institution as a result of the disability.
What is not covered?	 Benefits would not be paid for disabilities caused by, contributed to by, or resulting from: Intentionally self-inflicted injuries; Active participation in a riot; War, declared or undeclared, or any act of war; Commission of a crime for which you have been convicted; Loss of professional license, occupational license or certification; or Pre-existing conditions (see pre-existing condition section) The loss of a professional or occupational license does not, in itself, constitute disability. Unum will not pay a benefit for any period of disability during which you are incarcerated.
What is considered a pre-existing condition?	 You have a pre-existing condition if: You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and The disability begins in the first 12 months after your effective date of coverage.
When does my coverage end?	 Your coverage under the policy ends on the earliest of the following: The date the policy or plan 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 except as provided under the covered layoff or leave of absence provision. 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.
	How can I apply for coverage?	To apply for coverage, complete your enrollment form within 31 days of your eligibility date determined by your employer.

The work-life balance employee assistance program, provided by Ceridian Corporation, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. This information is not intended to be a complete description of the insurance coverage available. 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. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

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