

## **Voluntary Long Term Disability (VLTD)**

### **Eligibility:**

**Class 1:** All Active Full-Time Employees

### **Monthly Benefit**

May be selected in \$100 increments not to exceed 60% of the employee's Basic Monthly Earnings.

**Maximum Weekly Benefit** \$4,000

**Benefits Begin** 181<sup>st</sup> day of a covered disability

**Maximum Benefit Duration** Reducing Benefit Duration (RBD)

**Pre-Existing Conditions Exclusion** 12/6/24

**Own Occupation Policy Benefits** 24 months own occupation benefit

**Mental Illness & Substance Abuse** 24 months

**Waiting Period:** You will be eligible for coverage on the first of the policy month following completion of the following period of continuous active work- 30 days.

### **(ADEA – 65 Reducing Benefit Duration (RBD))**

#### **Your Age When Disability Begins**

Less than age 60

Age 60

Age 61

Age 62

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 and over

#### **Maximum Benefit Period**

To age 65, but not less than 5 years

60 months

48 months

42 months

36 months

30 months

24 months

21 months

18 months

15 months

12 months

### **Other Program Provisions**

#### *Definition of Disability*

- Own Occ/Any Occ: During the elimination period and for 24 months after, disabilities that would prevent you from performing one or more of the essential duties of your own occupation. After the 24 months, disabilities that would prevent you from doing one of more of the essential duties of any occupation.

### *Integration*

- Long Term Disability benefits will be reduced by certain other income you or your dependents receive such as Social Security Benefits, Retirement Benefits and Workers' Compensation.

### *Pre-Existing Conditions*

No benefit will be payable for any disability that is due to, contributed to, or results from a pre-existing condition in the prior 12 months unless such disability begins:

- After the last day of 6 consecutive months while insured during which you receive no medical care or the pre-existing condition; or
- After the last day of 24 consecutive months during which you have been continuously insured under this policy.

### *Pre-Existing Condition means:*

- Received medical treatment or consultation; or
- Taken or were prescribed drugs or medicine; or
- Received care or services, including diagnostic measures

### *Waiver of Premium*

- You do not pay premiums while benefits are payable. Premiums are waived beginning with the next premium due date following the completion of the elimination period.

### **Renewability**

This coverage is optionally renewable at the discretion of your Employer.

### **General Exclusions**

We will not pay benefits for any disabilities caused by, contributed to by, or resulting from Your:

1. commission or attempt to commit a felony;
2. intentionally self-inflicted harm;
3. attempted suicide, regardless of mental capacity;
4. operating a Motor Vehicle while under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit;
5. being under the influence of any controlled substance or narcotic, unless taken as prescribed by a Physician, and subject to the applicable law in the state as shown on the Certificate cover page;
6. voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident;
7. participation in a war, declared or undeclared, or any act of war;
8. active duty in the military or the National Guard or similar government organizations;
9. active participation in a riot, insurrection or terrorism;
10. engaging in any illegal or fraudulent occupation, work, or employment;
11. cosmetic surgery except when required for Your appropriate care as a result of Your injury or sickness. Cosmetic surgery shall not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect;
12. traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
13. traveling in any aircraft or device operated by or under authority of military or any aircraft being used for experimental purposes or to travel beyond the earth's atmosphere.

No benefits are payable for any period during which You are incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

**Important Note**

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USABLE Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by USABLE Life on 7/27/2019 at 7:25 PM and may not reflect changes recently submitted to USABLE Life.

