

# Eastern Suffolk BOCES

## Long Term Disability

### Plan Highlights

Effective 12.01.15

#### CONTRIBUTION REQUIREMENTS

Coverage is employer paid for eligible employees.

#### COVERAGE

Disability income protection insurance provides a benefit for a "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

Each active, Full-time Educator Unit Employee, Adult Nursing Instructor Unit Employee, Para Educators Unit Employee, Administrative and Supervisory Unit Employee, UPSEU Employee, CSEA 8768-01 Unit Employee, Data Processing Middle Management Unit Employee, BOCES Staff Developers of Eastern Suffolk, Cabinet and Administrative Council Employee, Non-Represented Certified Administrator, Non-Represented Technical Administrator, Non-Represented Clerical, Confidential Clerical, or Component District Service Provider and other Non-Represented Certificated Employee working 30 hours or more per week, except an employee included in any other class and any person employed on a temporary or seasonal basis, working 30 hours or more per week.

#### BENEFIT AMOUNT

The monthly benefit is an amount equal to 66 2/3% of covered earnings, up to a maximum benefit of \$7,000 per month.

#### ELIMINATION PERIOD

You must be disabled for at least 90 days, or the exhaustion of accumulated sick leave (PTO), before you can receive a Long Term Disability benefit payment.

#### FEATURES

- Mental/Nervous Illness Limitation – 24 month outpatient
- Substance Abuse Limitation - 24 month
- Own Occupation Coverage – 36 months
- Pre-Existing Condition Limitation – 3/12
- Minimum Benefit Payable – \$100 or 10% of gross monthly Benefit
- Survivor Benefit – 3 months
- Work Incentive Benefit – 24 months
- Member Assistance Program
- Minimum Indemnity Benefit

#### MAXIMUM BENEFIT DURATION

Your benefit duration may be reduced once you reach certain ages specified in the chart below

#### MAXIMUM BENEFIT PERIOD:

Reducing Benefit Duration reflecting Social Security Normal Retirement Age

|            |           |
|------------|-----------|
| 60 or less | to age 65 |
| 60         | 60 Months |
| 61         | 48 Months |
| 62         | 42 Months |
| 63         | 36 Months |
| 64         | 30 Months |
| 65         | 24 Months |
| 66         | 21 Months |
| 67         | 18 Months |
| 68         | 15 Months |
| 69 or more | 12 Months |

#### EXCLUSIONS

We will not cover a Disability under the Policy if it is due to:

1. an act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. intentionally self-inflicted Injuries;
3. active participation in a riot;
4. committing or attempting to commit a felony

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Coverage. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the features of the Unimerica Life Insurance Company of New York Long Term Disability Insurance plan. The availability of the benefits and features described may vary by state. It is not a Certificate of Coverage or evidence of coverage.

Life and Disability products are provided by Unimerica Life Insurance Company of New York. Life and Disability products are provided on policy forms LASD-POL-LIFE NY (05/03) and LASD-POL-ADD/DIS NY (05/03). This policy includes exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Unimerica Life Insurance Company of New York is located in New York, NY.