# Long Term Disability Income Insurance

Explore Your Benefits & Costs

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Group Name: Lakota Local Schools Group Number: 697494 Class: All Eligible Employees

**It can take time to recover from a disabling illness or injury.** When that time extends past your Short Term Disability coverage, **Long Term Disability Income Insurance can help.** This document includes cost and coverage information about Long Term Disability Income Insurance. As you explore, keep in mind:



More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach retirement age.<sup>1</sup> Help to keep a portion of your income protected with the Long Term Disability Income Insurance that's available through your employer.

<sup>1</sup> Disability Awareness Survey, Council for Disability Awareness, 2019

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# Add coverage based on your needs

Your employer is giving you the option to enroll in Long Term Disability Income Insurance. This means that if a disabling illness or injury prevents you from working, and your Short Term Disability coverage has run out, you'll still be able to replace a portion of your income.

**Coverage Amount** 

66.67% of your monthly earnings, with a maximum monthly benefit of \$7,500 (at least \$300 per month, elected in \$100 increments)



### Waiting period: 360 consecutive days within 720 calendar days.

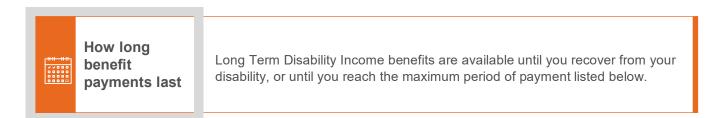
Any days that you are able to work after the start of your disability will not count toward your waiting (elimination) period. You may be eligible for Short Term Disability payments during this time or you may use your available time off and/or sick time during this waiting period.

## Evidence of Insurability (health questions)

For 01/01/2024, you are allowed to enroll or increase your Long Term Disability coverage without providing evidence of insurability.

If you are a late entrant (enrolling after 01/01/2024), you must provide evidence of insurability for any coverage elected.

When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.



For a disability which begins before you reach age 60, the maximum period of payment will be until the Social Security Normal Retirement Age (SSNRA), as shown in the following table:

| Year of birth | Social Security retirement age (SSNRA)* |
|---------------|---|
| Before 1938   | 65 years                                |
| 1938          | 65 years and 2 months                   |
| 1939          | 65 years and 4 months                   |



| 1940       | 65 years and 6 months  |
|------------|------------------------|
| 1941       | 65 years and 8 months  |
| 1942       | 65 years and 10 months |
| 1943-1954  | 66 years               |
| 1955       | 66 years and 2 months  |
| 1956       | 66 years and 4 months  |
| 1957       | 66 years and 6 months  |
| 1958       | 66 years and 8 months  |
| 1959       | 66 years and 10 months |
| After 1959 | 67 years               |

For a disability which starts on or after you reach age 60, the maximum period of payment will be determined according to the following table:

| Age when Disability begins | Maximum period of payment                    |
|----------------------------|--|
| 60                         | 60 months or to SSNRA*, whichever is greater |
| 61                         | 48 months or to SSNRA*, whichever is greater |
| 62                         | 42 months or to SSNRA*, whichever is greater |
| 63                         | 36 months or to SSNRA*, whichever is greater |
| 64                         | 30 months or to SSNRA*, whichever is greater |
| 65                         | 24 months                                    |
| 66                         | 21 months                                    |
| 67                         | 18 months                                    |
| 68                         | 15 months                                    |
| 69 and over                | 12 months                                    |

\*Age at which you are entitled to unreduced Social Security benefits based on the Social Security Amendments of 1983.

## How much does it cost?

Your contributions are deducted on a pre-tax basis.

## Long Term Disability (Monthly) Income Rates

Rates per \$100 of monthly benefit

\$1.218

| To calculate your cost:   |    |
|---|----|
| 1. Divide your eligible annual earnings by 12.  | \$ |
| <ol> <li>Calculate your maximum monthly benefit amount by multiplying<br/>the number in Step 1 by 66.67%. This is the maximum benefit<br/>amount you are eligible for.</li> </ol> | \$ |



| <ol> <li>Enter the benefit amount you would like to elect. This must be in<br/>an increment of \$100, and can not exceed the amount in Step 2.</li> </ol>                               | \$ |
|---|----|
| 4. Divide your answer from Step 3 by 100.   | \$ |
| <ol> <li>Multiply your answer from Step 4 by the rate from the table above.<br/>This is your total monthly cost.</li> </ol>   | \$ |
| <ol> <li>Multiply your total monthly cost by 12 for your annual premium<br/>amount. Then, divide by your number of paychecks per year for<br/>your payroll deduction amount.</li> </ol> | \$ |

## What else is included?

The Long Term Disability Income Insurance available through your employer includes the following additional benefits. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

| ిం | Keep coverage<br>if you leave<br>your employer | <b>Conversion</b><br>If you leave your job, you may be eligible to convert Long Term Disability<br>coverage and pay premiums to the insurer directly.  |
|----|--|--|
|    | Maintain<br>coverage at no<br>cost             | <b>Waiver of Premium</b><br>While you're receiving Long Term Disability Income Insurance benefits from us,<br>you won't need to pay premiums.  |
| W  | Leave a benefit<br>behind for a<br>loved one   | <b>Survivor Benefit</b><br>If you pass away while receiving Disability benefits, we may pay your eligible<br>survivor a lump-sum benefit equal to three times your monthly payment.  |
|    | Prepare for a return to work                   | <ul> <li>Vocational rehabilitation</li> <li>We have vocational rehabilitation services available to assist you in returning to work when possible. If applicable, we will provide you with a written plan developed specifically for you.</li> <li>Workplace modification</li> <li>Modifications may be made to your workplace in order to help you return to work.</li> </ul> |



# **Exclusions & Limitations**

Benefits are not payable if your disability is caused by, contributed to or resulting from:

- Loss of a professional or occupational license or certification
- Commission of or attempt to commit a felony
- Intentionally self-inflicted injuries
- Attempted suicide, regardless of mental capacity
- Being legally intoxicated or being under the influence of any narcotic, unless taken under the direction of and as directed by a doctor
- Participation in a war, declared or undeclared, or any act of war
- Active military duty
- Active participation in a riot
- Engaging in any illegal or fraudulent occupation, work or employment
- Commission of a crime for which you have been convicted
- Elective surgery, except when required for your appropriate care as a result of your injury or sickness

Traveling or flying on an aircraft operated by or under the authority of military or any aircraft being used for experimental purposes

**Pre-existing conditions:** A pre-existing condition is a sickness, injury or physical condition that led to medical treatment, consultation, care or services (including diagnostic measures) during the 12 month period before your coverage effective date. Benefits are not payable if your disability begins in the first 12 months after your coverage effective date, and your disability is caused by, contributed by, or the result of a pre-existing condition.

Your benefits may be limited to a shorter time period, such as 12 months during your lifetime, if:

- The disability is due to a mental illness, alcoholism or drug abuse.
- The disability is due to a special condition as defined in the certificate, such as fibromyalgia or chronic fatigue syndrome.

Your benefits will be reduced by other income (deductible sources of income) you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

\*Limitations and exclusions will vary by state and by your employer's benefit plan.

## **[**] 😓 Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at (800) 955-7736

or go to https://presents.voya.com/EBRC/lakotalocalschools



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form HP08GP and/or HP13GP (may vary by state).

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