

Enrollment at a glance

A guide to your plan basics

Alliance of Schools for Cooperative Insurance Programs Account 7: Lennox School District

**Taking advantage of insurance offered at the workplace just makes sense.
It's convenient and affordable.**

Disability Income coverage provides benefits to replace a portion of your lost income if you have a sickness or injury and are unable to work. **Long Term (Monthly) Income Benefits** help provide you financial support that will fill the gap between expenses and income for an extended period of disability.

Long Term Disability (Monthly) Income Benefits									
For You	Your employer provides a base amount of coverage to all eligible employees, which replaces up to 66 2/3% of your eligible income during disability following a waiting period.								
Benefits	• Minimum Benefit = Greater of \$100 or 10% of your gross monthly benefit • Maximum Benefit = \$5,000 • Elimination Period = 30 consecutive days								
What else is included	• Worksite Modification Benefit: Modifications may be made to your workplace in order to help you return to work. • Survivor Benefit: If you pass away while receiving disability benefits, we may pay your eligible survivor a lump sum benefit equal to three times your monthly payment.								
Maximum Period of Payment	<table><tr><th>Age at Disability</th><th>Maximum Benefit Period</th></tr><tr><td>Less than age 61.....</td><td>to age 65</td></tr><tr><td>61 but less than 69...</td><td>the earlier of 5 years or age 70 but not less than 12 months</td></tr><tr><td>69 and over.....</td><td>12 months</td></tr></table>	Age at Disability	Maximum Benefit Period	Less than age 61.....	to age 65	61 but less than 69...	the earlier of 5 years or age 70 but not less than 12 months	69 and over.....	12 months
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Eligibility	All active employees working 20+ hours per week.								
Coverage Available without Health Questions	This coverage is offered to you without having to answer questions related to your health.								

Who do I contact with questions?

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (888) 305-0602

This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage, policy form HP08GP (may vary by state). Underwritten by ReliaStar Life Insurance Company, a member of the Voya™ family of companies.

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