



Overview:

The International Union of Operating Engineers Local 399 has partnered with Group Benefit Associates (GBA) to administer the group voluntary disability insurance. This insurance gives you the ability to meet your financial commitments in the event of a **non-work related illness/injury**. A **non-work related injury/illness** refers to an injury or illness that did not arise out of, or in the course of the workers employment and therefore not covered by workers compensation. Some examples of non-work related illness and injury may include heart attack, cutting yourself in the kitchen, sports injury, and pregnancy.

To review plan details and enroll, visit www.groupba.com. Select "Union Members", then IUOE 399.

Eligibility:

- Your eligibility begins within 90 days of your union initiation date. You may enroll with no medical questionnaire during this time.
- If you enroll later, you are considered a late applicant and must complete a Late Applicant Enrollment Form. The insurance carrier would advise you if they have accepted your enrollment.
- You must be actively working union hours to be eligible to enroll and maintain coverage.

As a plan participant, you must notify Group Benefit Associates:

- Within 30 days of any layoff or work stoppage and again within 30 days of your return to work
- Immediately when your billing information changes for the purpose of premium collection
- Immediately when your wage rate changes
- Within 30 days of any disability and 30 days of your return to work
- Within 30 days if you withdraw from the Union
- Within 30 days of your retirement

Failure to notify Group Benefit Associates in a timely manner of any of the above listed changes can affect your participation in the plan or the benefits you are eligible to receive under the plan.





Coverage:

Group Benefit Associates has teamed together with MetLife to bring you this program. MetLife is the insurance carrier for the policy and processes all claims and Group Benefit Associates is the third-party administrator responsible for premium collection and remittance.

Short Term Disability (STD)

 Benefit Begins: 15th day non-occupational accidental injury, 15th day non-occupational sickness or pregnancy.

• Benefit Amount: \$250 per week

• Benefit Period: 24 weeks

During the first 12 months of coverage, no STD benefits will be paid for a disability that is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have. Exclusions may vary by state.

Long Term Disability (LTD)

- Benefit Begins: 180 days following non-occupational accidental injury, sickness or pregnancy
- Benefit Amount: 60% of monthly covered earnings
- Maximum Benefit: \$4,500 per month less deductible sources of income and disability earnings.
- Minimum Benefit: \$100 per month
- Benefit Period: Up to 5 years
- Limited Pay Periods: Disabilities due to mental illness and disabilities primarily based on self-reported symptoms are limited to 24 months of benefits during your lifetime.
- Survivor Benefits: In the event of your death, three times your net disability payment is payable to your spouse or children under age 19.

Group Benefit Associates www.groupba.com 800-450-1271





Cost:

Short Term Disability (STD): You may enroll in short-term disability, long-term disability or both.

The short-term disability premium is \$15.25 per month.

Long Term Disability (LTD): You may enroll in short-term disability, long-term disability or both.

Long-term disability premiums are based on your age and wage rate. To automatically calculate your long-term disability premium, visit www.groupba.com. Select "Union Members", then IUOE 399. To manually calculate your monthly long-term disability cost:

^{*}If your monthly earnings exceed \$7,500 (maximum monthly covered earnings) then use \$7,500 as your monthly earnings to calculate your premium.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.12	\$0.15	\$0.18	\$0.21	\$0.29	\$0.66	\$1.13	\$1.61	\$1.41

^{**}Please note that your age bracket will be re-determined on the first of the month following your birthday. You will also experience a premium change if you have experienced a change in your pay rate.

Total monthly premium:

You may enroll in short-term disability, long-term disability or both.





Cancellation Requests:

Cancellation requests must be received by GBA in writing by e-mail, fax, or mail. Cancellations are made on the last day of the month that they are received.

Group Benefit Associates:

Email CustomerService@groupba.com

Fax 773-427-6875

Premium Waived if Disabled:

Premium will not need to be paid if you are receiving benefits. Please contact us within 30 days of your disability so that we may waive your premium while you are not working. You must also contact us within 30 days of your return to work. Premium is due for any month in which you have earnings so you will be responsible for payment on the month in which you return to work and any following months.

Premium Payments:

Your initial premium due will be collected within 5 business days of your enrollment. Subsequent premiums will be collected automatically from a Visa, MasterCard or direct debit from a checking account on the 15th of each month. If the 15th falls on a weekend or holiday, the charge will occur on the next business day.

Ready to Enroll:

- You may enroll in short-term disability, long-term disability or both.
- Visit www.groupba.com. Select "Union Members", then IUOE 399
- Complete the enclosed form and return to GBA via e-mail, fax or mail:

Group Benefit Associates 1701 E. Lake Avenue, Suite 400 Glenview, IL 60025

Email <u>CustomerService@groupba.com</u>

Fax 773-427-6875





Filing a Claim:

The disability insurance claim form is composed of three separate sections that need to be completed by you, your physician and your direct employer. You may download a claim form from the GBA website at www.groupba.com. Select "Union Members", then your specific union to access the forms.

- Employee Section: Please be sure to complete this part clearly and sign where indicated.
- Physician Section: Please have the physician that disabled you complete this part. If you have seen additional physicians, please also include their names, addresses, phone numbers and fax numbers on a separate sheet of paper.
- Employer Section: Even though your policy is purchased through the union, your benefit is based on the income you receive from your direct employer. Your employer assumes no liability or responsibility for your claim by completing this form for you.

Failure to provide proper information and documentation will delay your claim so it is very important the claim form is complete and clear. **Once complete, forward the form to MetLife by mail or fax.**

How Your Claim Will Be Handled:

The processing of your claim will be handled by MetLife and therefore you may inquire with them regarding the status of your claim. Please note that Group Benefit Associates does not have access to information regarding claims determination or benefit payments.

MetLife Claims Customer Support: Telephone 888-444-1433 Fax 800-230-9531

Premium Waived if Disabled:

Premium will not need to be paid if you are receiving benefits. Please contact us within 30 days of your disability so that we may waive your premium while you are not working. You must also contact us within 30 days of your return to work. Premium is due for any month in which you have earnings so you will be responsible for payment on the month in which you return to work and any following months.

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