

# Group Buy-up Long Term Disability Insurance

For Employees of Employers Participating in the Washington Counties Insurance Fund  
Answers To Your Questions About Coverage From The Standard



## Booklet Includes

- Coverage Highlights
- Enrollment Form

Standard Insurance Company





**Voluntary Long Term Disability (LTD) Insurance**

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Buy-up LTD insurance offers you the opportunity to choose one of two levels of LTD coverage.

The base LTD plan is fully paid by your employer, who must be participating in Washington Counties Insurance Fund (WCIF), and provides a basic level of LTD coverage. The difference in premium cost between the base LTD plan and the buy-up option is paid for by you and provides a higher level of LTD coverage. If the policy becomes effective and you do not elect the buy-up option, you will automatically be enrolled in the base LTD plan. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through your employer.

**Eligibility Requirements**

- Policy # 645273-F**
  - The Group Policy Effective Date is January 1, 2007
- Employee**
  - A citizen or resident of the United States or Canada, and one of the following:
    - A regular employee of an employer participating in WCIF, who is actively working the minimum amount of required hours by your employer to be eligible under the group policy and who meets any and all other employer-specific requirements necessary to be eligible under the group policy\*; or
    - An elected official of an employer participating in WCIF
  - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Premium**
  - You pay 100 percent of the premium for the buy-up portion of this coverage through easy payroll deduction

\*Please ask your human resources representative for more information about eligibility requirements

**Benefit Amount**

Your monthly LTD benefit is a percentage of your insured monthly predisability earnings reduced by deductible income.

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
<b>Percentage of monthly predisability earnings</b>	40%	60%
<b>Plan Maximum Monthly Benefit</b>	\$4,000	\$6,000
<b>Plan Minimum Monthly Benefit</b>	\$100	\$100

Note:

- Buy-up LTD Plan: All late applications (applying 31 days after becoming eligible) are subject to medical underwriting approval. Employees eligible but not insured under the prior LTD insurance plan are also subject to medical underwriting approval. To submit a medical history statement online, visit: [http://www.standard.com/mybenefits/mhs\\_ho.html](http://www.standard.com/mybenefits/mhs_ho.html).
- To obtain a paper medical history form visit the WCIF website at [www.wcif.net](http://www.wcif.net)



To compare the amount of your LTD benefit under both plans, fill in the blanks below:

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
1. Enter your monthly predisability earnings	\$ _____ (If your monthly predisability earnings exceed \$10,000, enter \$10,000 above.)	\$ _____ (If your monthly predisability earnings exceed \$10,000, enter \$10,000 above.)
2. Percentage of predisability earnings	40%	60%
3. Multiply amount on line 1 by percentage on line 2 and enter total here. This is your monthly LTD benefit amount before reduction for deductible income.	\$ _____	\$ _____

**Disability Needs Calculator**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period (if applicable), receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative to determine if you must serve an eligibility waiting period and for more information regarding the requirements that must be satisfied for your insurance to become effective.

**Understanding Your Plan Design**

**Benefit Waiting Period** If your claim for LTD benefits is approved by The Standard, benefits become payable after the benefit waiting period. This is a specified number of days during which you must remain continuously disabled. Benefits are not payable during the benefit waiting period. The benefit waiting period for each plan is indicated below.

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
Benefit Waiting Period	180 days	90 days

**Own Occupation Definition of Disability** For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **OR** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

**Any Occupation Definition of Disability** After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation:

- That you are able to perform, due to education, training or experience,
- That is available at one or more locations in the local economy, and
- In which you can be expected to earn at least 60 percent of predisability earnings within 12 months of returning to work, regardless of whether you are working in that, or any other, occupation.

**Maximum Benefit Period**

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 +	1 year

**Deductible Income**

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid.
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

**Benefit Calculation**

**Example**

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by deductible income. In the example below, the LTD benefit amount is 60 percent of insured predisability earnings. If your monthly earnings before becoming disabled were \$4,500, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900, your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
LTD benefit percentage	X 60%
	\$2,700
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
<b>Amount of LTD benefit</b>	<b>\$600</b>

**Additional Features**

Please see your human resources representative for additional information about the features and benefits below.

<b>24 Hour Coverage</b>	24-hour LTD plans provide coverage for disabilities occurring on or off the job.
<b>Rehabilitation Plan</b>	If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
<b>Reasonable Accommodation Expense Benefit</b>	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
<b>Rehabilitation Incentive Benefit</b>	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
<b>Survivors Benefit</b>	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
<b>Conversion</b>	Allows you to obtain LTD conversion insurance after the termination of your insurance with your employer.
<b>Family Care Expense Benefit</b>	Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

**Exclusions**

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the exclusion period. This period is the same under both the base LTD plan and buy-up LTD plan, however the period may not run concurrently, depending upon the effective date of your coverage under the buy-up LTD plan

**Preexisting Condition Provision**

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

**Base LTD Plan**

**Preexisting Condition Period** The 90-day period just before your insurance becomes effective

**Exclusion Period** The 12-month period beginning on the date your insurance became effective

**Buy-Up LTD Plan**

**Preexisting Condition Period** The 90-day period just before your insurance under the buy-up LTD plan becomes effective

**Exclusion Period** The 12-month period beginning on the date your insurance became effective under the buy-up LTD plan.

**Limitations**

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- The last day of the calendar month in which your employment terminates
- The last day of the calendar month in which you cease to be a member
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the own occupation period, the work is limited to work in your own occupation. Thereafter, the responsibility to work includes work in any occupation.

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If your disability is caused or contributed to by mental disorders or substance abuse

**When Benefits End**

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

**When Insurance Ends**

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates, unless your Employer allows insurance for Members to continue through the last day of the calendar month in which employment terminates
- The date the group policy terminates
- The last day of the calendar month in which you cease to be a member (insurance may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, you may retrieve a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events from [www.wcif.net](http://www.wcif.net) or by calling (800) 344-8570. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Rates**

If you elect the Buy-up LTD plan, your monthly premium rate for this plan is indicated in the tables below. Premiums for the Buy-up LTD plan will be deducted directly from your paycheck. If you do not enroll in the Buy-up LTD plan, subject to eligibility requirements, you will automatically be insured under the base LTD plan with no premium cost to you. If you have questions regarding how to determine your earnings, please contact your human resources representative.

If your employer *is* offering medical coverage through WCIF

If your employer *is not* offering medical coverage through WCIF:

Your Average Monthly Earnings (as of the prior December 31, or the date you become insured, whichever is later)	Monthly Premium Rate
\$999 or under	\$3.75
\$1,000 through \$1,499	\$6.25
\$1,500 through \$1,999	\$8.75
\$2,000 through \$2,499	\$11.25
\$2,500 through \$2,999	\$13.75
\$3,000 through \$3,499	\$16.25
\$3,500 through \$3,999	\$18.75
\$4,000 through \$4,499	\$21.25
\$4,500 through \$4,999	\$23.75
\$5,000 through \$5,499	\$26.25
\$5,500 through \$5,999	\$28.75
\$6,000 through \$6,499	\$31.25
\$6,500 through \$6,999	\$33.75
\$7,000 through \$7,499	\$36.25
\$7,500 through \$7,999	\$38.75
\$8,000 through \$8,499	\$41.25
\$8,500 through \$8,999	\$43.75
\$9,000 through \$9,499	\$46.25
\$9,500 or over	\$48.75

Your Average Monthly Earnings (as of the prior December 31, or the date you become insured, whichever is later)	Monthly Premium Rate
\$999 or under	\$4.25
\$1,000 through \$1,499	\$6.75
\$1,500 through \$1,999	\$9.25
\$2,000 through \$2,499	\$11.75
\$2,500 through \$2,999	\$14.25
\$3,000 through \$3,499	\$16.75
\$3,500 through \$3,999	\$19.25
\$4,000 through \$4,499	\$21.75
\$4,500 through \$4,999	\$24.25
\$5,000 through \$5,499	\$26.75
\$5,500 through \$5,999	\$29.25
\$6,000 through \$6,499	\$31.75
\$6,500 through \$6,999	\$34.25
\$7,000 through \$7,499	\$36.75
\$7,500 through \$7,999	\$39.25
\$8,000 through \$8,499	\$41.75
\$8,500 through \$8,999	\$44.25
\$9,000 through \$9,499	\$46.75
\$9,500 or over	\$49.25

**To Be Completed By Human Resources**

Group Name <b>Washington Counties Insurance Fund (WCIF)</b>	Group Number <b>645273</b>	Division <b>00</b>	Billing Category <b>0001</b>	Date of Employment
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**To Be Completed By Applicant**     Apply for Coverage     Name Change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>			Phone Number	
Employer Name			Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			

**Coverage** *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

**Long Term Disability Insurance**

Base LTD (Employer Paid)

*To request Buy-up LTD insurance please check the box below*

Buy-up LTD

**Signature** I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change

Member/Employee Signature Required \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_





For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to nearly 23,000 groups covering more than 6 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about Buy-up Long Term Disability insurance from The Standard, contact your human resources department or visit us at **[www.standard.com](http://www.standard.com)**.

\* As of December 31, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company  
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Portland OR 97204

[www.standard.com](http://www.standard.com)

GP190-LTD/S399, GP399-LTD/TRUST,  
GP899-LTD, Contract 2000

Group Buy-up Long Term Disability Insurance EE

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