

Plan Highlights

Voluntary Group Long Term Disability Insurance



Broward County Professional Paramedics & Firefighters Benefit Fund

COVERAGE

Disability income protection insurance provides a benefit for “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 Union Employee working 30 hours or more per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$6,000 per month.

ELIMINATION PERIOD

180 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

| <u>Age at Disablement</u> | <u>Duration of Benefits</u> |
|---------------------------|-----------------------------|
| 61 or less | to age 65 |
| 62 | 3 ½ |
| 63 | 3 |
| 64 | 2 ½ |
| 65 | 2 |
| 66 | 1 ¾ |
| 67 | 1 ½ |
| 68 | 1 ¼ |
| 69 or more | 1 |

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- FMLA Continuation
- Mental/Nervous Illness Limitation – 24 month out-patient
- Minimum Benefit Payable – \$50
- Own Occupation Coverage – 24 months
- Pre-Existing Condition Limitation – 3/12
- Rehabilitation provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- Substance Abuse Limitation – 24 months
- Survivor Benefit – 3 months
- Transfer of Coverage provision
- Work Incentive & Child Care provisions

VALUE ADDED SERVICES

- Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

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

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

**Premium Worksheet
Voluntary Group Long Term Disability**



Broward County Professional Paramedics & Firefighters Benefit Fund

Scheduled Benefit: Each eligible employee may elect 60% of their monthly earnings, up to \$6,000 per month benefit maximum.

To calculate your bi-weekly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your **Annual Earnings**. 1. \$ _____
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed \$10,000 2. \$ _____
3. **Multiply** the amount on Line 2 by .50 3. \$ _____
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your monthly payroll deduction. 4. \$ _____
5. **Multiply** the amount on Line 4 by 12, then **Divide** by
26 to get your bi-weekly payroll deduction. 5. \$ _____

| |
|--|
| Rate per \$100 of covered payroll |
| .50 |

Example Calculation:

1. Enter your **Annual Earnings** 1. \$ 100,000
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed \$10,000 2. \$ 8,333 (monthly earnings)
3. **Multiply** the amount on Line 2 by .50 3. \$ 4,167
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your monthly payroll deduction. 4. \$ 41.67 (monthly payroll deduction)
5. **Multiply** the amount on Line 4 by 12, then **Divide** by
26 to get your bi-weekly payroll deduction. 5. \$ 19.23 (bi-weekly payroll deduction)