Enrollment at a glance A guide to your plan basics

Alliance of Schools of Cooperative Insurance Programs Account 0021: State Center CCD For New Hires

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.

For You	You can elect to replace 60% of your eligible income during disability following a waiting period.		
Benefits	 Minimum Benefit = the greater of \$100 of 10% of the gross monthly benefit Maximum Benefit = \$5,000 Elimination Period = 90 days 		
Eligibility	All active employees working 20+ hours per week hired on or after 9/1/2013.		
Coverage Available without Health Questions	This coverage is offered to you without having to answer questions related to your health if you elect it during the initial eligibility period.		
Proof of Good Health	If you elect coverage more than 31 days after you are first eligible then you must wait until the next annual enrollment period and provide evidence of insurability subject to approval by ReliaStar Life.		



Maximum Period of Age at Disability Maximum Benefit Period Less than age 61.....to your normal retirement age,* but not less than 60 months **Payment** 61 but less than 62....to your normal retirement age,* but not less than 48 months 62 but less than 63....to your normal retirement age,* but not less than 42 months 63 but less than 64....to your normal retirement age,* but not less than 36 months 64 but less than 65....to your normal retirement age,* but not less than 30 months 65 but less than 66.....24 months 66 but less than 67......21 months 67 but less than 68......18 months 68 but less than 69......15 months 69 and over......12 months *Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth, as follows: Year of Birth **Social Security Retirement Age** Before 1938 65 1938 65 and 2 months 1939 65 and 4 months 1940 65 and 6 months 1941 65 and 8 months 1942 65 and 10 months 1943-1954 66 66 and 2 months 1955 1956 66 and 4 months 1957 66 and 6 months 66 and 8 months 1958 1959 66 and 10 months



After 1959

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Disability Income Rate Information

The cost is calculated based on your age at the start of the plan's current policy year.

Long	Term Disability	v (Monthly) Income Rates
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Age	60% Benefit Your Contribution per \$100 of Benefit
Under 25	\$0.10
25-29	\$0.14
30-34	\$0.20
35-39	\$0.29
40-44	\$0.44
45-49	\$0.63
50-54	\$0.87
55-59	\$1.11
60-64	\$1.17
65-69	\$1.17
70+	\$1.17

Your contributions are deducted on a post-tax basis.

Long Term Disability Premium Calculator

Use the table below to calculate what you will pay for Long Term Disability Income Benefits coverage.

Monthly Disability Income Coverage Table					
Divide your Base Yearly Earnings by 12.	\$	(a)			
Example: For \$50,000 of coverage enter \$4,166.67					
Benefit Percentage:	60%	(b)			
Multiply (a) times (b)	\$	(c)			
Take the lesser of figure in (c) or the Maximum Monthly Benefit of \$5,000 and divide by 100.		(d)			
Enter Long Term Disability Income Rate (from table) based on your age	\$	(e)			
Multiply (d) times (e)	\$				
The final figure will be the monthly cost.					



Offsets, Limitations and Exclusions

Other Income Offsets

Other Income that you receive or are entitled to receive during your period of disability will be subtracted from the benefit amount you would otherwise receive. Other Income includes, but is not limited to: any type of income replacement benefits provided by your employer; unemployment benefits; earnings you receive working for your employer or another employer; Workers' Compensation benefits or benefits from similar programs; automobile liability insurance benefits; disability benefits payable under any group disability, life or accident plan through an employer, union or other organization; judgments or settlements you receive related to disability; disability or retirement benefits under Social Security or other state or federal plans; and disability or certain retirement benefits provided under your employer's retirement plan.

Other Income does not include: Retirement benefits attributable to employee contributions; certain retirement or disability benefits from a past employer; benefits paid by a creditor disability plan; income from profit sharing plans and similar payments; payments from an IRS defined retirement plan; certain Social Security benefits if your disability begins after age 70; and a cost of living increase to any Other Income benefit.

Exclusions

No benefits are payable for disabilities resulting from:

- sickness or accidental injury which occurs in any armed conflict, whether declared as war or not, involving any country
 or government;
- sickness or injury which occurs while you are on military service for any country or government;
- intentionally self-inflicted injury or illness, whether you are sane or insane;
- injury suffered in a fight in which you are the aggressor;
- sickness or injury due to cosmetic or reconstructive surgery, except for surgery necessary to correct a deformity caused by sickness or accidental injury;

No benefits are payable during the portion of any period of disability that you are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

No additional benefits are payable for disability caused by both sickness and accidental injury, or by more than one sickness or accidental injury.

Pre-Existing Condition Exclusion

Benefits are not payable if your disability is due to a pre-existing condition, and you became disabled during the first 12 months your coverage or increased coverage is in effect. A pre-existing condition means a sickness or accidental injury for which, during the 24 months immediately before the effective date of your coverage or increased coverage, you did one or more of these:

- received medical treatment, care, service or advice,
- took prescribed drugs or had medications prescribed,
- experienced related or resulting symptoms or aggravations which would be a reasonable cause for an ordinarily prudent person to seek diagnosis, care or treatment from a doctor or health care facility.

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 VoyaTM family of companies.

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