



Long Term Disability Insurance Open Enrollment Announcement

TO: Units A, B and Paraprofessionals
FROM: Jessica Wender-Shubow, BEU President
DATE: October 10, 2017
RE: Long Term Disability Program - Special Open Enrollment

The Brookline Educators Union is pleased to announce a *special open enrollment period* for our group Long Term Disability program with Assurant. This open enrollment will take place from now through Wednesday, November 22nd. Our Long Term Disability program is designed to pay monetary benefits (60% of your salary tax free) for extended periods of time (to age 65 or beyond) when an injury or illness prevents you from earning an income. In essence, it is income replacement insurance. Our contracts provide for sick time and include the sick leave bank benefit. However, once the accrued time is exhausted there are limited opportunities for extended illness leave. And, if the district were to dismiss you while you were still unable to work due to a disability, this program would be in place to provide protection from that liability.

Employees that sign up for the program during this special open enrollment period may do so on a guaranteed issue basis. This period is very important as employees can enroll in the program *without* having to complete a medical evidence of insurability questionnaire. If you decide against electing coverage in this one time offering and wish to sign up later, you are not guaranteed coverage in the plan. We encourage all employees not currently enrolled in the program to consider taking advantage of this benefit. Employees must be actively at work and not on any leave in order to enroll.

If you have any questions about our LTD plan, please feel free to contact our consultant at Mosse & Mosse Associates, Brian Fitzgerald, at 781-224-1709 x139. He will be happy to go over the program with you in more detail and answer any questions you may have.

Employees already enrolled in the LTD program do not need to take any action at all.

The deadline for this open enrollment is Wednesday, November 22nd. All forms can be either faxed to Brian's attention at 781-224-1724 or you may scan and email them to his attention at brf@mosseservices.com



MOSSE & MOSSE
SCHOOL AND MUNICIPAL SERVICES

**Brookline Public Schools
Long Term Disability Program Outline
Open Enrollment – Fall 2017**

- *Guaranteed Issue. The benefit is a guaranteed issue product during this special open enrollment, meaning if you sign up during this period you cannot be denied access to the plan for any reason. However, if you do not elect the coverage in this period and then wish to join the plan at a later date, you have to prove evidence of insurability and you may be denied access to the plan. Employees must be actively at work and not on any leave of absence to enroll.*
- Benefit: 60% of gross pay to a maximum of \$6,000 per month. All benefits will be paid tax free, both federal and state, because the employees are paying the premium on a post tax basis.
- Elimination Period: 90 Calendar days. This is the length of time that an employee has to be out of work due to disability before being eligible for benefits.
- Benefit Duration: benefits payable for disability to age 65/Social Security Retirement Age
- Exclusions:
 - Intentional self-inflicted injury
 - War, declared or undeclared, or any act of war
 - Active participation in a riot, rebellion or insurrection
 - Committing or attempting to commit an assault, felony or other illegal act
- Two year limitation on benefits for:
 - Outpatient drug and alcohol abuse
 - Outpatient mental and nervous disorder
- Residual/Partial Benefit: During elimination and benefit period, an employee showing a 20% or greater earnings loss due to disability is benefit eligible. In the elimination period, the days worked on partial basis count towards fulfillment of period. After the elimination period, employee will receive partial benefits not to exceed 100% of pre-disability earnings.
- Integration/Minimum benefit: plan offsets with workers' compensation social security and disability retirement awards. Minimum benefit is 10% or \$100 per month
- Two Year Own Occupation. This is the definition of disability and states that employees are considered disabled if, due to injury or illness, they can no longer perform the duties of their own occupation for first 24 months of disability.
- **3/12 pre-existing condition clause.** Benefits will not be paid for any disability which begins in the first 12 months of being insured which is due to, or results from, a pre-existing condition. A pre-existing condition is a sickness or injury for which the employee has received treatment, took prescribed drugs or medicines, or consulted a physician during the 3 months prior to the employee's effective date of coverage.

How much does the plan cost?

Age Band	Rates
< 24	\$0.165
25-29	\$0.201
30-34	\$0.264
35-39	\$0.319
40-44	\$0.431
45-49	\$0.680
50-54	\$0.917
55-59	\$1.087
60-64	\$1.064
65-69	\$0.915
70+	\$0.810

Formula for individual cost:

$\text{Annual Salary} / \$100 \times \text{Rate} = \text{Annual Premium}$

$\text{Annual Premium} / 12 = \text{Monthly Cost}$

Cost Example: Age 45, earning \$50,000:

$\$50,000 / \$100 \times \$0.680 = \340 Annual Cost

$\$340 / 12 = \$28.33 \text{ Monthly Cost}$

How do I sign up?

If you wish to take advantage of this coverage, please complete the enrollment form by filling out your name, date of birth, check “yes” under acceptance and sign the bottom of the form. If you decide against electing coverage in this open enrollment and wish to sign up later, you are not guaranteed coverage in the plan.

All completed forms should be faxed to our consultant at Mosse & Mosse Associates, Brian Fitzgerald, at 781-224-1724. You can also scan and email your completed form and email it to Brian at brf@mosseservices.com

If you have any questions about our LTD plan, please feel free to contact Brian directly at **781-224-1709 x139**. He will be happy to go over the program with you in more detail and answer any questions you may have.

Employee Application



Group policy		Employer			
Employee name (<i>last, first, initial</i>)		Full-time employ. date Month Day Year		Employee date of birth Month Day Year	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Annual Salary				
Job title or position					

Please mark **X** in box before the coverages you are applying for if you are eligible for them under your employer's plan:

Employee: Long Term Disability

IMPORTANT NOTICE TO APPLICANTS—PLEASE READ CAREFULLY

My signature on this application certifies that I:

- 1.) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company.
- 2.) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3.) Authorize any required deductions from my earnings.
- 4.) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 5.) Understand that I must be actively at work the number of hours specified in my policy/participation agreement to remain insured.
- 6.) When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

This will certify that I HAVE read and understand the above important notice.

Signature _____ Date _____