



# Group Long Term Disability Benefit Summary

*Designed for the Employees of*

**Town of South Hadley**

FAMILY MATTERS. NO MATTER WHAT.®

## ELIGIBILITY & BENEFIT FEATURES

**Class 1: All Full-Time Active Participating Employees working a minimum of 20 hours per week**

**Coverage: 24 Hour**

**Elimination Period: 90 days**

Approved benefits will be paid at the end of the Elimination Period or **after the end of salary continuation**.  
*(whichever is greater)*

*Your disability must continue through the elimination period before payments begin.*

**Maximum Payment Duration: Reducing Benefit Duration**

*Consult your benefits administrator or certificate of coverage for complete details of your benefit duration.*

**Maximum Monthly Benefit: 50 % of your Basic Monthly Earnings to a maximum of \$3,000 with a minimum monthly benefit of \$500 in increments of \$100.**

## COST OF COVERAGE

**The premium for your coverage: is paid by you**

## ADDITIONAL FEATURES

**Cost of Living Freeze:** If you receive cost of living increases in any income from other sources, your benefit payment will not be further reduced.

**Waiver of Premium:** While you are disabled and receiving benefits, you will not be required to pay the monthly premium for your plan.

**Survivor Benefit:** If an insured dies after having been disabled for a minimum of 90 consecutive days and was receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to the insured's estate. If there is no estate, no payment will be made.

**Primary and Family Social Security Integration:** The LTD benefit will be reduced by primary and family social security benefits and all other income benefits related to the disability such as Worker's Compensation.

**Offsets at Time of Claim:** Benefits may be reduced by payment under Worker's Compensation law, occupational disease law, or similar law, group insurance, SSA, state or Federal Disability, pension, salary or wage continuance plans and Federal old age benefits.

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## LIMITATIONS

**Pre-existing Condition Limitation:** This means that any disability caused by sickness or injury for which you have received treatment in the 12 months prior to your effective date of coverage will not be covered unless the disability began more than 24 months after your effective date of coverage.

Your disability will not be covered if you have not been treatment free for 6 consecutive months after your effective date of coverage.

We will pay benefits for up to 24 months if your disability is due to:

**Mental Illness or Substance Abuse as defined in the master policy**

**Own Occupation Period: 2 Years**

Payment will continue for the period specified above, if due to the same sickness or injury, you are unable to perform the material and substantial duties of your regular occupation.

## EXCLUSIONS

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.
- No benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.
- This coverage is not portable. If your employment is terminated, all coverage is terminated.

*This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.*

# HAMPSHIRE/FRANKLIN COUNTY - LTD RATE GRID

## Chart of Long Term Disability Benefits with Corresponding Monthly Premium

<u>Monthly Benefit</u>	<u>Age &lt;29</u>	<u>30-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55+</u>
\$500	\$2.15	\$3.55	\$5.70	\$8.35	\$11.55	\$14.00
\$600	\$2.58	\$4.26	\$6.84	\$10.02	\$13.86	\$16.80
\$700	\$3.01	\$4.97	\$7.98	\$11.69	\$16.17	\$19.60
\$800	\$3.44	\$5.68	\$9.12	\$13.36	\$18.48	\$22.40
\$900	\$3.87	\$6.39	\$10.26	\$15.03	\$20.79	\$25.20
\$1,000	\$4.30	\$7.10	\$11.40	\$16.70	\$23.10	\$28.00
\$1,100	\$4.73	\$7.81	\$12.54	\$18.37	\$25.41	\$30.80
\$1,200	\$5.16	\$8.52	\$13.68	\$20.04	\$27.72	\$33.60
\$1,300	\$5.59	\$9.23	\$14.82	\$21.71	\$30.03	\$36.40
\$1,400	\$6.02	\$9.94	\$15.96	\$23.38	\$32.34	\$39.20
\$1,500	\$6.45	\$10.65	\$17.10	\$25.05	\$34.65	\$42.00
\$1,600	\$6.88	\$11.36	\$18.24	\$26.72	\$36.96	\$44.80
\$1,700	\$7.31	\$12.07	\$19.38	\$28.39	\$39.27	\$47.60
\$1,800	\$7.74	\$12.78	\$20.52	\$30.06	\$41.58	\$50.40
\$1,900	\$8.17	\$13.49	\$21.66	\$31.73	\$43.89	\$53.20
\$2,000	\$8.60	\$14.20	\$22.80	\$33.40	\$46.20	\$56.00
\$2,100	\$9.03	\$14.91	\$23.94	\$35.07	\$48.51	\$58.80
\$2,200	\$9.46	\$15.62	\$25.08	\$36.74	\$50.82	\$61.60
\$2,300	\$9.89	\$16.33	\$26.22	\$38.41	\$53.13	\$64.40
\$2,400	\$10.32	\$17.04	\$27.36	\$40.08	\$55.44	\$67.20
\$2,500	\$10.75	\$17.75	\$28.50	\$41.75	\$57.75	\$70.00
\$2,600	\$11.18	\$18.46	\$29.64	\$43.42	\$60.06	\$72.80
\$2,700	\$11.61	\$19.17	\$30.78	\$45.09	\$62.37	\$75.60
\$2,800	\$12.04	\$19.88	\$31.92	\$46.76	\$64.68	\$78.40
\$2,900	\$12.47	\$20.59	\$33.06	\$48.43	\$66.99	\$81.20
\$3,000	\$12.90	\$21.30	\$34.20	\$50.10	\$69.30	\$84.00

Monthly Benefit = 50% of Monthly Salary

Benefit offset = Full Family Intergration - Disability benefits will be offset by benefits received from Social Security or workers' compensation

Questions should be directed to LifePlus Insurance Agency, Inc.  
866-511-9222