



Good news—your insurance coverage is easy to understand. This benefit summary gives a basic outline of your insurance coverage including benefits that can be used now, and much more!

Voluntary Group Long Term Disability Insurance

Trumbull Public Schools

Benefits effective 7/1/2014

YOUR ANTHEM LIFE VOLUNTARY GROUP LONG TERM DISABILITY COVERAGE AT-A-GLANCE

How would your family meet its day-to-day financial obligations if you faced a serious disability and were unable to work? Voluntary Group Long Term Disability Insurance answers that concern by providing income if your finances are ever interrupted because of a disability. Please review your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

VOLUNTARY GROUP LONG TERM DISABILITY BENEFIT AMOUNT: 60% of monthly earnings to a maximum monthly benefit of \$5,000.

The benefit amount is the payment you may receive if you become disabled. See your benefit certificate for specific information about how your benefit is calculated, including offsets and deductions from your benefit.

ELIMINATION PERIOD

The elimination period is how long you must be disabled before benefits begin: 180 days

BENEFIT DURATION

If needed, your benefits will be paid to normal Social Security retirement age.

Note: Please see your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time you are disabled may vary from the benefit duration period shown.

PARTIAL DISABILITY BENEFITS

If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income.

SURVIVOR BENEFIT

If you pass away after receiving Long Term Disability benefits for at least 180 consecutive days, and are receiving benefits at the time of your death, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit.

VOCATIONAL REHABILITATION

We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability.

SOCIAL SECURITY ASSISTANCE

If you are receiving long term disability benefits, we will help you apply for Social Security and, if necessary, offer guidance through the appeal process.

RESOURCE ADVISOR

This value-added program gives you and your family free and confidential access to work/life resources, including: counseling sessions for qualifying events; legal/financial consultations; toll-free, 24/7 telephone consultations and referrals from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "anthemresourceadvisor". You can also access Resource Advisor benefits by calling (888) 209-7840.

SPECIALOFFERS@ANTHEMsm

This program gives you and your family money saving discounts on products and services that promote better health and well-being. To find out more about SpecialOffers@Anthemsm discounts and benefits, go to anthem.com.

PRE-EXISTING CONDITIONS

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 12 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Voluntary Group Long Term Disability Rates			
AGE	Monthly Rate per \$100 of Covered Payroll	AGE	Monthly Rate per \$100 of Covered Payroll
<25	.05	50-54	.69
25-29	.14	55-59	.8
30-34	.23	60-64	.84
35-39	.32	65-69	.89
40-44	.4	70+	.93
45-49	.55		

How to Calculate Your Premium

In the above rate chart, you will see monthly rates per \$100 of covered payroll. Find your age band and note the rate, then complete the information below to find your monthly, weekly, bi-weekly or semi-monthly premium.

Age: _____ Monthly Rate per \$100 of Covered Payroll: _____ (A)

_____ your annual salary/12 X _____ (A) / 100 = _____ (B) Monthly Premium

_____ (B) *12/20 (#pays that will be deducted)= _____ Premium Based on 20 Pays