

Group Long-Term Disability Insurance



Why should I choose NYSSCPA Group Long-Term Disability Insurance?

NYSSCPA Group Long-Term Disability Insurance helps protect your greatest asset—your ability to work and earn an income. It pays a monthly income, directly to you, when you suffer a disabling accident or injury that prevents you from working, helping you maintain your financial stability during an already difficult time.

Who is eligible for coverage?

All NYSSCPA members and their employees who under age 70 and actively working on a full-time basis (at least 20 hours per week) are eligible to apply for this coverage.

What type of coverage is available?

If you are under age 60, you may choose from two plan options under this disability coverage, both offering a wide range of monthly benefit options to help you design your policy around your specific needs. If you are age 60 to 69, you may still choose your preferred plan, but your monthly benefit is limited to \$500.

PLAN 1

- Select your waiting period for benefits to begin after 30, 90, 180, or 365 days
- Choose your monthly benefit amount from \$100 to \$5,000 (\$4,000 if you choose a 30-day waiting period)* in \$100 increments
- For a disability starting before your 62nd birthday, benefits are payable to your 65th birthday
- For a disability starting after your 62nd birthday and before your 69th birthday, benefits are payable for three years
- For a disability starting after your 69th birthday and before your 70th birthday, benefits are payable for two years

PLAN 2

- Benefits are payable on the 31st day after the onset of the disability
- Choose your monthly benefit amount from \$100 to \$3,200* in \$100 increments
- In the event of a disability, benefits are payable for two years or to your 70th birthday, whichever occurs first

**For applicants age 60 to 69, the monthly benefit is limited to \$500.*

With either plan option, the total benefit selected, when combined with any other disability insurance you may have, may not exceed 60% of your regular monthly earnings. Benefits from this plan will be coordinated with other income benefits you receive from other sources.

Are there any additional benefits offered with this plan?

Waiver of Premium

While insured under this Long-Term Disability Plan, if you become totally disabled and remain so for at least six consecutive months, premiums due thereafter will be waived for as long as you are receiving benefits.

Partial Disability Benefit

If you are unable to work more than four hours per day after you have completed your selected waiting period and 31 days of Total Disability, you will receive 50% of your total disability benefit for up to three months.

Survivor Benefit

If you die while receiving benefits for Total Disability, a one-time benefit payment, equal to three times the last net monthly benefit paid to the insured, will be paid to your eligible surviving dependents.

Residual Disability Benefit

If you return to work following a Total Disability and your earnings are less than 75% of your pre-disability earnings, you will receive a residual disability benefit that is equal to your chosen monthly benefit less 60% of your earnings during the residual disability.

To be eligible for this benefit, you must have been Totally Disabled and collected benefits under this plan for no more than five years for Plan 1 and two years for Plan 2.

Pregnancy Benefit

If you become totally disabled due to pregnancy, it will be treated as any other illness under this Disability Insurance. The pregnancy must have started more than 30 days following your effective date of coverage, and your attending physician must certify that because of the pregnancy you are completely unable to perform the substantial and material duties of your occupation.

Cost of Living Adjustment

To help your benefit keep pace with the general rise of inflation, a cost-of-living adjustment will be paid on January 1st following each completed calendar year you have been totally disabled. The adjustment to your monthly benefit amount will be the lesser of: 1) two-thirds of the percentage increase in the Consumer Price Index for the previous year; or 2) five percent. The cost-of-living adjustment will continue to increase your monthly benefit until the amount payable is 125% higher than it would have been without this benefit.

How do I apply?

To apply for NYSSCPA Group Long-Term Disability Insurance, simply download and complete the Long-Term Disability Insurance application form, and return it, along with a check for your first payment to:

NYSSCPA Member Insurance Program
1200 East Glen Avenue
Peoria Heights, IL 61616-5348

If you have any questions, please call the Plan Administrator at 800-342-6501.

Details of This Coverage

Definition of Total Disability

Total Disability is defined as the complete inability of a person to perform the material duties of his/her regular occupation or profession during the waiting period and the next 60 months; “regular occupation or profession” is that which the person was performing on the day before total disability began. After 60 months, the complete inability of the person to perform the material duties of any gainful job for which he/she is reasonably fit by training, education, or experience. The Total Disability must be a result of an injury or sickness and the person must also be under the regular care of a physician.

30-Day Free Look

If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

Eligibility Requirements

All NYSSCPA members and their employees are eligible to apply for this coverage, provided they are under age 70 and actively working on a full-time basis (at least 20 hours a week). Acceptance is subject to evidence of insurability as determined by the underwriting company.

Effective Date

If approved, coverage will be effective on the first day of the month following the date your application is approved, provided the premium has been paid. You must be actively at work on the date insurance is to take effect; otherwise the insurance will take effect on the date you resume actively-at-work status.

Waiting Period

A waiting period signifies the number of consecutive days of Total Disability for which no benefits are paid. The waiting period begins on the first day of Total Disability occurring after the effective date of a person's insurance. You may choose an extended waiting period to coordinate with other sources of short-term disability benefits you may already be able to receive.

Pre-Existing Condition Limitation

Limited monthly benefits will be paid for pre-existing conditions (an injury or sickness for which the person incurred charges, received medical treatment, consulted a physician, or took prescribed drugs within 12 months before he or she became insured by this policy). If a disability is due to a pre-existing condition and it begins within 12 months of the date the person becomes insured by this policy, no benefits will be paid. If a disability is due to a pre-existing condition and it begins more than 12 months after the date the person became insured by this policy, benefits will be paid as they accrue.

Limitations and Exclusions

If a Total Disability is due to mental, nervous, or emotional disorder, alcoholism, or drug addiction, a maximum of 24 monthly benefits will be paid while such disability continues. No monthly benefit will be paid for disability due to an intentionally self-inflicted injury, a war or act of war, or participation in the commission or attempted commission of a crime. The maximum benefit duration applies to all types of benefits, including total disability benefits, partial disability benefits, and residual disability benefits. Only one type of benefit is payable during any given period of time.

MIB DISCLOSURE NOTICE (Retain for your records)

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Ontario, Canada, M5G 1R7, tel. no. 416-597-0590.

MIB-19431

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(S)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

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