# **ENDORSED BY ALABAMA EDUCATION ASSOCIATION**



# Voluntary Disability Insurance •••



FAMILY MATTERS. NO MATTER WHAT.®

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Policy Series BML WS-DI 6/11 335-3507 9/23

# A disability can happen to anyone ... are you prepared?

## You, Disabled? What are Your Chances?

- One in four 20-year-olds can expect to be out of work because of a disabling condition before they retire.
- At least 51 million working adults in the US are without disability insurance.
- Three out of ten American adults can't pay an unexpected \$400 bill without having to charge the expense or borrow money.

\* 2021 Council for Disability Awareness



Disability is an unpredictable event, and if you become disabled, your ability to make a living and care for your family may be limited. Although you may have enough savings to meet your short-term needs, what would happen if you were unable to work for months, or even years?

The real value of disability insurance lies in its ability to protect you over the long term.

# What makes Boston Mutual's Disability coverage different?

#### **WAIVER OF PREMIUM**

If you become disabled, no premium will be due for you on the 1st of the month after you satisfy the Elimination Period and for as long as benefits are payable.

### **SPECIAL CONDITIONS LIMITED BENEFITS**

**Boston Mutual does not have a limitation for special conditions in our policy.** If you are disabled, the disability plan will pay up until normal social security retirement age, including neck or back injuries. Other types of policies limit the benefits for two years with special conditions including: self-reported symptoms, neck or back injury, chronic fatigue syndrome, and fibromyalgia.

#### **SICK TIME AND PAID TIME OFF**

With Boston Mutual's Disability plan you do not need to use your accumulated sick time or paid time off prior to receiving your benefits. Depending on your company's employee benefits, in most cases, your accumulated sick time or paid time off will remain intact.

Other companies can require you to use all of your sick leave or other salary or wage continuance plans provided by your employer before allowing you to receive your disability benefits.

#### **GUARANTEED ISSUE COVERAGE**

Your coverage is guaranteed! You can select amounts of coverage in increments of \$100 - with no medical underwriting - to a maximum monthly benefit of \$6,000 (up to 60% of your current salary.)

#### ANNUAL OPEN ENROLLMENT AND INCREASES IN COVERAGE

Each year during your enrollment period, if you have not previously enrolled in the plan, you are eligible to apply for coverage up to the guaranteed issue amount with no medical underwriting. If you are already enrolled, you can elect an additional monthly benefit of up to \$400 each year with no medical underwriting (up to 60% of your current salary.)

# Choose the benefit that's right for you

Boston Mutual Life Insurance Company's Disability plan allows you to select one of the following options for your accident and sickness benefits:

0 day accident / 3rd day sickness 7th day accident / 7th day sickness 14th day accident / 14th day sickness 30th day accident / 30th day sickness 60th day accident / 60th day sickness



**Benefit Duration:** Social security normal retirement age

**Available Purchase Amounts:** \$300 - \$6,000 per month in \$100 increments, up to 60% of your salary.

Coverage: On/Off Job

<u>Offsets at Time of Claim</u>: Benefits may be reduced by payments received under workers' compensation law, occupational disease law, or similar law, group insurance, SSA, state or federal disability, pension and federal old age benefits.

**Survivor Benefit:** Pays three months of benefit upon death of insured (if death occurs while receiving disability benefits). While disability benefits are being collected, if the insured is diagnosed with a terminal illness (six months or less to live), the survivor income benefit may be advanced in one lump sum under the accelerated benefit for terminal illness.

#### **Limitations and Exclusions**

#### **Exclusions:** What disabilities are not covered?

Some disabilities are not covered by the policy, including disability for which you are not under the regular care of a physician, disability caused by war or act of war, disability caused by your commission or attempt to commit a felony or being engaged in an illegal occupation, or disabilities due to an intentionally self-inflicted injury. Disability for which workers' compensation benefits are payable or sustained as a result of working for another employer are not covered.

#### Pre-Existing Condition Limitation: Are benefits limited for pre-existing conditions?

Any disability, diagnosed or undiagnosed, for which medical care was received within the three month period prior to the date your insurance starts will not be covered for the first 12 months your coverage is in effect, except as provided under the pre-existing condition benefit, if applicable.

The information provided here is a brief description of the important features of the Boston Mutual insurance plan. It is not a certificate of insurance or evidence of coverage. See the master policy and individual certificates of coverage for full benefit details, limitations and exclusions.

# Eligibility and Key Features

#### **Eligibility for Base Plan**

All active, full-time administrative, certified clerical, teacher's aide, bus driver, food service, maintenance, or custodial employees working 15 hours or more per week may apply for this coverage. If approved, you may continue your coverage until age 70, provided you are actively at work, your premium is paid, and the policyholder and Boston Mutual Life Insurance company agree to continue to the plan.

#### **Effective Date of Coverage**

Coverage starts on the certificate effective date shown on the schedule of insurance, provided you are actively at work on that date.

#### **Benefit Period**

If you become disabled, this is the maximum amount of time you can receive benefits for a covered disability.

#### **Elimination Period**

This is the number of days that must pass between your first day of a covered disability and the day you can begin to accrue your disability benefits.

#### **Benefit Amount**

Choose a level of coverage that best meets your individual financial needs, up to 60% of your salary. The minimum benefit you would receive on an approved claim is the greater of \$100 or 10% of your coverage amount.

# **Policy Provisions**

#### **Definition of Disability**

Disability or disabled means you are prevented from performing one or more of the essential duties of:

- · Your occupation during the elimination period;
- Your occupation for the 24 months following the elimination period, or the maximum benefit period, whichever is less, and as a result your current earnings are less than 80% of your indexed pre-disability earnings; after that, any occupation.

### **Disabled & Working**

Means that you are prevented by:

- · Injury;
- · Sickness;
- · Mental Illness;
- · Substance Abuse; or
- Pregnancy

from performing some, but not all of the essential duties of your occupation, are working on a part-time or limited duty basis and, as a result, your current earnings are more than 20%, but are less than or equal to 80% of your pre-disability earnings.

#### **Essential Duty**

Means a duty that:

- Is substantial, not incidential;
- Is fundamental or inherent to the occupation; and
- Cannot be reasonably omitted or changed.

Your ability to work the number of hours in your regularly scheduled workweek is an essential duty.

#### **Recurrent Disability**

Those disabilities which result from the same condition or from a related condition will be treated as one disability and subject to one maximum disability benefit period unless they are separated by a return to work of six months or more.

### **Mental Illness & Drug/Alcohol Limitation**

If you are disabled due to mental illness or drug/alcohol related conditions and are treated on an out-patient basis, you are eligible to receive benefits for up to 24 months (*lifetime*). If your benefit period is shorter than 24 months, your benefit is limited to your benefit period.

#### **Waiver of Premium**

If you become disabled, no premium will be due for you:

- On the 1st of the month after you satisfy the elimination period; and
- For as long as benefits are payable.

#### **Geographical Limitations**

If you reside outside the United States, or its territories, during a period of disability, benefits will be limited to the lesser of two disability benefit payments or your remaining maximum disability benefit period. You must first satisfy the elimination period.

#### **Termination**

Your coverage will end on the earliest of the following:

- The date the policy terminates;
- · The date the policy no longer insures your class;
- The date premium payment is due but not paid by your employer;
- The last day of the period for which you make any required premium contribution;
- The last day of the month on or next following the month in which your employer terminates your employment;
- The date you cease to be an active employee in an eligible class for any reason, unless coverage is extended under the continuation provisions.

# Voluntary Long Term Disability Rates

**MONTHLY PREMIUMS** Premiums are paid by the employee and are payroll deducted. Rates are based on the certificate effective date.

MONTHLY PREM	TOWIS THEFTHE	ıms are paid by the ei	proyee arra are pay			.,
Gross Monthly Income	Monthly Disability Benefit	0/3 Days Elimination	7/7 Days Elimination	14/14 Days Elimination	30/30 Days Elimination	60/60 Days Elimination
\$500.00	\$300	\$12.45	\$11.07	\$9.48	\$6.87	\$6.21
\$666.67	\$400	\$16.60	\$14.76	\$12.64	\$9.16	\$8.28
\$833.33	\$500	\$20.75	\$18.45	\$15.80	\$11.45	\$10.35
\$1,000.00	\$600	\$24.90	\$22.14	\$18.96	\$13.74	\$12.42
\$1,166.67	\$700	\$29.05	\$25.83	\$22.12	\$16.03	\$14.49
\$1,333.33	\$800	\$33.20	\$29.52	\$25.28	\$18.32	\$16.56
\$1,500.00	\$900	\$37.35	\$33.21	\$28.44	\$20.61	\$18.63
\$1,666.67	\$1,000	\$41.50	\$36.90	\$31.60	\$22.90	\$20.70
\$1,833.33	\$1,100	\$45.65	\$40.59	\$34.76	\$25.19	\$22.77
\$2,000.00	\$1,200	\$49.80	\$44.28	\$37.92	\$27.48	\$24.84
\$2,166.67	\$1,300	\$53.95	\$47.97	\$41.08	\$29.77	\$26.91
\$2,333.33	\$1,400	\$58.10	\$51.66	\$44.24	\$32.06	\$28.98
\$2,500.00	\$1,500	\$62.25	\$55.35	\$47.40	\$34.35	\$31.05
\$2,666.67	\$1,600	\$66.40	\$59.04	\$50.56	\$36.64	\$33.12
\$2,833.33	\$1,700	\$70.55	\$62.73	\$53.72	\$38.93	\$35.12
\$3,000.00	\$1,800	\$74.70	\$66.42	\$56.88	\$41.22	\$37.26
\$3,000.00	\$1,900	\$78.85	\$70.11	\$60.04	\$43.51	\$39.33
\$3,100.07	\$2,000	\$83.00	\$70.11	\$63.20	\$45.80	\$41.40
			\$73.80 \$77.49			
\$3,500.00	\$2,100	\$87.15		\$66.36	\$48.09	\$43.47
\$3,666.67	\$2,200	\$91.30	\$81.18	\$69.52	\$50.38	\$45.54
\$3,833.33	\$2,300	\$95.45	\$84.87	\$72.68	\$52.67	\$47.61
\$4,000.00	\$2,400	\$99.60	\$88.56	\$75.84	\$54.96	\$49.68
\$4,166.67	\$2,500	\$103.75	\$92.25	\$79.00	\$57.25	\$51.75
\$4,333.33	\$2,600	\$107.90	\$95.94	\$82.16	\$59.54	\$53.82
\$4,500.00	\$2,700	\$112.05	\$99.63	\$85.32	\$61.83	\$55.89
\$4,666.67	\$2,800	\$116.20	\$103.32	\$88.48	\$64.12	\$57.96
\$4,833.33	\$2,900	\$120.35	\$107.01	\$91.64	\$66.41	\$60.03
\$5,000.00	\$3,000	\$124.50	\$110.70	\$94.80	\$68.70	\$62.10
\$5,166.67	\$3,100	\$128.65	\$114.39	\$97.96	\$70.99	\$64.17
\$5,333.33	\$3,200	\$132.80	\$118.08	\$101.12	\$73.28	\$66.24
\$5,500.00	\$3,300	\$136.95	\$121.77	\$104.28	\$75.57	\$68.31
\$5,666.67	\$3,400	\$141.10	\$125.46	\$107.44	\$77.86	\$70.38
\$5,833.33	\$3,500	\$145.25	\$129.15	\$110.60	\$80.15	\$72.45
\$6,000.00	\$3,600	\$149.40	\$132.84	\$113.76	\$82.44	\$74.52
\$6,166.67	\$3,700	\$153.55	\$136.53	\$116.92	\$84.73	\$76.59
\$6,333.33	\$3,800	\$157.70	\$140.22	\$120.08	\$87.02	\$78.66
\$6,500.00	\$3,900	\$161.85	\$143.91	\$123.24	\$89.31	\$80.73
\$6,666.67	\$4,000	\$166.00	\$147.60	\$126.40	\$91.60	\$82.80
\$6,833.33	\$4,100	\$170.15	\$151.29	\$129.56	\$93.89	\$84.87
\$7,000.00	\$4,200	\$174.30	\$154.98	\$129.50	\$96.18	\$86.94
\$7,000.00	\$4,300	\$178.45	\$158.67	\$135.88	\$98.47	\$89.01
\$7,100.07	\$4,300 \$4,400	\$182.60	\$162.36	\$139.04	\$100.76	\$91.08
\$7,533.33 \$7,500.00	\$4,400	\$186.75	\$162.36	\$139.04	\$100.76	\$93.15
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\$7,666.67 \$7,933,33	\$4,600 \$4,700	\$190.90 \$105.05	\$169.74	\$145.36 \$148.53	\$105.34 \$107.63	\$95.22 \$07.20
\$7,833.33	\$4,700	\$195.05	\$173.43	\$148.52	\$107.63	\$97.29
\$8,000.00	\$4,800	\$199.20	\$177.12	\$151.68	\$109.92	\$99.36
\$8,166.67	\$4,900	\$203.35	\$180.81	\$154.84	\$112.21	\$101.43
\$8,333.33	\$5,000	\$207.50	\$184.50	\$158.00	\$114.50	\$103.50
\$8,500.00	\$5,100	\$211.65	\$188.19	\$161.16	\$116.79	\$105.57
\$8,666.67	\$5,200	\$215.80	\$191.88	\$164.32	\$119.08	\$107.64
\$8,833.33	\$5,300	\$219.95	\$195.57	\$167.48	\$121.37	\$109.71
\$9,000.00	\$5,400	\$224.10	\$199.26	\$170.64	\$123.66	\$111.78
\$9,166.67	\$5,500	\$228.25	\$202.95	\$173.80	\$125.95	\$113.85
\$9,333.33	\$5,600	\$232.40	\$206.64	\$176.96	\$128.24	\$115.92
\$9,500.00	\$5,700	\$236.55	\$210.33	\$180.12	\$130.53	\$117.99
\$9,666.67	\$5,800	\$240.70	\$214.02	\$183.28	\$132.82	\$120.06
\$9,833.33	\$5,900	\$244.85	\$217.71	\$186.44	\$135.11	\$122.13
\$10,000.00	\$6,000	\$249.00	\$221.40	\$189.60	\$137.40	\$124.20

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#### **ABOUT BOSTON MUTUAL LIFE INSURANCE COMPANY**

Founded as a progressive life insurance company in 1891, Boston Mutual Life Insurance Company is a national carrier that provides insurance solutions designed for working Americans and their families, as well as enrollment and billing options at the workplace. With offices based in Canton, Massachusetts, and Omaha, Nebraska, as a mutual company, Boston Mutual Life is dedicated to acting in the best interests of its policyholders, producers, employees, and its communities. For more information, please visit <a href="https://www.bostonmutual.com">www.bostonmutual.com</a> or contact your Boston Mutual Life representative. Follow the company on Facebook (/BostonMutualLifeIns) or LinkedIn (/company/boston-mutual-life-insurance).

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