



## Long Term Disability Insurance

### For Business Health Trust (Plan A)

#### How the Plan Works

Long Term Disability coverage is a big help in times of need. You get a monthly check if you can't do your regular job because of the illness or injury, whether it's work-related or not, though pre-existing conditions may be excluded.

- Eligibility Requirement**  
 If you are a full-time active employee enrolled in the group Medical plan working a minimum of 20 hours per week, you will be covered with these benefits.
- Who pays for the coverage?**  
 Long Term Disability Insurance premiums are paid for by your employer.
- Collecting Your Benefit**  
 Once you satisfy the plan's requirements for partial or total disability, you'll receive a benefit once a month for as long as your disability lasts or for your policy's maximum disability duration, whichever comes first.
- What is Total Disability?**  
 You are considered totally disabled if you are unable to do the material duties of your own occupation and have at least a 20% loss of earnings.

#### Benefits Summary

##### Plan Benefits

Monthly Benefits Begin	Benefits begin after 90 days of disability. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	60% of your monthly pre-disability earnings
Maximum Benefit	\$3,000 per month
Minimum Benefit	\$50
Maximum Benefit Period	If you become disabled prior to age 60, the maximum benefit period will be social security normal retirement age. If you become disabled at age 60 or above, the maximum benefit period will be based on your age at the time of disability. (See Certificate for the maximum period of payment table)

##### Plan Features

Partial Disability	If you become disabled and can work part time (but not full time), you may be eligible for partial disability benefits.
Mental Illness	The lifetime cumulative maximum period of payment for all disabilities due to mental illness is 24 months.
Special Conditions	The lifetime cumulative maximum period of payment for all disabilities due to special conditions is 24 months.
Survivor Benefit	If you have been disabled for more than 180 days, upon confirmation of your death, we will pay your eligible survivor a lump sum benefit equal to three times your gross monthly benefit.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The EAP provides services to help people privately resolve problems that may interfere with work, family and life.

**LifeMapCo.com**  
**1 (800) 794-5390**

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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## Limitations & Exclusions

Benefits are not payable for losses resulting from:

- loss of professional license, occupational license, or certification
- participation in a felony, commission of a crime
- intentionally self-inflicted injuries, attempted suicide
- being legally intoxicated or under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor
- participation in a war
- active participation in a riot
- active military duty
- engaging in any illegal or fraudulent activity
- elective surgery except when required for the appropriate care as a result of your injury or sickness
- traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes

**Pre-existing Condition Exclusion:** Disabilities that begin within the first 24 months after your effective date will not be covered if you have received treatment for the disability within the 12 months prior to your effective date; unless you have had no treatment for the condition for 6 consecutive months after your effective date.

**Deductible Sources of Income includes:**

1. Disability payments made to you under a state, military or another group disability benefit plan, government retirement system or your employer's retirement plan
2. Disability payments made to you, your spouse or your children, due to your disability, under Social Security, the Canada Pension Plan, the Quebec Pension Plan or any similar plan or act
3. Retirement payments made to you under your employer's retirement plan, when voluntarily elected by you or when you reach the later of age 62 or normal retirement age
4. Retirement payments or payments due to your retirement made to you, your spouse or your children under Social Security, the Canada Pension Plan, the Quebec Pension Plan or any similar plan or act
5. Any amount received from:
  - Action brought under Title 46, United States Code Section 688 (The Jones Act)
  - Third party liability payments
  - Salary continuation or accumulated sick leave plan
  - Any form of employment

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