

LONG TERM DISABILITY PLAN

A dark blue diagonal graphic that starts from the bottom left corner and extends towards the top right corner, creating a triangular shape in the bottom right of the page.

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled.

The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.



ELIGIBLE
GROUP(S):

All Certified Staff of the
Participating Group in active
employment in the United States
with Southern Westchester
BOCES Benefits Trust

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MINIMUM HOURS
REQUIREMENT:

Members must be working at least 17.5 hours per week.

WAITING
PERIOD:

For Members in an eligible group on or before April 1, 2008:

None

For Members entering an eligible group after April 1, 2008:

None

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period.

All other Summary of Benefits' provisions apply.

**WHO PAYS FOR
THE COVERAGE?:**

The Participating Group pays the cost of your coverage.

ELIMINATION
PERIOD:

180 Days

Benefits begin the day after the elimination period is completed.

MONTHLY BENEFIT:

66.6667% of monthly earnings to a maximum benefit of \$7,500 per month.

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

MAXIMUM PERIOD OF PAYMENT:

No premium payments are required for your coverage while you are receiving payments under this plan.

Age at Disability	Maximum Period of Payment
Less than age 60	To age 65, but not less than 5 years
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 69 and over	Over 12 months

REHABILITATION
AND RETURN TO
WORK ASSISTANCE
BENEFIT:

10% of your gross disability payment to a maximum benefit of \$1,000 per month.

In addition, we will make monthly payments to you for 3 months following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

DEPENDENT CARE EXPENSE BENEFIT:

While you are participating in Unum's Rehabilitation and Return to Work Assistance program, you may receive payments to cover certain dependent care expenses limited to the following Amounts:

- Dependent Care Expense Benefit Amount: \$350 per month, per dependent
- Dependent Care Expense Maximum Benefit Amount: \$1,000 per month for all eligible dependent care expenses combined

TOTAL BENEFIT

CAP:

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings.

However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

OTHER FEATURES:

- Continuity of Coverage
- Disability Plus
- Minimum Benefit
- Pre-Existing Limitation: 3/12
- Survivor Benefit

The above items are only highlights of this plan.

For a full description of your coverage, continue reading your certificate of coverage section.