



**Long Term Disability Insurance** can replace part of your income if a disability keeps you out of work for a long period of time.

All Full Time Permanent Employees

**How does it work?**

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

**Why is this coverage so valuable?**

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

**What's covered?**

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:<sup>1</sup>

- Cancer
- Back disorders
- Injuries and poison
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

**What else is included?**

**Work-life balance EAP**

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

**Worldwide emergency travel assistance**

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

**Survivor benefit**

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

**Waiver of premium**

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

**Consider your monthly expenses**

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
<b>Total monthly expenses</b>		<b>\$ _____</b>

**What our customers have to say:**

★★★★★

**Maria**  
"I'm so thankful to have Unum Disability Insurance."

★★★★★

**Archer**  
"No one should be without it."

See more at: [unum.com/reviews](http://unum.com/reviews)

<sup>1</sup> Unum internal data, 2015. Note: Causes are listed in ranked order.

## Long Term Disability Insurance

### How much coverage can I get?

<b>You*</b>	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.</p> <p><b>Coverage amounts</b> Cover 60% of your monthly income, up to a maximum payment of \$10,000. The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.</p>
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- ! If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

#### Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

#### Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits to age 70.

### Calculate your cost

- Use \$200,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate. Use the rate table to find the rate based on your age. (Choose the age you will be when your coverage becomes effective.)

Disability worksheet			
<b>1 Enter your annual earnings and calculate your maximum monthly benefit available.</b>			
\$ _____ ÷ 12 =	\$ _____ x	60% =	\$ _____
Your annual earnings	Your monthly earnings	(Max % of income covered)	Max monthly benefit available (if the amount exceeds the plan max of \$10,000, enter \$10,000)
<b>2 Calculate your cost per paycheck</b>			
\$ _____ ÷ 100 =	\$ _____ x	\$ _____ =	\$ _____
Your monthly earnings		Rate	Your 10thly cost

Age	Rates
15-24	\$0.096
25-29	\$0.168
30-34	\$0.336
35-39	\$0.576
40-44	\$0.828
45-49	\$1.092
50-54	\$1.212
55-59	\$1.404
60-64	\$1.176
65-69	\$0.516
70 +	\$0.408

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

# Long Term Disability Insurance

## Exclusions and limitations

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Long Beach Community College District for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

### Definition of disability

For the first 24 months, you are considered totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

After benefits have been paid for 24 months of disability, you are considered totally disabled when, as a result of sickness or injury, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

You are considered partially disabled when you are not totally disabled and while actually working in your usual occupation, as a result of sickness or injury you are unable to earn 80% or more of your indexed monthly pre-disability earnings.

After benefits have been paid for 24 months you are considered partially disabled when you are not totally disabled and while actually working in an occupation, as a result of sickness or injury you are unable to engage with reasonable continuity in that or in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

‘Usual occupation’ means the substantial and material acts you are routinely performing for your employer when your disability begins.

### Pre-existing conditions

You have an excluded pre-existing condition if:

- You received medical treatment, care, or services for a diagnosed condition, or took prescribed drugs or prescribed medicines for that condition, in the 12 months just prior to your effective date of coverage; and
- The disability begins in the first 24 months after your effective date of coverage unless you have been treatment free for 12 consecutive months after your effective date of coverage.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under workers’ compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans, if applicable; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Here’s an example of how the benefit may be reduced by deductible sources of income:

Monthly pre-disability earnings: .....	\$3,000
Long term disability benefit percentage:.....	x 60%
Unreduced maximum benefit: .....	\$1,800
Less Social Security disability benefit per month:.....	-\$900
Less state disability income benefit per month:.....	-\$300
Monthly long term disability benefit:.....	\$600

### Exclusions and limitations

Your plan does not cover any disabilities caused by or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a felony for which you have been convicted;
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocate Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**Long Beach Community College District  
Policy # 414969**

Please read carefully the following description of your Unum Long Term Disability Income Protection insurance plan.

**Your Plan**

**Eligibility**

You are eligible for LTD coverage if you are an active permanent employee in the United States working a minimum of 20 hours per week.

**Guarantee Issue**

- **New Hires**
  - You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date.
  - If you apply for coverage more than 31 days after your eligibility date, you coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.
- **Open Enrollment**
  - You can elect coverage but your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Please see your Plan Administrator for your eligibility date.

**Benefit Amount**

- Monthly LTD Benefit:
- 60% of your monthly predisability earnings
  - To a maximum benefit of \$10,000

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\*Example below illustrates how at least two common reductions would reduce the maximum benefit the insured would receive (benefit percent and amounts are for illustration purposes only and may not be representative of your plan):

Insured's monthly pre-disability earnings:	\$3,000
Long term disability benefit percentage:	x 60%
Unreduced maximum benefit:	\$1,800
Less Social Security disability benefit per month:	-900
Less state disability income benefit per month:	-300
<b>Monthly long term disability benefit:</b>	<b>\$600</b>

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly pre-disability earnings or your maximum monthly benefit, unless the excess amount is payable as a Cost of Living Adjustment.

**Your disability benefit may be reduced by benefit reductions** including amounts you receive or are entitled to receive as:

- a temporary disability benefit under a workers compensation law;
- a benefit under an occupational disease law or any other act or law with similar intent, other than workers' compensation;
- disability income payments under any state compulsory benefit act or law;
- disability payments due to your disability from Social Security or similar governmental programs. Your disability benefit may also be reduced by disability payments that your dependent spouse and children receive or are entitled to receive due to your disability from Social Security or similar governmental programs.

**Your disability benefit may be reduced by benefit reductions** including amounts you receive as:

- disability income payments under any governmental retirement system as a result of your job with your Employer;
- certain disability payments under your Employer's retirement plan.
- disability payments under Title 46, United States Code Section 688 (The Jones Act).

If you are totally, partially or residually disabled, your disability benefit may be reduced by any earnings you have while disabled. During the first 12 months of payments, if your disability payments plus your disability earnings exceed 100% of your pre disability earnings we will subtract the amount over 100% from your benefit payment. After 12 months, your disability payment will be reduced by 50% of any disability earnings. Disability earnings are earnings which you receive for work performed while you are disabled and working for your Employer or from another employer for whom you became employed after your disability began.

If you are totally, partially or residually disabled, in order to receive a benefit, you must have a 20% or greater loss of your monthly pre-disability earnings due to the same disability.

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**Definition of Disability**

For the first 30 months, you are totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

After benefits have been paid for 24 months of disability you are totally disabled when, as a result of sickness or injury, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

You are partially disabled when you are not totally disabled and that while actually working in your usual occupation, as a result of sickness or injury you are unable to earn 80% or more of your indexed monthly pre-disability earnings.

After benefits have been paid for 24 months you are partially disabled when you are not totally disabled and that while actually working in an occupation, as a result of sickness or injury you are unable to engage with reasonable continuity in that or in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

**Elimination Period**

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after 180 consecutive days of disability, if you are disabled, as described in the definition above. Unum will treat your disability as continuous if your disability stops for 30 days or less during the elimination period.

**Benefit Duration**

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to age 70, but not less than 1 year. If your disability occurs at or after age 70, benefits would be paid for 1 year.

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## **Federal Income Taxation**

Your premium payment made through payroll deduction at LBCC will be made with post-tax dollars. The benefit amount you receive will not be taxed. Any benefit amounts you receive will be reported annually by Unum.

**\*\*Post-Tax Dollars** are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.

## **Additional Benefits**

### **Waiver of Premium**

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

### **Work/Life Balance Employee Assistance Program**

1-800-854-1446

Work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to you and your family members twenty-four hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting child care, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems.

Services include: toll-free phone access to master's-level consultants, up to three face-to-face sessions to help with more serious issues; and online resources. There is no additional charge for utilizing the program. Participation is confidential and strictly voluntary, and employees do not have to have filed a disability claim or be receiving benefits to use the program.

However, if you become disabled and are receiving benefits, Unum's On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

### **Worldwide Emergency Travel Assistance Services**

1-800-872-1414

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.



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**Survivor Benefit**

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

You may receive your survivor benefit prior to your death if you have been diagnosed as terminally ill, your life expectancy has been reduced to less than 12 months, and you are receiving monthly payments. If you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death.

**Limitations/Exclusions/  
Termination of Coverage****Pre-existing Condition  
Exclusion**

You have an excluded pre-existing condition if:

- you received medical treatment, care or services for a diagnosed condition, or took prescribed drugs or prescribed medicines for that condition, in the 12 months just prior to your effective date of coverage; and
- the disability resulting from that condition begins in the first 24 months after your effective date of coverage unless you have been treatment free for 12 consecutive months after your effective date of coverage.

**Instances When Benefits  
Would Not Be Paid**

Benefits would not be paid for disabilities caused by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a felony for which you have been convicted;
- war, declared or undeclared, or any act of war;
- excluded pre-existing conditions (see definition).

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

**Mental and Nervous**

The maximum pay period for all disabilities due solely to mental disorders is 24 months. Mental disorders payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

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***Termination of Coverage***

Your coverage under the policy ends on the earliest of the following:

- The date the policy or your coverage under the policy is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment

However, coverage will continue:

- while benefits are being paid;
- while you are fulfilling the requirements of your elimination period, so long as premium is being paid; or
- in accordance with the layoff and leave of absence provisions of the policy. Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

**Next Steps*****How to Apply***

To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date, you may enroll during Open Enrollment; however, you will be required to provide evidence of insurability in order to qualify for coverage. This will include a review of your overall medical health including routine, planned, unplanned or ongoing medical care or consultation, and may result in a declination of coverage.

***Effective Date of Coverage***

Please see your Plan Administrator for your effective date.

***Delayed Effective Date of Coverage***

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

***Questions***

If you should have any questions about your coverage or how to enroll, please contact Unum at 1-800-421-0344 or see your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1 CA, et al.

Work-life balance employee assistance program services are provided by Ceridian Corporation.

Worldwide emergency travel assistance services are provided by Assist America, Inc.

All worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

*Underwritten by:*

**Unum Life Insurance Company of America** 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)

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