



Summary of Benefits & Rates - STD

Enroll or questions? Call us at 224-770-5305
www.uniondisability.com

IBEW Local 9

Coverage Effective Date: 1/1/2019

Benefits are made available to full-time, actively working members of the IBEW.



Short Term Disability (STD)

- Benefit pays for up to 11 weeks
- Pays on day 15 for injury and illness
- Pre-existing conditions are covered after 12 months
- Off the job disabilities resulting from injury or illness
- Recurrent period is 30 days (new elimination period not required)
- Limitations include: willful self-injury, war, assault, felony
- Benefits paid are tax free

STD OPTION A (flat rate benefit):

Weekly Benefit: \$250 or \$500

Total Weekly Benefit	Monthly Premium
\$250	\$21.03
\$500	\$37.00

STD OPTION B (50% of income):

Weekly Benefit: Pays a max of 50% of weekly income

Annual Income	Weekly Benefit	Premium
\$60,000	\$576.92	\$36.75
\$70,000	\$673.08	\$42.38
\$80,000	\$769.23	\$48.00
\$90,000	\$865.38	\$53.63
\$100,000	\$961.54	\$59.25
\$110,000	\$1,057.69	\$64.88
\$120,000	\$1,153.85	\$70.50

IMPORTANT NOTE

This is a summary of Benefits and other limitations may apply. Please contact Cornerstone for more detailed information at 224.770.5305 or info@uniondisability.com



Summary of Benefits & Rates - LTD

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IBEW Local 9

Coverage Effective Date: 1/1/2019

Benefits are made available to full-time, actively working members of the IBEW.



Long Term Disability (LTD)

- Benefits pay for up to 5 or 10 years
- On and off the job disabilities resulting from illness or injury
- Pays after 90 day waiting period
- Pre-Existing Conditions are covered after 12 months
- Mental health and drug/alcohol abuse will have a 24 month maximum benefit
- Limitations include: willful self-injury, war, assault, felony
- Benefits are tax free

LTD OPTION A (flat rate benefit):

Monthly Benefit: Pays a flat \$2,500 per month

Benefit Duration: Pays for up to 5 years

Monthly Benefit	Up to 29	30-39	40-49	50-59	60-69
\$2,500	\$7.48	\$14.90	\$25.10	\$43.60	\$47.43

LTD OPTION B (60% of income):

Monthly Benefit: Pays a max of 60% of monthly income

Benefit Duration: Pays for up to 10 years

Annual Income	Monthly Benefit	Up to 29	30-39	40-49	50-59	60-69
\$50,000	\$2,500	\$8.20	\$17.08	\$29.00	\$50.68	\$55.25
\$60,000	\$3,000	\$9.24	\$19.89	\$34.20	\$60.21	\$65.70
\$70,000	\$3,500	\$10.28	\$22.71	\$39.40	\$69.75	\$76.15
\$80,000	\$4,000	\$11.32	\$25.52	\$44.60	\$79.28	\$86.60
\$90,000	\$4,500	\$12.36	\$28.34	\$49.80	\$88.82	\$97.05
\$100,000	\$5,000	\$13.40	\$31.15	\$55.00	\$98.35	\$107.50
\$110,000	\$5,500	\$14.44	\$33.97	\$60.20	\$107.89	\$117.95
\$120,000	\$6,000	\$15.48	\$36.78	\$65.40	\$117.42	\$128.40

IMPORTANT NOTE

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Summary of Benefits & Rates - Life

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IBEW Local 9

Coverage Effective Date: 1/1/2019

Benefits are made available to full-time, actively working members of the IBEW.



Life and Accidental Death & Dismemberment (AD&D)

- Life coverage is guaranteed issue for members up to a maximum of \$250,000
- Spousal and child coverage become available for members who purchase life coverage for themselves
- Member and spousal life coverage includes an equal amount of AD&D if death is caused by an accident
- Life coverage is convertible & portable

Member					
Coverage	Up to 29	30-39	40-49	50-59	60-69
\$50,000	\$9.35	\$10.50	\$16.65	\$38.90	\$69.85
\$75,000	\$13.03	\$14.75	\$23.98	\$57.35	\$103.78
\$100,000	\$16.70	\$19.00	\$31.30	\$75.80	\$137.70
\$125,000	\$20.38	\$23.25	\$38.63	\$94.25	\$171.63
\$150,000	\$24.05	\$27.50	\$45.95	\$112.70	\$205.55
\$175,000	\$27.73	\$31.75	\$53.28	\$131.15	\$239.48
\$200,000	\$31.40	\$36.00	\$60.60	\$149.60	\$273.40
\$225,000	\$35.08	\$40.25	\$67.93	\$168.05	\$307.33
\$250,000	\$38.75	\$44.50	\$75.25	\$186.50	\$341.25

Spouse					
Coverage	Up to 29	30-39	40-49	50-59	60-69
\$25,000	\$5.30	\$5.88	\$8.95	\$20.08	\$35.55
\$50,000	\$8.60	\$9.75	\$15.90	\$38.15	\$69.10

Child(ren)/Dependents*	
Coverage	Premium
\$10,000	\$3.23

*All children are covered under one cost

IMPORTANT NOTE (Applies to all coverages STD, LTD, LIFE):

Please note that coverage is for IBEW Local 9 members only. If you leave the union or retire, you are no longer eligible for coverage and it is your responsibility to contact our office immediately at (847) 387-3555. If you do not contact our office within 30 days of your date of retirement, there will be no refund for any premium paid. It is the responsibility of the member to contact Cornerstone with any status change.

Limitations include: willful self-injury, war, assault, felony and suicide.

The IBEW Local 9 does not make any endorsement or recommendations regarding these benefits. It is solely the members decision to enroll. This program is completely voluntary and benefits can be elected on an a la carte basis.

This is a basic summary of benefits and makes no guarantee or warranty on the processing of claims. It is recommended that each member with coverage obtain a copy and read the entire policy booklet.

Rate Guarantee: Life/AD&D, STD and LTD rates are guaranteed for 24 months.