



Accident Coverage

IBEW Local 9

Benefits are made available to actively working members

To Enroll Call 224-770-5305

www.uniondisability.com



Accident Coverage

Coverage Benefits

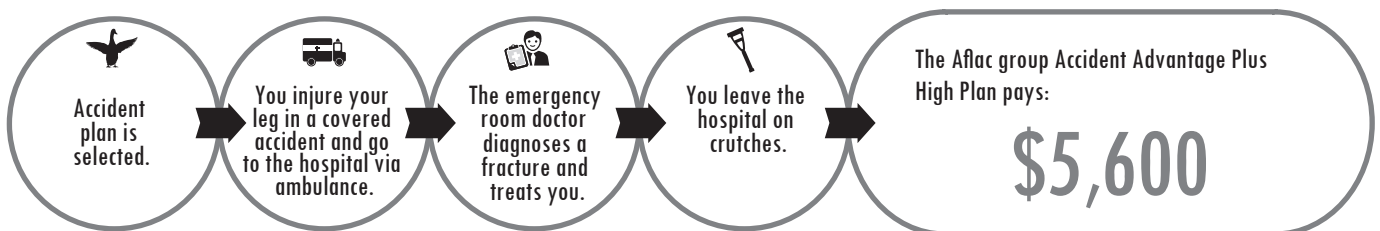
- Guaranteed approved coverage
- No pre-existing limitations
- 24/7 on and off the job coverage
- Lump sum benefits paid directly to member

Options and Rates	
Coverage	Monthly Premium
Member	\$18.79
Member & Spouse	\$31.03
Member & Child	\$42.12
Family	\$54.35

The Accident plan benefits:

- Wellness Benefit for covered preventive screening
- Covers accidental injuries including: fractures, burns, lacerations, etc.
- Covers medical treatment including: ER visits, X-Rays, appliances, follow-up visits, etc.

HOW DOES IT WORK?



Amount payable was generated based on benefit amounts for: Leg Fracture (\$4,800),
Emergency Room Treatment with X-Ray (\$250), one Follow-Up Treatment (\$50), Ambulance (\$400) and Crutches (\$100)

IMPORTANT:

In order to be eligible for benefits you must be an active member of the IBEW Local 9 or retired from the IBEW at the time of your Accident. Please note that coverage is for IBEW Local 9 members only. If you leave the union for any reason other than retirement, you are no longer eligible for coverage and it is your responsibility to contact our office immediately at (847) 387-3555. The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

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



Critical Illness/Cancer Coverage

IBEW Local 9

Benefits are made available to actively working members

To Enroll Call 224-770-5305

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Critical Illness Coverage

Coverage Benefits

- Guaranteed approved coverage
- Lump sum benefit paid directly to individual
- \$50 Health Screening Benefit
- Rates are locked in at age you enroll

Critical Health Events

- Heart Attack
- Cancer
- Stroke
- Coronary Artery Bypass
- Major organ Transplant
- End-Stage Renal Failure

Benefit Options and Rates

Member can elect \$10,000 or \$20,000 - Spouse can be covered at 50% of Member election

Member Coverage

\$10,000 Benefit	
Age	Monthly Premium
18-29	\$7.74
30-39	\$10.91
40-49	\$18.36
50-59	\$33.06
60-69	\$59.73

\$20,000 Benefit	
Age	Monthly Premium
18-29	\$11.95
30-39	\$18.29
40-49	\$33.20
50-59	\$62.60
60-69	\$115.94

Spouse Coverage

\$5,000 Benefit	
Age	Monthly Premium
18-29	\$5.63
30-39	\$7.21
40-49	\$10.94
50-59	\$18.29
60-69	\$31.62

\$10,000 Benefit	
Age	Monthly Premium
18-29	\$7.74
30-39	\$10.91
40-49	\$18.36
50-59	\$33.06
60-69	\$59.73

*Member must enroll in order to elect spouse coverage

**Each dependent child covered at 50% of member at no additional cost

IMPORTANT:

In order to be eligible for benefits you must be an active member or officer of the IBEW Local 9 or retired at the time of your Critical Illness. Please note that coverage is for IBEW Local 9 members only. If you leave the union for any reason other than retirement, you are no longer eligible for coverage and it is your responsibility to contact our office immediately at (847) 387-3555. The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

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