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Benefits are made available to full time, actively working members of the IBEW Local 570

## Short-Term Disability (STD)

- Benefit pays for up to 24 weeks
- Pays a flat weekly benefit of either \$250 or \$500
- Pays on day 15 for injury or illness
- Pre-existing conditions are covered after 12 months
- Covers off the job disabilities resulting from injury or illness
- Stackable with other benefits up to 100% of pre-disability earnings
- Benefits paid are tax free

## Long-Term Disability (LTD)

- Pays after 180 day waiting period (starts when STD ends)
- Pays a monthly benefit of 50% of your monthly pre-disability earnings
- Benefit pays for up to 2 or 5 years
- Pre-existing conditions are covered after 12 months
- Covers on and off the job disabilities resulting from injury or illness
- Offset by other benefits
- Benefits paid are tax free

## Life and Accidental Death & Dismemberment (AD&D)

- Guaranteed approved coverage for member, spouse, and children - NO pre-existing condition limitations
  - All life coverage includes an equal amount of AD&D. If death is caused by an accident, benefit doubles
- Member coverage from \$10,000-\$150,000 (in \$10,000 increments)
  - Spousal and child coverage is available when member life coverage is elected
- Spousal coverage from \$5,000-\$25,000 (in \$5,000 increments), not to exceed 50% of member election
- Child(ren) eligible for \$10,000 of coverage - All eligible children are covered for \$2.53 per month
- Life coverage is convertible & portable

**Please Note: Life/AD&D guaranteed amounts may be lower or not offered at future open enrollments for those members that do not enroll initially**

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### IMPORTANT NOTE:

Please note that coverage is for IBEW Local 570 members only. If you leave the union or retire, you may no longer be 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 leaving the union, there will be no refund for any premium paid. Your premium is originally determined by your age on the effective date of coverage. When you enter the next age band, your premiums will increase effective on the next policy anniversary date. Benefits effective date is subject to change. This group plan has a minimum participation requirement that must be met for the plan to become effective. Failure to meet participation requirements could prevent the plan from becoming effective, or delay the effective date of the policy. The IBEW 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. Other limitations may apply. It is recommended that each member with coverage obtain a copy and read the entire policy booklet.



# IBEW Local 570 Summary of Rates

224-770-5305  
www.uniondisability.com

For quick and easy enrollment, call Cornerstone at 224-770-5305 (M-F 8am-5pm CST)

## Short-Term Disability (STD)

Weekly Benefit and Monthly Premium		
Age	\$250 Weekly Benefit	\$500 Weekly Benefit
0 - 29	\$17.50	\$32.00
30 - 39	\$18.75	\$34.50
40 - 49	\$29.25	\$55.50
50 - 59	\$46.50	\$90.00
60 - 69	\$61.75	\$120.50

\* Stackable with other benefits to 100% of pre-disability earnings

## Long-Term Disability (LTD)

Monthly Benefit and Monthly Premium						
Benefit Protects 50% of Your Earnings for up to 2 Years						
Annual Earnings	Monthly Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$35,000	\$1,458	\$5.63	\$8.54	\$14.38	\$27.21	\$53.46
\$40,000	\$1,666	\$6.00	\$9.33	\$16.00	\$30.67	\$60.67
\$45,000	\$1,875	\$6.38	\$10.13	\$17.63	\$34.13	\$67.88
\$50,000	\$2,083	\$6.75	\$10.92	\$19.25	\$37.58	\$75.08
\$55,000	\$2,291	\$7.13	\$11.71	\$20.88	\$41.04	\$82.29
\$60,000	\$2,500	\$7.50	\$12.50	\$22.50	\$44.50	\$89.50
\$65,000	\$2,708	\$7.88	\$13.29	\$24.13	\$47.96	\$96.71
\$70,000	\$2,916	\$8.25	\$14.08	\$25.75	\$51.42	\$103.92
Benefit Protects 50% of Your Earnings for up to 5 Years						
Annual Earnings	Monthly Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$35,000	\$1,458	\$6.50	\$10.00	\$19.04	\$42.08	\$41.21
\$40,000	\$1,666	\$7.00	\$11.00	\$21.33	\$47.67	\$46.67
\$45,000	\$1,875	\$7.50	\$12.00	\$23.63	\$53.23	\$52.13
\$50,000	\$2,083	\$8.00	\$13.00	\$25.92	\$58.83	\$57.58
\$55,000	\$2,291	\$8.50	\$14.00	\$28.21	\$64.42	\$63.04
\$60,000	\$2,500	\$9.00	\$15.00	\$30.50	\$70.00	\$68.50
\$65,000	\$2,708	\$9.50	\$16.00	\$32.79	\$75.58	\$73.96
\$70,000	\$2,916	\$10.00	\$17.00	\$35.08	\$81.17	\$79.42

\* Annual Earnings include your total compensation for the year including overtime  
\* Call 224-770-5305 to get premiums for annual earnings amounts not listed above  
\* Benefits are subject to offsets

## Calculate Your Monthly Premium

Short-Term Disability:	\$
Long-Term Disability:	\$
Member:	\$
Life/AD&D: Spouse:	\$
Child:	\$
Processing Fee:	\$
<b>Total Monthly Premium:</b>	<b>\$</b>

## Life and Accidental Death & Dismemberment

Benefit and Monthly Premium					
Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
Member Monthly Premium Can be elected in increments of \$10,000					
\$10,000	\$3.60	\$3.90	\$5.80	\$10.30	\$17.80
\$50,000	\$10.00	\$11.50	\$21.00	\$43.50	\$81.00
\$100,000	\$18.00	\$21.00	\$40.00	\$85.00	\$160.00
\$150,000	\$26.00	\$30.50	\$59.00	\$126.50	\$239.00
Spouse Monthly Premium Can be elected in increments of \$5,000 • Can't exceed 50% of Member Life					
\$5,000	\$2.52	\$2.60	\$3.08	\$4.30	\$6.40
\$25,000	\$4.60	\$5.00	\$7.38	\$13.50	\$24.00
Child(ren)/Dependent(s) Monthly Premium					
\$10,000	All children covered at one cost of \$2.53				

These coverages are guaranteed approved for all actively working/ dues paying members of Local 570. No medical tests, questions, or underwriting.