
Benefits are made available to full time, actively working members of the IBEW Local 1579

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)
- LTD Option A pays a flat \$2,000 Monthly Benefit for up to 5 years
- LTD Option B pays a monthly benefit of 60% of your pre-disability earnings for up to 10 years
- Pre-existing conditions are covered after 12 months
- 24/7 on and off the job coverage for injury and illness
- Benefits may be reduced by other income replacement 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-\$250,000 (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 100% of member election
- Child(ren) eligible for a flat \$10,000 of coverage - All eligible children are covered for \$2.91 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

IMPORTANT NOTE:

Please note that coverage is for IBEW Local 1579 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. 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. All non-banking administrative and transaction fees are included in the enclosed premiums.



IBEW Local 1579 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	\$9.75	\$18.50
30 - 39	\$11.73	\$20.00
40 - 49	\$16.08	\$27.50
50 - 59	\$23.35	\$45.00
60 - 69	\$33.75	\$63.50

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

Long-Term Disability (LTD)

Option A - Pays a Flat Monthly Benefit of \$2,000 for up to 5 Years					
Monthly Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$2,000	\$6.12	\$6.72	\$9.00	\$13.56	\$30.12

* Benefit cannot exceed 60% of your monthly earnings

Option B - Pays 60% of Your Earnings for up to 10 Years					
Annual Earnings	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$50,000	\$9.60	\$12.60	\$24.60	\$41.70	\$46.50
\$60,000	\$10.92	\$14.52	\$28.92	\$49.44	\$55.20
\$70,000	\$12.24	\$16.44	\$33.24	\$57.18	\$63.90
\$80,000	\$13.56	\$18.36	\$37.56	\$64.92	\$72.60
\$90,000	\$14.88	\$20.28	\$41.88	\$72.66	\$81.30
\$100,000	\$16.20	\$22.20	\$46.20	\$80.40	\$90.00

* 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 may be reduced by other income replacement benefits

Calculate Your Monthly Premium

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

Life and Accidental Death & Dismemberment (AD&D)

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	\$3.24	\$3.51	\$4.40	\$8.14	\$14.72
\$50,000	\$8.20	\$9.55	\$14.00	\$32.70	\$65.60
\$100,000	\$14.40	\$17.10	\$26.00	\$63.40	\$129.20
\$150,000	\$20.60	\$24.65	\$38.00	\$94.10	\$192.80
\$200,000	\$26.80	\$32.20	\$50.00	\$124.80	\$256.40
\$250,000	\$33.00	\$39.75	\$62.00	\$155.50	\$320.00
Spouse Monthly Premium Can be elected in increments of \$5,000 • Can't exceed 100% of Member Life					
\$5,000	\$2.62	\$2.76	\$3.20	\$5.07	\$8.36
\$25,000	\$5.10	\$5.78	\$8.00	\$17.35	\$33.80
Child(ren)/Dependent(s) Monthly Premium					
\$10,000	All children covered at one cost of \$2.91				

These coverages are guaranteed approved for all actively working/dues paying members of Local 1579. No medical tests, questions, or underwriting.