
Benefits are made available to full time, actively working members of the IBEW Local 295

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 flat monthly benefit of either \$1,000 or \$2,000
- Pre-existing conditions are covered after 24 months
- Covers on and off the job disabilities resulting from injury or illness
- Offset by other benefits
- Benefits paid are tax free
- Includes 2 years of own occupation coverage

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 a flat \$10,000 of coverage - All eligible children are covered for \$2.50 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 295 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. 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.

LAST DAY TO ENROLL IS 7/31/2019



IBEW Local 295 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 | \$19.08 | \$35.35 |
| 30 - 39 | \$21.55 | \$40.25 |
| 40 - 49 | \$28.10 | \$53.25 |
| 50 - 59 | \$42.15 | \$81.30 |
| 60 - 69 | \$59.28 | \$115.55 |

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

Long-Term Disability (LTD)

| Monthly Benefit and Monthly Premium | | |
|-------------------------------------|-------------------------|-------------------------|
| Age | \$1,000 Monthly Benefit | \$2,000 Monthly Benefit |
| 0 - 29 | \$5.37 | \$7.46 |
| 30 - 39 | \$7.28 | \$12.38 |
| 40 - 49 | \$14.19 | \$28.86 |
| 50 - 59 | \$27.33 | \$64.40 |
| 60 - 69 | \$46.94 | \$95.78 |

* Benefit cannot exceed 70% of your monthly earnings

* Benefits are subject to offsets

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 | \$3.43 | \$3.66 | \$5.14 | \$9.88 | \$21.05 | |
| \$50,000 | \$9.15 | \$10.30 | \$17.70 | \$41.40 | \$97.25 | |
| \$100,000 | \$16.30 | \$18.60 | \$33.40 | \$80.80 | \$192.50 | |
| \$150,000 | \$23.45 | \$26.90 | \$49.10 | \$120.20 | \$287.75 | |
| Spouse Monthly Premium Spouse Premiums Based on Member Age • Can't exceed 50% of Member Life | | | | | | |
| \$5,000 | \$2.72 | \$2.83 | \$3.57 | \$5.94 | \$11.53 | |
| \$25,000 | \$5.58 | \$6.15 | \$9.85 | \$21.70 | \$49.63 | |
| Child(ren)/Dependent(s) Monthly Premium | | | | | | |
| \$10,000 | All children covered at one cost of \$2.50 | | | | | |

These coverages are guaranteed approved for all actively working/dues paying members of Local 295.
No medical tests, questions, or underwriting.