



IBEW Local 278 Summary of Rates

224-770-5305
www.uniondisability.com

Benefits are made available to full time, actively working members of the IBEW Local 278

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 2 years
- LTD Option B pays a monthly benefit of 60% of your pre-disability earnings for up to 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 a flat \$10,000 of coverage - All eligible children are covered for \$1.80 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

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

This group plan has minimum participation requirements for the plan to become effective. Failure to meet participation could prevent the plan from becoming effective, or delay the effective date.

See reverse for more information →

Short-Term Disability (STD)

Weekly Benefit and Monthly Premium		
Age	\$250 Weekly Benefit	\$500 Weekly Benefit
0 - 29	\$20.40	\$37.80
30 - 39	\$23.10	\$43.20
40 - 49	\$29.65	\$56.30
50 - 59	\$45.08	\$87.15
60 - 69	\$57.95	\$112.90

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

Calculate Your Monthly Premium

Short-Term Disability:	\$
Long-Term Disability:	\$
Member:	\$
Life/AD&D: Spouse:	\$
Child:	\$
Processing Fee:	\$1.00
Total Monthly Premium:	\$

These coverages are guaranteed approved for all actively working/dues paying members of Local 278. No medical tests, questions, or underwriting.

Long-Term Disability (LTD)

Option A - Pays a Flat Monthly Benefit of \$2,000 for up to 2 Years					
Monthly Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$2,000	\$5.48	\$7.30	\$13.36	\$25.56	\$46.80

* Benefit cannot exceed 60% of your monthly earnings

Option B - Pays 60% of Your Earnings for up to 5 Years						
Annual Earnings	Max Monthly Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$40,000	\$2,000	\$6.50	\$10.58	\$23.38	\$52.62	\$69.30
\$50,000	\$2,500	\$7.38	\$12.48	\$28.48	\$65.03	\$85.88
\$60,000	\$3,000	\$8.25	\$14.37	\$33.57	\$77.43	\$102.45
\$70,000	\$3,500	\$9.13	\$16.27	\$38.67	\$89.84	\$119.03
\$80,000	\$4,000	\$10.00	\$18.16	\$43.76	\$102.24	\$135.60
\$90,000	\$4,500	\$10.88	\$20.06	\$48.86	\$114.65	\$152.18
\$100,000	\$5,000	\$11.75	\$21.95	\$53.95	\$127.05	\$168.75

* 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

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	\$3.37	\$3.61	\$4.92	\$8.52	\$13.63
\$50,000	\$8.85	\$10.05	\$16.60	\$34.60	\$60.15
\$100,000	\$15.70	\$18.10	\$31.20	\$67.20	\$118.30
\$150,000	\$22.55	\$26.15	\$45.80	\$99.80	\$176.45
Spouse Monthly Premium Spouse Premiums Based on Member Age • Can't exceed 50% of Member Life					
\$5,000	\$2.69	\$2.81	\$3.46	\$5.26	\$7.82
\$25,000	\$5.43	\$6.03	\$9.30	\$18.30	\$31.08
Child(ren)/Dependent(s) Monthly Premium					
\$10,000	All children covered at one cost of \$1.80				

IMPORTANT NOTE:

Please note, if you leave the union or retire it is your responsibility to contact our office immediately at (847) 387-3555, and failure to do so within 30 days will forfeit your ability to keep coverage and receive any premium refunds. Premium is determined by your age on the coverage effective date, and will increase on the next policy anniversary date after you enter the next age band. Benefit effective dates are subject to change. This group plan has minimum participation requirements for the plan to become effective. Failure to meet participation could prevent the plan from becoming effective, or delay the effective date. The IBEW does not make any endorsement or recommendations regarding these benefits. This program is voluntary and it is solely the members' decision to enroll. 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 enrolled member obtain a copy and read the entire policy booklet. All non-banking administrative and transaction fees are included in the enclosed premiums.