



# Summary of Benefits & Rates - STD/LTD

Enroll or questions? Call us at 224-770-5327  
www.uniondisability.com

## BLET Division 42 - Member Coverage Effective Date: 9/1/2017

Benefits are made available to full-time, actively working members of the BLET.

### Short Term & Long Term Disability

#### SHORT TERM DISABILITY OPTION (included in monthly premiums)

- Benefit: **Pays \$450 per week**
- Elimination Period: Pays on day 15 for injury and illness
- Duration: Pays up to 26 weeks
- No offset until 70% of pre-disability earnings attained
- Pre-existing conditions are covered after 12 months on the plan

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#### LONG TERM DISABILITY OPTIONS

- Benefit: **Pays 60% of income** to a max of \$4,000/month or **Pays a flat \$2,500 per month**
- Elimination Period: Pays after 180 days
- Duration: Pays for a maximum of 2 years
- Option A is offset by RRB and other contract benefits
- Option B is not offset until 70% of pre-disability earnings attained
- Pre-existing conditions are covered after 12 months on the plan

#### OPTION A:

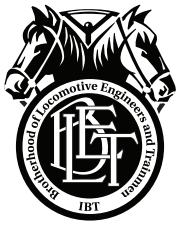
Option A	Monthly Premium
STD - \$450 per week	<b>\$70.85</b>
LTD - 60% of income per month	

#### OPTION B:

Option B	Monthly Premium
STD - \$450 per week	<b>\$56.60</b>
LTD - \$2,500 per month	

This is a Summary of Benefits and other limitations may apply. Please contact Cornerstone for more detailed information.  
Cornerstone Benefits Management | Office: 847-387-3555 | info@uniondisability.com

**Note:** You may or may not be eligible for Railroad Retirement Board (RRB) sickness or disability benefits after 26 weeks.  
More information is available by visiting the RRB's web site, www.rrb.gov, or by calling an RRB office toll-free at 877-772-5772



# Summary of Benefits & Rates - LIFE

Enroll or questions? Call us at 224-770-5327  
www.uniondisability.com

## BLET Division 42- Member

### Coverage Effective Date: 9/1/2017

Benefits are made available to full-time, actively working members of the BLET.



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

- If you are currently enrolled in coverage you can increase your benefit by \$50,000, not to exceed \$200,000
- If you are currently enrolled in \$200,000 or more of coverage you can increase your benefit by \$10,000
- If you are not currently enrolled in coverage, you are eligible to enroll in up to \$50,000 of coverage
- Member Life coverage includes an equal amount of AD&D if death is caused by an accident
- Life coverage is convertible & portable
- Accelerated death benefit is available for a life expectancy of 12 months or less
- If you would like additional coverage, please contact Cornerstone at 224-770-5327

Member	
Coverage	Monthly Premium
\$10,000	\$4.70
\$20,000	\$9.40
\$30,000	\$14.10
\$40,000	\$18.80
\$50,000	\$23.50



## Life and AD&D for New Members of the BLET:

(a new member is anyone who joined the BLET on or after 1/1/2017)

- You may elect up to \$200,000 of member life, \$25,000 spousal life, and \$15,000 of dependent coverage.

Member		Spouse		Child(ren)/Dependents	
Coverage	Monthly Premium	Coverage	Monthly Premium	Coverage	Monthly Premium
\$200,000	\$94.00	\$25,000	\$11.75	\$15,000	\$4.05

## Important Notes (applies to all coverages STD, LTD, LIFE)

Please note that coverage is for BLET members only. If you leave the union, you are no longer eligible for coverage and it is your responsibility to contact our office immediately at (847) 387-3555.

Please note that if you are suspended or dismissed, you are no longer eligible for disability coverage and should contact our office immediately at (847) 387-3555 to adjust premium payments. You may retain your life insurance while suspended or dismissed for up to 12 months (as long as premiums are paid).

If you retire, you are no longer eligible for group coverage. If you do not contact our office within 30 days of your date of retirement, there will be no refund for any premium paid. It is the responsibility of the member to contact Cornerstone with any status change.

This packet makes no guarantee or warranty on the processing of claims. It is recommended that each member with coverage obtain a copy and read the entire policy booklet.

Coverage provided by  **Principal**