



EQUITABLE

Town of Westford - LTD Policy

Number: 006110 (Class 2)

Protection to help replace income in challenging times

If you are in an eligible class, you can take advantage of the opportunity to help protect yourself and your family. Eligible classes include: All active benefit eligible employees.

- Voluntary Long-Term Disability



LONG-TERM DISABILITY INSURANCE

WHAT IT DOES

Pays a portion of your salary, so you can cover your expenses while you're unable to perform your occupation.¹

HOW IT WORKS

This benefit typically starts after Short-Term Disability payments end, paying a percentage of your income up until you recover or reach the benefit maximum duration. There is often a maximum payment based on salary.¹

Coverage	Details
Coverage Effective Date	11/1/2019
Monthly Benefit	Increments of \$100 with a minimum election of \$500
Maximum Monthly Benefit	The lesser of 60% of your pre-disability earnings or \$5000
Elimination Period	90 Days You can work part-time during the elimination period.
Maximum Benefit Duration	ADEA 1 with Social Security Normal Retirement Age
Guaranteed Issue Benefit	\$5000 - This is the benefit that you are eligible for without evidence of insurability.
Minimum Monthly Benefit	The minimum benefit that you can receive is the greater of \$100 or 10% of your gross monthly benefit.
Occupation Test	For the first 2 years your eligibility for benefits is based on the ability to perform your occupation as it is recognized in the general workplace. After that period, eligibility is based on the ability to perform any occupation for which you are qualified.
Earnings Test	During the Own Occupation period, you must have a 20% loss of earnings. During the Any Occupation period, you must have a 20% loss of earnings.
Partial Disability Provision	You can work part-time and may be eligible for benefits.
Return to Work Incentive Benefit	If you work part-time and are eligible for benefits, during the first 12 months you can earn up to 100% of your pre-disability earnings between your partial earnings and your monthly benefit.

Coverage	Details
Rehabilitation Program	A rehabilitation program is available with your coverage. You may be required to participate in order to continue receiving benefits.
Family Care Deduction Benefit	If you are working as part of your participation in a rehabilitation program and incur child care expenses, you may be eligible for a deduction of these expenses from the income used to calculate your benefit.
Workplace Modification Benefit	We may reimburse your employer for expenses, to a maximum amount, for reasonable modifications to accommodate and enable you to return to work.
Survivor Benefit	If you received benefits and pass away, a 3 month survivor benefit may be payable.
Recurrent Disability	If you have a period of disability for which benefits are paid which is followed by a subsequent disability within 6 months for the same condition, the elimination period may be waived.
Waiver of Disability Premium	Premiums will be waived while you are receiving benefits.
Other Income Benefits	Other income you receive may reduce the monthly benefit payable to you.
Mental Illness & Substance Abuse Limitation	Benefits for disabilities related to mental illness and substance abuse, are limited to 2 months

Help make sure you have the protection you need

To calculate your cost, select the coverage amount and the appropriate rate for your age, based on the grid below, and follow these easy steps.

	EXAMPLE:	YOUR DATA:
1. Find your age on below chart and write the rate here:	\$0.550	
2. Take your annual pre-disability earnings* and divide by 12:	\$4,000	
3. Multiply the answer to #2 by up to 60%. Write the lesser of that amount or the plan maximum of \$5000:	\$2,400	
4. Write the monthly benefit amount you are electing in \$100 increments up to the maximum indicated in step 3:	\$2,000	
5. Multiply the answer to #4 by the rate in #1:	\$1,100	
6. Divide the answer to #5 by 100. This is your monthly cost:	\$11.00	

Note: In the above example, the employee chose the full amount of 60% of earnings, you can elect a lesser amount should you choose, but not less than \$500 per month of benefit.

Monthly Rate per \$100 of Monthly Covered Benefit	
Age	Rate
< 24	\$0.170
25-29	\$0.200
30-34	\$0.330
35-39	\$0.550
40-44	\$0.730
45-49	\$1.000
50-54	\$1.250
55-59	\$1.480
60-64	\$1.190
65+	\$1.190

***Pre-disability Earnings** means Your regular monthly rate of pay from Your Employer in effect on the date immediately prior to the date You became Disabled. Pre-disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

1 These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Please read your certificate carefully for details regarding your benefits, reductions, limitations, and exclusions. Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

2 <https://www.gobankingrates.com/personal-finance/data-americans-savings> - September 2016.

Pre-existing Condition Limitation: *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to, by a Pre-existing Condition, unless, at the time You become Disabled, You have been continuously covered under The Policy for 12 consecutive months.

Pre-existing Condition means:

- 1) any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- 2) any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse, for which You received Medical Care during the 6 consecutive month period that ends the day before:
 - 1) your effective date of coverage; or

2) the effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

- 1) is consulted or gives medical advice; or
- 2) recommends, prescribes, or provides Treatment.

Treatment includes but is not limited to:

- 1) medical examinations, tests, attendance or observation; and
- 2) use of drugs, medicines, medical services, supplies or equipment.

Exclusions: What disabilities are not covered? We will not pay a benefit for any disability:

- Unless you are under the regular care of a physician;
- That is caused or contributed to by war or act of war, whether declared or not;
- Caused by your commission of or attempt to commit a felony;
- Caused or contributed to by your being engaged in an illegal occupation;
- Caused or contributed to by an intentionally self-inflicted injury;

If you are receiving or are eligible for benefits for a disability under a prior disability plan that was sponsored by your employer and was terminated before the effective date of the policy, no benefits will be payable for that disability under the policy.

Other Income Benefits:

Income you receive from other sources may offset your long-term disability benefit. Other Income Benefits means the amount of any benefit for loss of income, provided to You or Your family, as a result of the same period of Disability for which You are claiming benefits under The Policy. This includes any such benefits for which You or Your family are eligible or that are paid to You or Your family, or to a third party on Your behalf.

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