

**IBEW 204**

# **DISABILITY & LIFE INSURANCE**



- **SHORT-TERM DISABILITY**
- **LIFE AND AD&D INSURANCE**

Enrolling in these benefits helps ensure your income is protected, but you must act to be insured on this plan. Coverages are guaranteed approved during open enrollment for all actively working/full-dues paying Members of the Local.

# **INCOME PROTECTION PLAN**

**QUESTIONS? READY TO ENROLL?**

(224) 770-5305

[www.ibew204benefits.com](http://www.ibew204benefits.com)

# SHORT-TERM DISABILITY (STD)

Guaranteed approved coverage.

- **STD Option A:** coverage is available from \$200-\$500 in \$50 increments.
  - Benefit pays for up to 11 weeks.
  - Pays after a 14 day waiting period for injury or illness.
- **STD Option B:** pays a weekly benefit of 60% of pre-disability earnings.
  - Benefit pays for up to 11 weeks.
  - Pays after a 14 day waiting period for injury or illness.
- Pre-existing conditions are covered after 12 months.
- Covers off the job disabilities resulting from injury, surgery, or illness.

STD OPTION A	MONTHLY COSTS				
WEEKLY BENEFIT	AGE <30	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60-69
\$200	\$12.20	\$12.80	\$17.60	\$27.80	\$36.80
\$350	\$19.10	\$20.15	\$28.55	\$46.40	\$62.15
\$500	\$26.00	\$27.50	\$39.50	\$65.00	\$87.50

STD OPTION B		
ANNUAL EARNINGS	WEEKLY BENEFIT	MONTHLY COSTS
\$50,000	\$576.00	\$51.55
\$60,000	\$692.00	\$61.93
\$70,000	\$807.00	\$72.23
\$80,000	\$923.00	\$82.61
\$90,000	\$1,038.00	\$92.90
\$100,000	\$1,153.00	\$103.19

# LIFE COVERAGE

## with Accidental Death & Dismemberment (AD&D)

- Member coverage available up to \$20,000 in \$10,000 increments.
- No medical questions or tests.
- Coverage includes an equal amount of Accidental Death and Dismemberment.
  - If death is caused by an accident, the benefit doubles.
- Coverage is 24/7 on and off the job.
- Spouse coverage available up to \$10,000 in \$5,000 increments.
  - Spouse and Dependent Life coverage is available when Member Life is elected (up to 100% of Member election).
  - Dependent(s) eligible for a flat \$10,000 of coverage. One fee covers all dependents.
- Life coverage is convertible and portable.

MEMBER	MONTHLY COSTS								
COVERAGE	AGE <30	AGE 30-34	AGE 35-39	AGE 40-44	AGE 45-49	AGE 50-54	AGE 55-59	AGE 60-64	AGE 65-69
\$10,000	\$1.40	\$1.40	\$1.70	\$2.50	\$4.00	\$6.00	\$10.10	\$12.30	\$18.40
\$20,000	\$2.80	\$2.80	\$3.40	\$5.00	\$8.00	\$12.00	\$20.20	\$24.60	\$36.80

SPOUSE	MONTHLY COSTS								
COVERAGE	AGE <30	AGE 30-34	AGE 35-39	AGE 40-44	AGE 45-49	AGE 50-54	AGE 55-59	AGE 60-64	AGE 65-69
\$5,000	\$0.70	\$0.70	\$0.85	\$1.25	\$2.00	\$3.00	\$5.05	\$6.15	\$9.20
\$10,000	\$1.40	\$1.40	\$1.70	\$2.50	\$4.00	\$6.00	\$10.10	\$12.30	\$18.40

DEPENDENT(S)*	MONTHLY COSTS
COVERAGE	UNDER 26 YEARS OLD
\$10,000	\$2.40

\* One cost covers all dependents.

## ENROLL NOW Help protect your future today!



This program is voluntary and it is solely the Members' decision to enroll. Members are responsible for paying their own costs. All non-banking administrative and transaction fees are included in the enclosed costs. 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. You may request a copy of the policy booklet by email to [admin@unionone.com](mailto:admin@unionone.com). Coverages are underwritten by Sun Life. Like most insurance policies, insurance policies offered by Sun Life and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. AD&D insurance does not include payment for certain losses as described in more detail in your certificate. Please contact Sun Life or your plan administrator for complete details.

Monthly cost 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. The union does not make any endorsement or recommendations regarding these benefits.

**IMPORTANT:** If you leave the union or retire, it is your responsibility to contact our office immediately at (847) 387-3555. Failure to do so within 90 days will forfeit your ability to keep coverage and receive any refunds.

**For more detailed information, and to get costs for annual earnings amounts and rates not listed here, please contact the Enrollment Center at (224) 770-5305 or visit [www.ibew204benefits.com](http://www.ibew204benefits.com).**