



# Customized Disability insurance

## Benefit Highlights

For all eligible employees of Hidalgo County, Policy #919714

Customized Disability insurance provides you with a weekly covered disability like a back injury or chronic illness takes you away from work for an extended time.

### Coverage amount

Choose the benefit amounts that best meet your needs and your budget

- Get a monthly check—after your claim is approved—of \$200 to \$6,000, in any \$100 increment you choose, to replace a portion of your income—up to 66.67% of your Total Monthly Earnings.
- Keep in mind that other sources of income could impact your benefit amount.
- Your cost depends on factors such as your age and weekly earnings.

### More about Sun Life's Customized Disability insurance

- Choose how soon your benefit payments will begin, after your claim is approved (*elimination period*).
  - Choice 1 – 7 days Injury or Sickness
  - Choice 2 – 14 days Injury or Sickness
  - Choice 3 – 30 days Injury or Sickness
  - Choice 4 – 60 days Injury or Sickness
  - Choice 5 – 90 days Injury or Sickness
- Receive benefits after your claim is approved—for as long as you are still unable to work due to a covered disability, provided you are still eligible to receive benefits. Your benefit duration is:
  - Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability .
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- Work with a certified rehabilitation specialist, when appropriate, to create a return-to-work plan (for longer-term claims) that's right for you.

#### How Sun Life's Customized Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for Customized Disability insurance through work. Mark filed a claim because he was unable to work due to a covered disability. After his claim was approved, he started receiving monthly benefits after he satisfied the elimination period and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having disability insurance allowed Mark to focus on returning to work and not on his finances.

## Disability Q&A

### What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim. You will have to wait a certain number of days for your benefits to kick in after you are no longer able to work due to a covered disability.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period and meet the definition of disability.

### What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

### Do I need to answer any health questions to enroll for this coverage?

You will be required to answer health questions if you decline coverage and want to elect or increase coverage at a later date, or if you request an amount higher than the Guaranteed Issue limit, noted in the table, if applicable. The health questions are included in our "Evidence of Insurability" application, which must be approved by Sun Life before the coverage takes effect.

### What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we may not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicine. Read the exclusions and limitations for more information.

### How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

### Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

# Important plan provisions

## Limitations and exclusions\*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-existing Condition, except:
- if your Disability begins later than 12 months after your effective date or later than 3 months after the effective date of any increase in your amount of insurance;
- for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
  - sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
  - took prescribed drugs or medicines for the condition.
- cost of living, contract, or periodic salary review increases;
- your active Participation in a Riot, Rebellion or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

\*The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

**Keep your life, and your bills, on track while you recover from an illness or injury.**



If you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group customized disability insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01 and 12-DI-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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# Rate Sheet

**Employee** - Coverage and **monthly** rate for Customized Disability Insurance.

Find your age bracket (as of the effective date of coverage) to determine the associated rate for the coverage amount you choose.

Follow the example below to determine your monthly cost.

Choice 1	
Duration: SSNRA	
Benefit: 66.67%	
EP: 7 days	
Your Age	Rate
Under 25	3.309
25 - 29	3.735
30 - 34	3.962
35 - 39	3.715
40 - 44	3.807
45 - 49	4.258
50 - 54	5.256
55 - 59	6.262
60 - 64	7.517
65 - 69	6.772
70+	3.819

Choice 2	
Duration: SSNRA	
Benefit: 66.67%	
EP: 14 days	
Your Age	Rate
Under 25	2.792
25 - 29	3.212
30 - 34	3.448
35 - 39	3.331
40 - 44	3.524
45 - 49	3.972
50 - 54	4.866
55 - 59	5.712
60 - 64	6.762
65 - 69	6.298
70+	3.753

Choice 3	
Duration: SSNRA	
Benefit: 66.67%	
EP: 30 days	
Your Age	Rate
Under 25	2.005
25 - 29	2.786
30 - 34	2.914
35 - 39	2.858
40 - 44	3.181
45 - 49	3.602
50 - 54	4.395
55 - 59	5.126
60 - 64	6.051
65 - 69	5.605
70+	3.267

Choice 4	
Duration: SSNRA	
Benefit: 66.67%	
EP: 60 days	
Your Age	Rate
Under 25	1.113
25 - 29	1.362
30 - 34	1.854
35 - 39	2.601
40 - 44	3.241
45 - 49	3.711
50 - 54	4.041
55 - 59	4.302
60 - 64	5.500
65 - 69	5.129
70+	1.416

Choice 5	
Duration: SSNRA	
Benefit: 66.67%	
EP: 90 days	
Your Age	Rate
Under 25	0.626
25 - 29	0.764
30 - 34	1.113
35 - 39	1.672
40 - 44	2.350
45 - 49	2.726
50 - 54	3.117
55 - 59	3.503
60 - 64	4.631
65 - 69	4.011
70+	0.977

Example Monthly Benefit	Divided by 100		Multiplied by rate	Example monthly cost*
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\$500 / 100 = 5 x \$3.715 \$18.57

Your Monthly Benefit	Divided by 100		Multiplied by rate	Your monthly cost*
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\$\_\_\_\_\_ / 100 = \_\_\_\_\_ x \$\_\_\_\_\_ \$\_\_\_\_\_

Your monthly cost	# of Months		Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
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\$\_\_\_\_\_ x 12 = \$\_\_\_\_\_ / \_\_\_\_\_ = \$\_\_\_\_\_

\*The rate is in effect for **1/1/2019**. Contact your employer to confirm the portion of the cost for which you will be responsible