

Disability Income

Benefits that help you



No one plans on becoming disabled, but just in case, we've got you covered. Disability insurance helps replace a portion of your income if you are unable to work due to an accident or sickness.

Coverage Features

- Guaranteed Issue up to a Maximum of \$5,000 in monthly benefits; subject to income requirements.
- Covers off-the-job injuries after 14 days of total disability
- Covers off-the-job sickness after 14 days of total disability
- Includes coverage for pregnancy same as any other sickness
- Partial disability covered if it follows a total disability; payable at 50% of the monthly benefit
- Premiums are waived after 14 days for disability resulting from accident and after 28 days for disability resulting from sickness
- **Portability allows you to keep this coverage if you change employers or if Questco benefits are no longer available to you.**

Eligibility

- Active employees working at least 30 hours per week, ages 18 and older

Exclusions and Limitations

Benefits are not payable for losses contributed to or caused by:

- Your employment;
- Pre-Existing Conditions causing a loss within 12 months after the Certificate Effective Date;
- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug, narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Mental or Emotional Disease or Disorder;
- Alcoholism or Drug Addiction;
- Being intoxicated or under the influence of alcohol, drugs or any narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;

- Participating in a riot or civil insurrection;
- War or act of war (whether declared or undeclared) except for acts of terrorism;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;
- Injury sustained or Sickness contracted as a result of full-time active duty (other than for 30 days or less training) in any branch of the military forces;
- Engaging in an illegal occupation; or
- Committing or attempting to commit a felony or an assault.

No benefits are provided for losses for which occupational benefits are payable or paid under worker's compensation, occupational disease law or similar law.

Renewability

- Your coverage is renewable to age 72 as long as you remain an eligible employee and your employer's policy is in force.

Benefit Options

- You can elect a monthly benefit amount up to the lesser of \$5,000 or 60%* of your income subject to a monthly minimum benefit of \$300. Coverage will be rounded to the next higher \$100 if not already an increment of \$100.

*State Variations

- CA, NJ, RI, and HI residents can elect up to 20% of income
- You can choose a benefit period of 3 or 6 months

Offsets with Other Income

- Your disability benefit may reduce if the total of your disability income payment plus salary continuation, social security disability and/or statutory disability payments exceed 80% of your income.

Pre-existing Condition Limitation

- Pre-existing conditions are not covered for the first 12 months after your coverage effective date.
- Pre-existing Condition means a condition for which you received medical advice or treatment within 6 months preceding the effective date.

This document is a brief description of Certificate Form No. ICC17-C19202. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations. Underwritten by Combined Insurance Company of America, a Chubb company.

This product is a supplement to health insurance and is not substitute for major medical or other minimum essential coverage.

Disability Income

Rates

Disability Rates

- Minimum benefit is \$300 per month.
- Your monthly rates (12 pay cycles) will vary depending on your age and desired coverage amount.
- Amounts up to the lesser of \$5,000 or 60% of income are guarantee issue. (State variations apply in CA, HI, NJ, RI)
- Select benefits and associated costs are outlined in the tables to the right.

Calculate your monthly premium:

Step 1

How much coverage would you like? \$ _____

Step 2

Insert the rate per \$100 for your age and desired benefit period: \$ _____

Step 3

Multiply Step 1 by Step 2: \$ _____

Step 4

Divide Step 3 by 100: \$ _____

The answer to Step 4 will be your monthly premium for the eligible amount of disability insurance coverage selected.

3 Month Benefit Period - 12 pay cycles

Coverage Amount	Age			
	18-49	50-59	60-69	70-75
\$100	\$1.71	\$2.10	\$2.49	\$2.79
\$500	\$8.55	\$10.50	\$12.45	\$13.95
\$1,000	\$17.10	\$21.00	\$24.90	\$27.90
\$1,500	\$25.65	\$31.50	\$37.35	\$41.85
\$2,000	\$34.20	\$42.00	\$49.80	\$55.80
\$2,500	\$42.75	\$52.50	\$62.25	\$69.75
\$3,000	\$51.30	\$63.00	\$74.70	\$83.70
\$3,500	\$59.85	\$73.50	\$87.15	\$97.65
\$4,000	\$68.40	\$84.00	\$99.60	\$111.60
\$4,500	\$76.95	\$94.50	\$112.05	\$125.55
\$5,000	\$85.50	\$105.00	\$124.50	\$139.50

6 Month Benefit Period - 12 pay cycles

Coverage Amount	Age			
	18-49	50-59	60-69	70-75
\$100	\$2.26	\$2.78	\$3.30	\$3.66
\$500	\$11.30	\$13.90	\$16.50	\$18.30
\$1,000	\$22.60	\$27.80	\$33.00	\$36.60
\$1,500	\$33.90	\$41.70	\$49.50	\$54.90
\$2,000	\$45.20	\$55.60	\$66.00	\$73.20
\$2,500	\$56.50	\$69.50	\$82.50	\$91.50
\$3,000	\$67.80	\$83.40	\$99.00	\$109.80
\$3,500	\$79.10	\$97.30	\$115.50	\$128.10
\$4,000	\$90.40	\$111.20	\$132.00	\$146.40
\$4,500	\$101.70	\$125.10	\$148.50	\$164.70
\$5,000	\$113.00	\$139.00	\$165.00	\$183.00