# 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

# 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.

#### **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.

#### **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 bi-weekly rates (24 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 bi-weekly 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 bi-weekly premium for the eligible amount of disability insurance coverage selected.

3 Month Benefi				
Coverage Amount		Age		
	18-49	50-59	60-69	70-75
\$100.00	\$0.86	\$1.05	\$1.25	\$1.40
\$500.00	\$4.30	\$5.25	\$6.25	\$7.00
\$1,000.00	\$8.60	\$10.50	\$12.50	\$14.00
\$1,500.00	\$12.90	\$15.75	\$18.75	\$21.00
\$2,000.00	\$17.20	\$21.00	\$25.00	\$28.00
\$2,500.00	\$21.50	\$26.25	\$31.25	\$35.00
\$3,000.00	\$25.80	\$31.50	\$37.50	\$42.00
\$3,500.00	\$30.10	\$36.75	\$43.75	\$49.00
\$4,000.00	\$34.40	\$42.00	\$50.00	\$56.00
\$4,500.00	\$38.70	\$47.25	\$56.25	\$63.00
\$5,000.00	\$43.00	\$52.50	\$62.50	\$70.00

6 Month Benefit Period - 24 pay cycles				
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Coverage Amount	18-49	50-59	60-69	70-75
\$100.00	\$1.13	\$1.39	\$1.65	\$1.83
\$500.00	\$5.65	\$6.95	\$8.25	\$9.15
\$1,000.00	\$11.30	\$13.90	\$16.50	\$18.30
\$1,500.00	\$16.95	\$20.85	\$24.75	\$27.45
\$2,000.00	\$22.60	\$27.80	\$33.00	\$36.60
\$2,500.00	\$28.25	\$34.75	\$41.25	\$45.75
\$3,000.00	\$33.90	\$41.70	\$49.50	\$54.90
\$3,500.00	\$39.55	\$48.65	\$57.75	\$64.05
\$4,000.00	\$45.20	\$55.60	\$66.00	\$73.20
\$4,500.00	\$50.85	\$62.55	\$74.25	\$82.35
\$5,000.00	\$56.50	\$69.50	\$82.50	\$91.50