

## Plan Highlights

# Voluntary Group Long Term Disability Insurance



### FirstFleet, Inc.

#### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

All Active Full-Time Drivers working 20 hours or more per week and earning at least \$15,000 annually, except for any person working on a temporary or seasonal basis.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### ELIMINATION PERIOD

180 consecutive days of total disability.

#### BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$7,000 per month.

#### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	The lesser of 60 months or to Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Own Occupation Coverage – 24 Months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

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The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$7,000 per month.

To calculate your weekly payroll deduction, use the formula indicated below:

1. Enter your **Annual Earnings**. 1. \$ \_\_\_\_\_
2. **Divide** your annual earnings by 12 (monthly earnings).  
Average monthly income cannot exceed **\$11,667**. 2. \$ \_\_\_\_\_
3. Find your rate from the age table displayed. 3. \$ \_\_\_\_\_
4. **Multiply** the amount on Line 2 by the appropriate rate  
for your age entered on Line 3. 4. \$ \_\_\_\_\_
5. **Divide** the amount on Line 4 by 100 and enter the  
amount on Line 5 to get your **monthly payroll deduction**. 5. \$ \_\_\_\_\_
6. **Multiply** the amount on Line 5 by 12, then **Divide** by 52  
to get your weekly payroll deduction. 6. \$ \_\_\_\_\_

Age	Rate per \$100 of covered payroll
18-24	\$0.370
25-29	\$0.370
30-34	\$0.370
35-39	\$0.370
40-44	\$0.510
45-49	\$0.750
50-54	\$1.050
55-59	\$1.630
60-64	\$2.400
65-69	\$3.290
70+	\$5.350

**Example Calculation: Jane Smith is age 35.**

1. Enter your **Annual Earnings**. 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings).  
Average monthly income cannot exceed **\$11,667**. 2. \$ 4,167 (monthly earnings)
3. Find your rate from the age table displayed. 3. \$ 0.370
4. **Multiply** the amount on Line 2 by the appropriate rate for  
your age entered on Line 3. 4. \$ 1,541.79
5. **Divide** the amount on Line 4 by 100 and enter the  
amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 15.42 (monthly payroll deduction)
6. **Multiply** the amount on Line 5 by 12, then **Divide** by 52  
to get your weekly payroll deduction. 6. \$ 3.56 (weekly payroll deduction)

