

Benefits are made available to full time, actively working members of the IBEW Local 204

## Short-Term Disability (STD)

- STD Option A pays a flat weekly benefit of \$250 or \$500 for up to 11 weeks
  - Pays on day 15 for injury or illness
- STD Option B pays a weekly benefit of 60% of pre-disability earnings for up to 13 weeks
  - Pays on day 8 for Illness, and day 1 for Injury
- Pre-existing conditions are covered after 12 months (for new enrolled members only)
- Covers off the job disabilities resulting from injury or illness
- Stackable with other benefits up to 100% of pre-disability earnings
- Earnings equals your salary, overtime, and bonuses
- Benefits paid are tax free

## Life and Accidental Death & Dismemberment (AD&D)

- Guaranteed approved coverage for member, spouse, and children - NO pre-existing condition limitations
  - All life coverage includes an equal amount of AD&D. If death is caused by an accident, benefit doubles
- Member coverage from \$10,000-\$100,000 (in \$10,000 increments)
  - Spousal and child coverage is available when member life coverage is elected
- Spousal coverage of \$10,000 or \$20,000, not to exceed 100% of member election
- Child(ren) eligible for a flat \$10,000 of coverage - All eligible children are covered for \$2.40 per month
- Life coverage is convertible & portable
- Benefits paid are tax free

**Please Note: Life/AD&D guaranteed amounts may be lower or not offered at future open enrollments for those members that do not enroll at this time**

**These coverages are guaranteed approved for all actively working/dues paying members of Local 204. No medical tests, questions, or underwriting.**

### IMPORTANT NOTE:

Please note that coverage is for IBEW Local 204 members only. If you leave the union or retire, you may no longer be eligible for coverage and it is your responsibility to contact our office immediately at (847) 387-3555. If you do not contact our office within 30 days of leaving the union, there will be no refund for any premium paid. Your premium is originally determined by your age on the effective date of coverage. When you enter the next age band, your premiums will increase effective on the next policy anniversary date. Benefits effective date is subject to change. This group plan has a minimum participation requirement that must be met for the plan to become effective. Failure to meet participation requirements could prevent the plan from becoming effective, or delay the effective date of the policy. The IBEW does not make any endorsement or recommendations regarding these benefits. It is solely the members' decision to enroll. This program is completely voluntary and benefits can be elected on an a la carte basis. 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 member with coverage obtain a copy and read the entire policy booklet.



# IBEW Local 204 Summary of Rates

224-770-5305  
www.uniondisability.com

For quick and easy enrollment, call Cornerstone at 224-770-5305 (M-F 8am-5pm CST)

## Short-Term Disability (STD)

STD Option A - Flat Rate Benefit		
Age	\$250 Weekly Benefit	\$500 Weekly Benefit
0 - 29	\$9.13	\$15.25
30 - 39	\$9.50	\$16.00
40 - 49	\$12.75	\$22.50
50 - 59	\$19.50	\$36.00
60 - 69	\$25.50	\$48.00

STD Option B - 60% of Weekly Earnings		
Annual Earnings	Weekly Benefit	Monthly Premium
\$50,000	\$576.92	\$32.31
\$60,000	\$692.31	\$38.77
\$70,000	\$807.69	\$45.23
\$80,000	\$923.08	\$51.69
\$90,000	\$1,038.46	\$58.15
\$100,000	\$1,153.85	\$64.62
\$108,333	\$1,250.00	\$70.00

\* Stackable with other benefits to 100% of pre-disability earnings

\* For additional earnings/benefit levels and the corresponding monthly premiums, call 224-770-5305

## Calculate Your Monthly Premium

Short-Term Disability:	\$
Member:	\$
Life/AD&D: Spouse:	\$
Child:	\$
Processing Fee:	\$
<b>Total Monthly Premium:</b>	<b>\$</b>

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

Benefit and Monthly Premium								
Benefit	0 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
<b>Member Monthly Premium</b> Can be elected in increments of \$10,000								
\$10,000	\$1.40	\$1.70	\$2.50	\$4.00	\$6.00	\$10.10	\$12.30	\$18.40
\$50,000	\$7.00	\$8.50	\$12.50	\$20.00	\$30.00	\$50.50	\$61.50	\$92.00
\$100,000	\$14.00	\$17.00	\$25.00	\$40.00	\$60.00	\$101.00	\$123.00	\$184.00
<b>Spouse Monthly Premium</b> Premiums based on Member Age • Can't exceed 100% of Member Life								
\$10,000	\$1.40	\$1.70	\$2.50	\$4.00	\$6.00	\$10.10	\$12.30	\$18.40
\$20,000	\$2.80	\$3.40	\$5.00	\$8.00	\$12.00	\$20.20	\$24.60	\$36.80
<b>Child(ren)/Dependent(s) Monthly Premium</b>								
\$10,000	All children covered at one cost of \$2.40							

\* For additional Life benefit amounts and the corresponding monthly premiums call 224-770-5305