

# Consider Group Long Term Disability Coverage

*for your Career Emergency Service Department Clients.*

- ❖ Policy administration by **VFIS**.
- ❖ Products underwritten by: The United States Life Insurance Company of New York, New York, NY, a member of **American International Group**.
- ❖ Premium must be Non-Contributory. Premium will be annual and must be received by VFIS 15 days prior to the effective date.
- ❖ **Eligibility** - All full-time Career Emergency Service Personnel, excluding temporary, part-time and seasonal employees.
- ❖ **Size of Group** – Group between two and 50 employees are available for guaranteed issue. Larger groups are available with approval from underwriting.
- ❖ **24-Hour Coverage** – Coverage is in effect whether a participant is or is not "in the line of duty".
- ❖ **Benefit for Total Disability** –60% of basic monthly pay up to a maximum of 4,000 a month. Minimum benefit is \$100 per month.
- ❖ **Benefit for Partial Disability** – The monthly benefit that would be payable for total disability less wages earned.
- ❖ **Benefit Duration** – Employers may choose either a two-year or five-year benefit duration. The duration reduces based on the age at disability onset. The reduction begins at age 66 for the two-year plan design and at age 60 for the five-year plan design and ultimately reduces to a one-year duration for disabilities that occur on or after age 69 for both plans.
- ❖ **Elimination Period** – The elimination period, during which no benefits are paid, varies based on the benefit duration chosen. The elimination period is 30 days for the two-year design and 60 days for the five-year design.
- ❖ **Survivor Benefit** – If an employee dies while receiving a disability benefit, a lump sum distribution equal to three times the monthly disability benefit will be paying to the employee's eligible survivor. Eligible survivor means the employee's spouse. If there is no spouse the term means the employee's dependent children.
- ❖ **Pre-Existing Conditions** – Benefits will be payable for a disability caused by a pre-existing condition if the employee has not incurred charges, received medical treatment, consulted a physician, or taken prescribed medication within 12 months of becoming insured.
- ❖ **Submissions for Quote/Additional Information** – Contact VFIS Benefits Division/Group Products at 1-800-233-1957 or submit a census list including date of birth and annual salary.

\* This brochure is a summary of benefits only and is subject to the terms, conditions and limitations of Group Policy G-19000. Please see policy and certificate for details.



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