# IUPAT VIP PLAN

- **SHORT-TERM DISABILITY**
- **LONG-TERM DISABILITY**
- **LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

# VOLUNTARY INCOME PROTECTION (VIP) PLAN

**Discover enrollment options for financial protection.**

All benefit options offered are guaranteed approved during open enrollment for all actively working, U.S.-Based, full-dues paying IUPAT Members.

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## QUESTIONS? READY TO ENROLL?

**www.IUPATVIP.com**

**Customer Service Center: (224) 357-7880**

**IMPORTANT:** The monthly cost for coverage is based on your age at the start of the coverage and will increase on the policy anniversary date after you move into a new age bracket.

## Help protect your financial future today!

Participation in this program is voluntary, and the decision to enroll rests solely with the Members. Members are responsible for bearing all associated costs. A $2 technology fee is included in all listed monthly costs for the following coverages: Short-Term Disability and Long-Term Disability. A $1 technology fee is included in all listed monthly costs for the following coverages: Member Life and Spouse Life.

**IMPORTANT:** If you depart from the IUPAT, opt out of paying dues, or retire, you must notify the IUPAT VIP Customer Service Center at (224) 357-7880. Not doing so within 90 days could delay or negate your eligibility for a refund.

We encourage Members to thoroughly review the complete policy booklet. Email info@unionone.com to request a copy.

This program is administered by Union One Benefits Administration, and issued by Sun Life.

# SHORT-TERM DISABILITY

**Guaranteed Approved Coverage: No medical questions or tests for actively working Members.**

- **Substance Abuse and Mental Health Conditions are covered illnesses.**
- **Covers Members held out by a physician due to hazardous material exposure.**

- Stackable with other eligible benefits, up to 100% of pre-disability earnings.
- Benefits paid are tax-free.
- Covers disabilities caused by injuries, illnesses, surgeries, or pregnancy.

- Pays a weekly benefit after 14th day of disability for up to 24 weeks.
- Pre-existing conditions are covered after 12 months of continuous coverage.
- Benefit election cannot exceed 60% of weekly income.

### SHORT-TERM DISABILITY OPTION 1: *(24-hour coverage)*

| COVERAGES | MONTHLY COST |
|---|---|
| MAX WEEKLY BENEFIT | ALL AGE BRACKETS |
| $250 | $24.00 |
| $500 | $48.00 |

### SHORT-TERM DISABILITY OPTION 2: *(Off the job coverage)*

| COVERAGES | MONTHLY COSTS BY AGE BRACKET | | | |
|---|---|---|---|---|
| MAX WEEKLY BENEFIT* | 18-39 | 40-49 | 50-59 | 60+ |
| $750 | $46.55 | $67.81 | $119.45 | $169.06 |
| $1,000 | $61.40 | $89.75 | $158.60 | $224.75 |
| $1,200 | $73.28 | $107.30 | $189.92 | $269.30 |

* Can elect benefit in $50 increments up to $1,200 per week.
* For additional benefit amounts not shown, please call (224) 357-7880.

# LONG-TERM DISABILITY

**Guaranteed Approved Coverage: No medical questions or tests for actively working Members.**

- **Substance Abuse and Mental Health Conditions are covered illnesses.**
- **Covers Members held out by a physician due to hazardous material exposure.**

- Stackable with other eligible benefits, up to 70% of pre-disability earnings.
- Benefits paid are tax-free.
- 24/7 coverage for on and off the job disabilities caused by injuries, illnesses, or surgeries.

- Pays after 180 days of disability (Short-Term Disability covers first 26 weeks).
- Pre-existing conditions are covered after 12 months of continuous coverage.
- Benefit election cannot exceed 60% of monthly income.

## LONG-TERM DISABILITY OPTION 1:

**Pays a flat benefit up to $2,500 per month for up to 2 years.**

| COVERAGES | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| MAX MONTHLY BENEFIT* | 18-29 | 30-39 | 40-49 | 50-59 | 60+ |
| $1,500 | $3.22 | $4.33 | $7.61 | $13.91 | $18.02 |
| $2,000 | $3.62 | $5.11 | $9.48 | $17.88 | $23.36 |
| $2,500 | $4.03 | $5.88 | $11.35 | $21.85 | $28.70 |

* Can elect benefit in $100 increments.
* For additional benefit amounts not shown, please call (224) 357-7880.

## LONG-TERM DISABILITY OPTION 2:

**Pays a flat benefit up to $5,000 per month for up to 5 years.**

| COVERAGES | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| MAX MONTHLY BENEFIT* | 18-29 | 30-39 | 40-49 | 50-59 | 60+ |
| $1,500 | $4.03 | $6.35 | $13.64 | $26.28 | $33.97 |
| $2,000 | $4.70 | $7.81 | $17.53 | $34.37 | $44.63 |
| $2,500 | $5.38 | $9.26 | $21.41 | $42.47 | $55.29 |
| $3,000 | $6.05 | $10.71 | $25.29 | $50.56 | $65.95 |
| $4,000 | $7.40 | $13.61 | $33.05 | $66.75 | $87.27 |
| $5,000 | $8.75 | $16.51 | $40.81 | $82.93 | $108.58 |

* Can elect benefit in $100 increments.
* For additional benefit amounts not shown, please call (224) 357-7880.

# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

**Guaranteed Approved Coverage: No medical questions or tests for actively working Members.**

- **Coverage is 24/7 on and off the job.**
- Not meant to replace any existing Life Insurance coverage.
- Pre-existing conditions covered Day 1.

- **Member coverage available up to $400,000 in $10,000 increments** (not to exceed 5 times annual earnings).
- Coverage includes an equal amount of Accidental Death and Dismemberment.
  - If death is caused by an accident, the benefit doubles.

- Spouse coverage available up to $50,000 in $5,000 increments when Member Life is elected (not to exceed 100% of Member election).
- Dependent(s) are eligible for a flat $20,000 of coverage when Member Life is elected.

| MEMBER | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| COVERAGE* | 18-29 | 30-39 | 40-49 | 50-59 | 60-69 |
| $100,000 | $13.56 | $17.47 | $27.46 | $64.45 | $152.34 |
| $200,000 | $26.11 | $33.94 | $53.92 | $127.90 | $303.67 |
| $300,000 | $38.67 | $50.41 | $80.38 | $191.35 | $455.01 |
| $400,000 | $51.22 | $66.88 | $106.84 | $254.80 | $606.34 |

* For additional benefit amounts not shown, please call (224) 357-7880.

| SPOUSE | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| COVERAGE* | 18-29 | 30-39 | 40-49 | 50-59 | 60-69 |
| $25,000 | $4.14 | $5.12 | $7.62 | $16.86 | $38.83 |
| $50,000 | $7.28 | $9.24 | $14.23 | $32.73 | $76.67 |

* Spouse costs are based on Member's age.
* For additional benefit amounts not shown, please call (224) 357-7880.

| DEPENDENT | MONTHLY COSTS |
|---|---|
| COVERAGE* | ALL DEPENDENTS UNDER 26 YEARS OLD |
| $20,000 | $4.54 |

* One cost covers all Dependents.

This voluntary benefit plan is classified as a Safe Harbor plan and, as such, is not subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Union does not contribute to the premiums for this plan on behalf of its Members, does not endorse the plan, and does not require Members to enroll in the plan. Furthermore, the Union receives no financial or other consideration in connection with the administration or promotion of this program.

For STD & LTD: These policies provide disability income insurance only and do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

For Life: You have 31 days to notify Union One of your retirement if you wish to port or convert your Life Insurance.

In all states except New York, Group Insurance policies are issues by **Sun Life Assurance Company of Canada** (Wellesley Hills, Mass.) The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada.

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