



**Group Disability Insurance Benefit Summary**

**Appendix J**

**Group #:** 028660, City of Suffolk

**Policy:** Madison National Life Insurance Company, Inc., 1284 **Original Effective Date:** 1/1/2011

<b>Class #</b>	<b>Class Title and Eligibility (Minimum Hour Requirement)</b>	<b>Maximum Annual Covered Salary / Maximum Monthly Benefit</b>	<b>Benefit</b>	<b>Elimination Period</b>
01	All Active Full-Time Employees (40 hours per week)	\$120,000 / \$6,000	60%	90 consecutive calendar days

Employer Contribution	0%
Participation Requirement	15%
Benefit Duration	To age 65, reduced duration after age 60
Minimum Monthly Benefit	Greater of \$100 or 10% of Gross LTD Benefit
Eligibility/Effective Date of Individual Coverage	First of month following completion of the Waiting Period if hired on or before the 15th of the month; First of the second month following completion of the Waiting Period if hired after the 15th of the month
Waiting Period	None
Calculation Method	Standard - Non-Contract Day
Pre-Disability Earnings Definition	Base Pay
Pre-Existing Conditions Exclusion	12 months/12 months/24 months
Guarantee Issue	\$0 if participation is less than 20%; \$6,000 if participation is 20% or higher
EOI Requirements	Late entrants not enrolled within 31 days of eligibility, increases, and amounts exceeding the Guarantee Issue
Terminations & Continuation of Coverage	Coverage may continue, with payment of premiums during: -FMLA -Paid Leave: 12 months -Unpaid Leave: 12 months
Definition of Disability	Zero Day; Partial Disability from Date of Disability
Own Occupation	24 months following the end of the Elimination Period
Sick Pay Coordination	Pays in addition to sick pay

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Cumulative Elimination Period	30 calendar days
Limitations (Mental/Substance Abuse)	24 months Lifetime unless hospital confined
Deductible Income (SS Integration)	Full Family/General Freeze
Billing Method	List Billed
Date Census Last received	1/23/2019
EAP	Yes
Identity Theft	Yes
Renewal Date	1/1/2020
Participation Information (EOI requirements for timely applicants, subject to Guarantee Issue amounts)	LOB: LTD Effective Date: 01/01/2019 Participation calculation: $317/1199 = 26.44\%$  Participation requirements have been met.

*This summary of benefits is meant to be an overview of the Policy only. Please refer to the Certificate for a full explanation of your plan's benefits, exclusions, limitations, and reductions. Should there be any discrepancy between this outline and the Certificate, the Certificate will prevail.*



**Employer Use Only**

**National Insurance Services Contact Roster**

All representatives can be reached at **1-800-627-3660**

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For any plan **QUESTIONS** or to arrange an **IN-PERSON** visit to discuss your current plan and future changes, contact:

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