# **International Longshoremen's Association** 2024 Plan Summary

Long term disability insurance is designed to provide you with continuing monthly income during an extended period of time while you are out of work due to an illness or accident.

# Eligibility

Active members<sup>1</sup> of the International Longshoremen's Association under the age of 65 who are actively at work<sup>2</sup> for at least 700 hours per year and who enroll during their Local's first annual enrollment, are eligible to apply for coverage.

# Maximum benefit amount at enrollment

Age	Minimum Benefit	Maximum Benefit	Increments
Under the age of 65	\$500 per month	up to the lessor of 60% or predisability earnings and \$7,500 per month*	in \$500 increments

\*Please Note: Total disability benefits may not exceed 60% of pre-disability income, less any other disability insurance income you have in force.

# **Elimination period**

You may choose from a 30-day, or 90-day, or 180-day elimination period before benefits begin.

# **Benefit duration**

The plan offers two maximum benefit durations.

Option #1: Benefits are payable for up to 5 years (for accidental injury or sickness).

Option #2: Benefits are payable for the later of your normal retirement age as defined by Social Security or for the periods shown below.

Reducing Benefit Duration Chart		
Age on Date of Your Disability	Benefit Duration	
Less than 60	To age 65	
60	60 months	
61	48 months	
62	42 months	
63	36 months	
64	30 months	

65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

## Additional plan benefits

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return to work services and financial incentives to help you get the maximum benefits from your coverage.

## Valuable built-in features

## **Survivor Income Benefit**

If the member dies while they are disabled and if you were entitled to receive monthly benefits for the month you die a single sum payment equal to 3 times the member's last net monthly benefit is made to the member's survivor.

## **Waiver of Premium**

If you become disabled, once you begin receiving benefits after the elimination period has been met, the company will waive your premium payments for the cost of any disability insurance defined as insurance for as long as you continue to receive benefits. When you stop receiving monthly benefits, premium must again be paid when due.

## **Family Care Incentive**

If you work or participate in a rehabilitation program while disabled, reimbursement may be provided for up to \$400 per month for eligible family care expenses incurred by you for each eligible family member during the first 12 months of benefit payments.

## **Moving Expense Incentive**

If you participate in a rehabilitation program while disabled, reimbursement may be provided for expenses incurred to move to a new residence if recommended as part of the rehabilitation program.

## **Rehabilitation Program Incentive**

If you participate in an approved rehabilitation program while disabled, we will increase your monthly benefit by 10%.

## **Work Incentive**

If you work while disabled and receiving monthly benefits, you may receive up to 100% of pre-disability monthly earnings, including family care expense reimbursement, rehabilitation incentive, return-to-work earnings and other income benefits. After the first 12 months following your return to work, we will reduce your monthly benefit by 50% of the amount you earn from working while disabled.

## Learn More

## How is disability defined under this plan?

This plan pays benefits if you are disabled due to a sickness or as a direct result of accidental injury, and are unable to earn more than 80% of pre-disability earnings at your own occupation for any employer in their local

economy, and are receiving appropriate care and treatment and complying with the requirements of such treatment.<sup>3</sup> Please see the certificate of insurance for details.

Following the own occupation period, you are considered disabled under the same terms if you are unable to earn more than 60% of pre-disability earnings from any employer in the local economy at any gainful occupations for which they are reasonably qualified taking into their training, prior education, and experience.

#### When does the coverage become effective?

Your coverage will begin on the 1<sup>st</sup> of the month following the next month after your annual enrollment period and your premium has been paid. You must be actively at work on the date insurance is to take effect; otherwise, the insurance will take effect on the date you return to work. Issuance of coverage or benefit payments may depend on the answers given in the enrollment form.

#### How long can my coverage continue?

Your coverage can continue as long as you pay your premium when due, remain a member, remain in an eligible class, the insurance continues for your class, the participating association continues to participate in the trust and the policy remains in force. Please see the certificate of insurance for details.

# Are there limited disability benefits for alcohol, drug or substance abuse, addiction, neuromuscular/musculoskeletal/soft tissue disorders, or mental or nervous disorder or diseases?

Yes. If you are disabled due to alcohol, drug, substance abuse or addiction, neuromuscular/musculoskeletal/soft tissue disorders, we will limit disability benefits to a lifetime maximum of 24 months.

Please see the certificate of insurance or contact your plan administrator at 1-800-928-6421 for additional details.

#### Are there any exclusions for pre-existing conditions?

Yes. You are not covered for a disability caused or substantially contributed to by a pre-existing condition, or the medical or surgical treatment of a pre-existing condition. Pre-existing condition means you received medical treatment, care or services for a diagnosed condition, or took prescribed medication for a diagnosed condition in the 6 months immediately prior to the effective date of coverage, and the disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage.

Please see the certificate of insurance or contact your plan administrator at 1-800-928-6421 for additional details.

#### Are there any exclusions to my coverage?

Yes. Disabilities will not be covered if caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Attempted suicide;
- Intentionally self-inflicted injury;
- Commission of or attempt to commit a felony.

#### Is there any income that will reduce my disability benefits?

Income that will reduce your disability benefit includes: Any disability or retirement benefits which you, your spouse or child(ren) receive or are eligible to receive because of your disability or retirement under the Federal Social Security Act, the Railroad Retirement Act, or any state, public or federal employee retirement or disability plan, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Retirement System (FERS) (You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan), or any pension or disability plan of any other nation or political subdivision thereof;

- Any income received for disability under a group insurance policy to which the employer has made a
  contribution (such as benefits for loss of time from work due to disability and installment payments for
  permanent total disability), a no-fault auto law for loss of income, excluding supplemental disability benefits,
  a government compulsory benefit plan or program which provides payment for loss of time from your job
  due to your disability, whether such payment is made directly by the plan or program, or through a third
  party, a self-funded plan, or other arrangement if the employer contributes toward it or makes payroll
  deductions for it, any sick pay, vacation pay or other salary continuation that the employer pays to you,
  workers' compensation or a similar law which provides periodic benefits, occupational disease laws, laws
  providing for maritime maintenance and cure, or unemployment insurance law or program;
- Any income that you receive from working while disabled to the extent that such income reduces the
  amount of your monthly benefit as described in rehabilitation incentives (This includes but is not limited to
  salary, commissions, overtime pay, bonus or other extra pay arrangements from any source); and
- Recovery amounts that you receive for loss of income as a result of claims against a third party by judgment, settlement or otherwise including future earnings.

## How do I pay for my coverage?

Discuss your payment options with your plan administrator.

You can pay monthly by EFT (electronic fund transfer), or credit card.

1. You must be a member in good standing of the International Longshoremen's Association to qualify for this insurance plan.

2. Actively at work means that you are performing the substantial and material duties of your own occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel.

#### 3. Definition of disabled changes to any occupation after 24 months.

In some cases a medical exam may be required (at no cost to you). When you apply, simply answer the health questions. Depending on the amount applied for, a paramedical exam and blood test may be required, which will be scheduled at your convenience. Even if you have a health condition, you still may qualify.

Coverage may not be available in all states. Please contact your plan administrator at 1-800-928-6421 for more information.

All insurance and insurance effective dates are subject to final underwriting approval.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator at 1-800-928-6421 for costs and complete details.

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166 L0422021616[exp0424][All States][DC] © 2022 MetLife Services and Solutions, LLC



