

# Short-Term **Disability**



## **Be Protected If Disability Strikes.**

Amalgamated Life Insurance Company is committed to meeting the needs of working men and women like you. Through our Short-Term Individual Disability policy you will gain peace of mind in knowing specific expenses will be covered should you become disabled.

### **Short-Term Disability**

#### Amalgamated's Robust Short-Term Disability Policy Offers Outstanding Features,\* Including

- Your choice of elimination and benefit period to meet Your needs
- Portability so that if you change jobs or leave your employer, the coverage goes with you
- Guaranteed renewable coverage to age 72 (up to age 65 in MA)

#### **Value Added Features and Policy Provisions**

- Definition of Disability—Totally Disabled or Total Disability means
  that You are under the Regular Care and Attendance of a Physician and
  that for the first 24 months of Total Disability, You are unable to
  perform the Material and Substantial Duties of Your Own Occupation due
  to Sickness or Injury; and You are not engaged in any other
  occupation.
- Definition of Partial Disability—A Partial Disability Benefit will be paid if
  you become Partially Disabled due to a covered Accident or Sickness.
   To be considered as Partially Disabled, You must first be Totally
  Disabled through the entire Elimination Period and have received at least
  one full Monthly Disability Benefit. The Partial Disability Benefit will
  be equal to 50% of the Monthly Disability Benefit.
- Mental Illness Benefit: Up to 3 months of benefits paid (not limited in GA and VT)
- Alcohol or Drug Benefit: Up to 15 days in any 6 month period (not limited in GA and VT)

Benefit Period: 6 months Elimination Period: Your choice of 7/7 or 14/14

- Coverage Type—Non-Occupational
- Disability payment amounts based on your income
- Maximum Benefits—60% of monthly salary up to \$5,000
- Waiver of Premium Benefit—If You become Totally Disabled due to a covered Accident or Sickness, Your coverage will be continued for this policy and all attached riders without payment of premium.
   Waiver of Premium will begin on the later of the next premium due date following:
  - 1. Your satisfaction of the Elimination Period; or 2. 90 days of continuous Total Disability.
- Pregnancy Benefit—Total Disability resulting from pregnancy, complications of pregnancy or child birth is covered the same as any other Sickness. The Elimination Period for the Pregnancy Benefit is calculated from the first date that a Physician diagnoses Total Disability. Total Disability as a result of a normal pregnancy is not covered if the Total Disability begins during the first 9 months following the Effective Date.
- Accelerated Benefit for Terminal Illness—We will advance to You
  the remaining months of the Monthly Disability Benefit payable to
  You under the Policy in a lump sum payment (not to exceed a
  maximum of 12 months or your Maximum Benefit Period —
  whichever is less) if You are diagnosed with a Terminal Illness.
  You must have satisfied your elimination period and are receiving
  Total Disability benefits under this policy.



## Short-Term **Disability**



Pre-Existing Condition—means an Injury or Sickness for which, during a twelve-month period immediately preceding the Effective Date of this Policy, You have received a diagnosis or advice from a Physician and received treatment, incurred medical expenses or taken prescription drugs. The term Pre-Existing Condition shall also include any condition which is related to any such Injury or Sickness.

**Pre-Existing Condition Limitation**—means the period of time (as shown on the Policy Specification Page) during which no benefits are payable for a Pre-Existing Condition.

#### YOU DECIDE CHECKLIST



#### MY CHECKLIST

Expenses that you may choose to cover with your disability benefits:

- Mortgage/rent
- ☐ Transportation (gas, car payments, repairs)
- ☐ Utilities (electric, water, cable, internet)
- ☐ Child care/elder care
- ☐ College expenses
- ☐ Loans/credit card debt

- The information in this product brochure is in an abbreviated form only. The actual coverage and amounts are subject to all the terms, limitations and exclusions in the individual policy. If the information in this product brochure differs from the individual disability policy, the terms of the policy will govern.
- For specific information regarding features and benefits on Amalgamated Life's Short-Term Disability policy, call 866-975-4089.
   Consider attending the next Open Enrollment Session at your organization.
- For New York residents—This policy provides disability income insurance only. It does NOT provide basic hospital, basic major medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 50.1%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

#### **Amalgamated Life Insurance Company**

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards, strong fiscal condition and excellent claims-paying ability.

#### **Claims Mailing Address**

Amalgamated Life Insurance Company Voluntary Benefits Department P.O. Box 5453 White Plains, NY 10602-5453 submitclaimforms@amalgamatedbenefits.com

#### For General Questions and Claim Questions

#### **Toll Free Telephone Number**

866-585-4994

#### Fax (for sending a claim)

877-847-1040

#### **Email**

support@honestinsuranceservices.com

Broker Information Honest Insurance Services Las Vegas, Nevada 89119 www.honest-benefits.com

#### **Call center hours:**

Monday thru Thursday 8am-8pm EST Friday 8am-6pm EST Saturday 9am-2pm EST

Amalgamated Life Insurance Company

333 Westchester Avenue, White Plains, NY 10604 866.975.4089

www.amalgamatedbenefits.com

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Policy Form AMINDDI-10\*

\*\*Additional premium will apply to base policy. Not all riders are available in all states.

<sup>\*</sup>Features & form numbers may vary by state.