

Chubb Disability Income

Benefits that help you

No one plans on becoming disabled, but just in case, we've got you covered. Disability insurance helps replace a portion of your income if you are unable to work due to an accident or sickness.



Coverage Features

- Covers off-the-job injuries after 14 days of total disability
- Covers off-the-job sickness after 14 days of total disability
- Includes coverage for pregnancy same as any other sickness
- Partial disability covered if it follows a total disability; payable at 50% of the monthly benefit
- Premiums are waived after 14 days of disability
- You can choose a benefit period of 3, 6 or 12 months

Benefit Options

- You can elect a monthly benefit amount up to the lesser of \$5,000 or 60%* of your income subject to a monthly minimum benefit of \$200. Monthly benefit amounts up to \$5,000 are available on a guarantee-issue basis.

*State Variations

- CA, NJ and RI residents can elect up to 20% of income
- NY residents can elect up to 30% of income

Eligibility

- Active employees working at least 30 hours per week, ages 18–69

Exclusions

Benefits are not payable for Disabilities contributed to or caused by:

- Occupational Injury
- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug, narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance;
- Being intoxicated or under the influence of alcohol, drugs or any narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;

- War, declared or undeclared, participation in a riot, insurrection or rebellion;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;
- Engaging in any illegal or fraudulent occupation, work or employment; or
- Committing or attempting to commit a felony or an assault; or for
- Disabilities that occur while you are incarcerated or imprisoned; or
- Disabilities that result solely as the result of a loss of a professional license, occupational license, or certificate.

This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage.

This document is only a brief description of Group Disability Income Certificate ICC17-C19202. See the certificate for complete details about features, benefits, exclusions

Pre-existing Condition Limitation

A pre-existing condition means a condition for which you received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed drugs or medications within the 12 months preceding your effective date. Benefits will not be paid for any disability caused by, contributed by, or the result of a pre-existing condition which begins within the first 12 months following your Effective Date.

Offsets with Other Income

Your disability benefit may reduce if the total of your disability income payment and the following sources of income exceed 80% of your pre-disability earnings:

- 0
- 0
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Chubb Disability Income Rates

Disability Rates

- Minimum benefit is \$200 per month.
- Your bi-weekly rates (26 pay cycles) will vary depending on your age and desired coverage amount.
- Amounts up to the lesser of \$5,000 or 60% of income are guarantee issue. (State variations apply in CA, NJ, NY, RI)
- Select benefits and associated costs are outlined in the tables to the right, however any rate can be calculated using the following formula:

$$\text{Desired Coverage Amount} \times \text{Rate for Your Age} / \$100$$

Calculate your bi-weekly (26) premium:

Step 1

How much coverage would you like? \$ _____

Step 2

Insert the rate per \$100 for your age and desired benefit period: \$ _____

Step 3

Multiply Step 1 by Step 2: \$ _____

Step 4

Divide Step 3 by 100: \$ _____

The answer to Step 4 will be your bi-weekly (26) premium for your desired amount of disability insurance coverage.

CLASS 1 Administration, Reception, Management, RNs, LPNs, CNAs and Physical Therapists

CLASS 2 All other eligible employees

3 month period benefit – 26 pay cycles

Monthly Coverage Amount	Age			Age		
	18-49	50-59	60-69	18-49	50-59	60-69
\$100	\$0.97	\$1.01	\$1.56	\$1.48	\$1.56	\$2.41
\$500	\$4.85	\$5.05	\$7.80	\$7.40	\$7.80	\$12.05
\$1,000	\$9.70	\$10.10	\$15.60	\$14.80	\$15.60	\$24.10
\$1,500	\$14.55	\$15.15	\$23.40	\$22.20	\$23.40	\$36.15
\$2,000	\$19.40	\$20.20	\$31.20	\$29.60	\$31.20	\$48.20
\$2,500	\$24.25	\$25.25	\$39.00	\$37.00	\$39.00	\$60.25
\$3,000	\$29.10	\$30.30	\$46.80	\$44.40	\$46.80	\$72.30
\$3,500	\$33.95	\$35.35	\$54.60	\$51.80	\$54.60	\$84.35
\$4,000	\$38.80	\$40.40	\$62.40	\$59.20	\$62.40	\$96.40
\$4,500	\$43.65	\$45.45	\$70.20	\$66.60	\$70.20	\$108.45
\$5,000	\$48.50	\$50.50	\$78.00	\$74.00	\$78.00	\$120.50

6 month period benefit – 26 pay cycles

Monthly Coverage Amount	Age			Age		
	18-49	50-59	60-69	18-49	50-59	60-69
\$100	\$1.21	\$1.40	\$2.13	\$1.82	\$2.01	\$3.07
\$500	\$6.05	\$7.00	\$10.65	\$9.10	\$10.05	\$15.35
\$1,000	\$12.10	\$14.00	\$21.30	\$18.20	\$20.10	\$30.70
\$1,500	\$18.15	\$21.00	\$31.95	\$27.30	\$30.15	\$46.05
\$2,000	\$24.20	\$28.00	\$42.60	\$36.40	\$40.20	\$61.40
\$2,500	\$30.25	\$35.00	\$53.25	\$45.50	\$50.25	\$76.75
\$3,000	\$36.30	\$42.00	\$63.90	\$54.60	\$60.30	\$92.10
\$3,500	\$42.35	\$49.00	\$74.55	\$63.70	\$70.35	\$107.45
\$4,000	\$48.40	\$56.00	\$85.20	\$72.80	\$80.40	\$122.80
\$4,500	\$54.45	\$63.00	\$95.85	\$81.90	\$90.45	\$138.15
\$5,000	\$60.50	\$70.00	\$106.50	\$91.00	\$100.50	\$153.50

12 month period benefit – 26 pay cycles

Monthly Coverage Amount	Age			Age		
	18-49	50-59	60-69	18-49	50-59	60-69
\$100	\$1.51	\$1.91	\$2.95	\$2.30	\$2.60	\$3.97
\$500	\$7.55	\$9.55	\$14.75	\$11.50	\$13.00	\$19.85
\$1,000	\$15.10	\$19.10	\$29.50	\$23.00	\$26.00	\$39.70
\$1,500	\$22.65	\$28.65	\$44.25	\$34.50	\$39.00	\$59.55
\$2,000	\$30.20	\$38.20	\$59.00	\$46.00	\$52.00	\$79.40
\$2,500	\$37.75	\$47.75	\$73.75	\$57.50	\$65.00	\$99.25
\$3,000	\$45.30	\$57.30	\$88.50	\$69.00	\$78.00	\$119.10
\$3,500	\$52.85	\$66.85	\$103.25	\$80.50	\$91.00	\$138.95
\$4,000	\$60.40	\$76.40	\$118.00	\$92.00	\$104.00	\$158.80
\$4,500	\$67.95	\$85.95	\$132.75	\$103.50	\$117.00	\$178.65
\$5,000	\$75.50	\$95.50	\$147.50	\$115.00	\$130.00	\$198.50