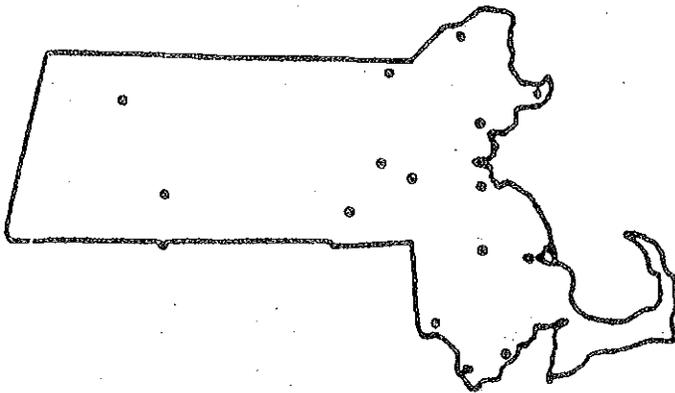


Massachusetts Municipal Employees

Massachusetts
Municipal
Insurance
Program



Long Term
Disability Income
Insurance Plan

- Premiums based on age at issue- do not increase with age
- Flexible Benefits

Underwritten by Trustmark Insurance Company

Protect Your Earning Power with Long Term Disability Income Insurance

Your most important asset is your ability to earn a living. You count on it to provide the things you need today and to achieve the dreams you have for tomorrow. But, what would happen if that ability were suddenly taken away because of an unexpected illness or injury?

The Massachusetts Municipal Employees Long Term Disability Income plan goes to work when you can't by providing monthly income benefits tailored to your financial needs. This plan features affordable protection for covered sickness and injuries both on and off the job that result in total disability.

Plan Features Include

Monthly Benefit Payments

- Benefits are sent directly to you
- You don't have to be hospitalized or confined at home to receive benefits
- There are no restrictions on how you use your benefit money

Monthly Benefit

- Monthly benefit available up to 60% of earnings to a maximum of \$3000 per month. Your monthly benefit will be reduced, dollar for dollar, by Primary and Family Social Security (referred to as Full Family Social Security Offset) and any other deductible sources of income to a minimum benefit of \$200 after integration.

Benefit Duration

- Benefits are payable for up to 10 years if you are disabled prior to age 60. If you are disabled at or after age 60, a schedule of decreasing benefit duration applies to age 69. Benefits are payable for one year if you are disabled at or after age 69.

<u>Age at Disability</u>	<u>Benefit Duration</u>
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Convenient Premium Payments

- Premiums are deducted simply and easily from your paycheck
- Waiver of Premium benefit is included

Streamlined Issue

- To apply for coverage, simply complete one short application form
- A professional worksite benefits counselor will assist you with your application

Elimination Period

- The elimination period is the number of days of continuous disability that must pass before benefits are payable
- The elimination period is the greater of 360 days, or after the benefits of the Short Term Disability plan expire

Eligibility

You may apply for the plan if you are a full-time employee working 20 hours per week.

Plan Provisions

Monthly Income Benefits are payable for total and continuous disability due to covered injury or sickness. No disability benefits will be paid for total disability that starts while you are no longer working as defined in your certificate. Benefits begin after the elimination period and continue for as long as you are disabled up to the end of your maximum benefit duration.

Total Disability exists when sickness or injury interferes with your ability to perform income producing work. During the first 24 months following the Elimination Period, you will be considered totally disabled if you cannot perform all the substantial and material duties of your usual occupation and are not doing any other work for wage or profit. After that, you will be considered totally disabled only if you cannot engage in any income producing work for which you are reasonably fitted by education, training or experience. While you are disabled you must be under a doctor's care for the cause of the disability.

Sickness means illness, disease or complications of pregnancy.

Injury means an injury resulting directly and independently of all other causes from a covered accident occurring after the policy effective date.

Deductible Sources of Income include the amount that you receive, or are eligible to receive, as disability income payments under any state compulsory benefit act or law, other group insurance plan, or liability insurance policy; the amount that you receive as disability payments under the Sponsor's retirement plan; or the amount that you receive or are entitled to receive under Workers' Compensation or any other state or Federal law of like intent.

Partial Disability Benefit. During the first 12 months of partial/residual disability, there will be no reduction in the benefit payment for your return-to-work earnings, unless the gross benefit combined with your return-to-work earnings exceeds 100% of pre-disability earnings. At the end of the 12 months period, benefits will be calculated using the standard formula. Once your earnings exceed 80% of the pre-disability earnings, benefit payments will cease.

Recurrent Disability. Benefits may resume if you return to work for less than six months and are again disabled by the same or related cause. A new Elimination Period does not need to be satisfied.

Accumulation of Elimination Period. You can return to work while receiving benefits for 14 days or less without having to begin a new Elimination Period. The days can be consecutive or intermittent.

Waiver of Premium. Premium is waived when benefits are payable.

Pre-existing Conditions. Benefits will not be paid for disability which occurs in the first 24 months of coverage if the disability is contributed to or caused by a pre-existing condition for which the insured was treated in the 12 months prior to the effective date of coverage.

Mental/Substance Limit. A disability resulting from a mental illness, alcoholism or drug abuse is limited to 12 months unless you are hospital confined.

Exclusions. No benefits are paid for disability which results from:

- intentionally self-inflicted injuries;
- war or act of war, declared or undeclared;
- your participation in a riot.

The Company Behind the Plan

This disability plan is underwritten by Trustmark Insurance Company, a life and health insurer managed for the benefit of its policyowners. Since 1913, Trustmark has been committed to providing fast, efficient service to America's workforce.

Be sure to visit with
the benefit representative
at your worksite or call
1-800-445-4493

Plan Information

Monthly Benefit Applied For:	\$ _____
Benefit Duration:	_____
Elimination Period:	_____
Premium Deduction Per Pay period:	\$ _____