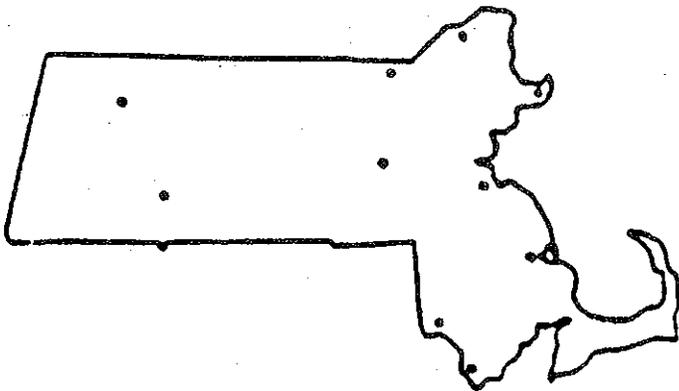


# **Massachusetts Municipal Employees**

**Massachusetts  
Municipal  
Insurance  
Program**



**Short 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 Short Term (Non-occupational) 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 short Term Disability Income plan goes to work when you can't by providing weekly income benefits tailored to your financial needs. This plan features affordable protection for covered sickness and non-occupational injuries and illnesses that result in total disability.

## Plan Features Include

### Weekly 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

### Weekly Benefit

- Weekly benefit available up to 60% of earnings to a maximum of \$750 per week. Your weekly benefit will be reduced by any deductible sources of income to a minimum of 25% of the weekly benefit.

### Benefit Duration

- Benefits can continue for up to 12 months

### Covered Maternity Benefits

- A pregnancy is covered the same as sickness when it commences after the plan's effective date and satisfies the policy's pre-existing condition limitation.

### Convenient Premium Payments

- Premiums are deducted simply and easily from your paycheck

## 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
- You may select one of the following elimination periods for disability resulting from covered accidents and sickness:

14 days  
30 days  
60 days  
90 days  
180 days

## Eligibility

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

## Plan Provisions

**Weekly 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 you select 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. 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. 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.

**Complications of Pregnancy** are specifically defined in your certificate. Refer to your contract for conditions covered as 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.

**Occupational Injury** means injuries which arise out of, or occur while you are engaging in, any work for pay or profit; or for which you are eligible to receive Workers' Compensation benefits.

**Occupational Injury Limitations or Exclusions** apply to this plan. Refer to your certificate for exact terms and conditions.

**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.

**Period of Disability.** A period of disability will be treated as part of a prior period of disability if it is due to the same or related causes as the prior period and it is separated from the prior period by less than 30 days of return to active work; or it is due to separate and unrelated causes and you have not returned to active work for a least one day.

**Pre-existing Conditions.** Benefits will not be paid for disability which occurs in the first 12 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.

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

- intentionally self-inflicted injury or attempted suicide, while sane or insane;
- your commission of, or attempt to commit, a felony;
- your engaging in an illegal occupation;
- war or act of war, declared or undeclared;
- your participation in a riot;
- occupational injury or sickness

### Guaranteed Renewability

So long as premiums are paid when due, your coverage cannot be canceled or the rates changed because of any changes in your health or because of any claims you may file. Rates may be changed only if the same action is taken on all such policies issued to members or employees of the sponsoring organization listed in the Schedule.

### 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.

#### Plan Information

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

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