Unitarian Universalist Association

Congregational Field Staff & Community Ministers Div 1

Benefits Plan

Here is your new coverage**.** Make sure you are aware of the deadline date for your coverage elections.
If you miss the deadline, you will be considered a late entrant and proof of insurability will be required.

PLAN HIGHLIGHTS:

- **Life**
- **Disability**

Your Guardian plan number: 00494594

Learn more about Guardian at ***www.guardianlife.com.***

GUARDIAN®

We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytime℠, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytime℠ at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!

Life Plans

Basic Life Your employer provides Basic Life Coverage for all full time employees working at least 750 hours per year in the amount of 200% of your annual salary, to a maximum of $200,000. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits to a maximum of $200,000. We Guarantee Issue coverage up to $200,000 per employee.

Your spouse/domestic partner is eligible for coverage in the amount of $10,000. Your dependent children ages birth to 6 months: $1,000, 6 months to 22 years are eligible for coverage up to the amount of $5,000.

UNDERSTANDING YOUR BENEFITS (some information may vary by state)

Accelerated life benefit	In the unfortunate case in which an employee is terminally ill, this option allows payment of up to 50% of plan benefit up to a maximum of $100,000, in last months of life. Subject to state limitations.
Accidental Death and Dismemberment	Provides additional protection in the event of accidental death. Also covers loss of limb or eye due to accident.
Benefit reductions	For Basic Life, a decrease in the coverage amount based on age, 35% at age 65, 50% at age 70.
Guarantee Issue	The 'guarantee' means the applicant (employee, spouse or child) is not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period. (For Basic Life, amounts may vary for future entrants age 70 and over. See your Plan Administrator for details.)
Portability with Evidence of Insurability	Allows employees to continue coverage for themselves and their dependents upon termination of employment (for reasons other than injury or illness) by converting their group life policy to a group portability trust policy subject to certain restrictions and Evidence of Insurability and provided you have been insured at least three months.
Waiver of premium	Allows you to stop making premium payments if you become totally disabled before age 60. Waiver applies until age 65.

EXCLUSIONS AND LIMITATIONS:

Subject to coverage limits

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR AD&D

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs: As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a valid driver's license; While legally intoxicated; While participating in civil disorder or committing a felony; Traveling on any type of aircraft while having any duties on that aircraft; While voluntarily using a non-prescription controlled substance.

GP-1-R-ADCL1-00 et al.

Disability Plans

Long-Term Disability Coverage

Provides benefits starting 90 days after you become disabled.

While disabled, your gross monthly benefit will be 66.67% of your salary, to a maximum of $6000.

COVERAGE	LONG-TERM DISABILITY
Coverage amount	66.67% of salary to maximum $6000/month
Maximum payment period	To age 65, standard ADEA
Accident benefits begin	Day 91
Illness benefits begin	Day 91
Waiting period	
Current employees	Planholder determines
New employees	Planholder determines

YOUR GUARDIAN PLAN OFFERS:

Premium payments waived
once you begin receiving benefits.

Reliable claim payments

Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.

PLAN DETAILS	LONG-TERM DISABILITY
Evidence of Insurability	Health Statement may be required for late entrants
Medical Plan Premium Benefit	Maximum of $600 for a 24 months duration
Minimum work hours/week	750 hours per year
Plan covers on the job accidents	Yes
Pre-existing Conditions	3 months look back; 12 months after exclusion
Rehabilitation Benefit	Yes
Retirement Savings Benefit	3% to a maximum of $3000 per quarter after a specified qualifying period.
Survivor Benefit	6 months

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working 750 hours per year on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.

Thank You

If applicable, return your completed form to your plan administrator.

UUA Insurance Plans
24 Farnsworth St
Boston MA 02210-1409

Fax Number : 617-948-6487

Please remember to:

- ❑ Check the coverage you want
- ❑ Include your social security number (and those of your dependents, if applicable)
- ❑ Include dates of birth
- ❑ Indicate the best way to reach you
- ❑ Include your name on each page of the form
- ❑ Sign and date form

Date form submitted:

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GUARDIAN®

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7 Hanover Square, New York 10004

Make the most of your Guardian benefits at www.GuardianAnytime.com

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* claim is available online
- View and print dental or vision ID cards
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

Unitarian Universalist Association Benefits Plan

*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).