



Benefits are made available only to full time, actively working members of the IBEW Railroad

**NEW NEEDED INCOME PROTECTION BENEFITS
GUARANTEED COVERAGE THAT PROTECTS AGAINST THE UNEXPECTED**

Voluntary Long-Term Disability Protection (LTD)

- Pays a flat monthly benefit of \$2,000 for up to 2 or 5 years
- Stackable with your other disability benefits up to 70% of your pre-disability earnings
- 24/7 coverage for on and off the job disabilities resulting from injury or illness
- Includes \$10,000 of Life/AD&D coverage
- Pays after 365 day waiting period (**starts when IBEW Aetna benefit ends**)
- Monthly benefits are non-taxable
- Pre-existing conditions are covered after 12 months

Long-Term Disability with \$10,000 of Life/AD&D					
Monthly Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$2,000 for up to 2 Years	\$13.70	\$14.57	\$18.31	\$25.29	\$58.62
\$2,000 for up to 5 Years	\$16.87	\$19.19	\$29.47	\$57.09	\$133.85

Voluntary LTD Can Pay in Addition to:

- IBEW Aetna Benefit
- RRB Sickness Benefits
- RRB Occupational Disability Annuity

LAST DAY TO ENROLL IS 10/31/2019

For quick and easy enrollment, call Cornerstone at 224-770-5312 (M-F 8am-5pm CST)

See reverse for more information →

Voluntary Life and Accidental Death & Dismemberment (AD&D)

- Guaranteed approved coverage for member, spouse, and children - NO pre-existing condition limitations
 - **Benefit doubles** if death is caused by an accident
- **Members can get an additional benefit up to \$200,000 (in \$10,000 increments)**
- **Spouses can get up to \$50,000 (in \$5,000 increments)**
- Child(ren) eligible for a flat \$10,000 of coverage - All eligible children are covered for \$2.85 per month

Member Benefit and Monthly Premium					
Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
\$50,000	\$9.20	\$10.05	\$18.35	\$39.95	\$83.10
\$100,000	\$16.40	\$18.10	\$34.70	\$77.90	\$164.20
\$150,000	\$23.60	\$26.15	\$51.05	\$115.85	\$153.80
\$200,000	\$18.22	\$83.10	\$164.20	\$245.30	\$326.40

Dependents Benefit and Monthly Premium					
Benefit	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69
Spouse Monthly Premium • Premiums based on Member Age					
\$5,000	\$2.45	\$2.68	\$3.58	\$5.26	\$10.09
\$25,000	\$16.40	\$18.10	\$34.70	\$77.90	\$164.20
\$50,000	\$6.50	\$8.75	\$17.75	\$34.60	\$82.85
Spouse Monthly Premium • Premiums based on Member Age					
\$10,000	All children covered at one cost of \$3.16				

Help keep your loved ones financially protected

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IMPORTANT NOTE:

Please note, if you leave the union or retire it is your responsibility to contact our office immediately at (847) 387-3555, and failure to do so within 30 days will forfeit your ability to keep coverage and receive any premium refunds. Premium is determined by your age on the coverage effective date, and will increase on the next policy anniversary date after you enter the next age band. Benefit effective dates are subject to change. This group plan has minimum participation requirements for the plan to become effective. Failure to meet participation could prevent the plan from becoming effective, or delay the effective date. The IBEW does not make any endorsement or recommendations regarding these benefits. This program is voluntary and it is solely the members' decision to enroll. This is a basic summary of benefits and makes no guarantee or warranty on the processing of claims. Other limitations may apply. It is recommended that each enrolled member obtain a copy and read the entire policy booklet. All non-banking administrative and transaction fees are included in the enclosed premiums.