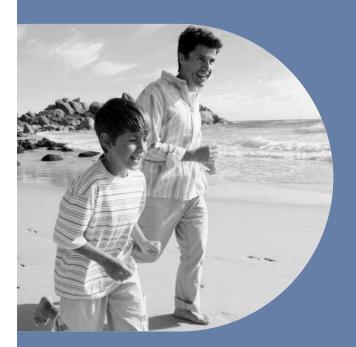
## Disability Income Insurance Plan

# Disability Insurance Protection for Your Financial Wellbeing





For many people,
disability means an
interruption in earnings —
in some cases months or
even years. A long
interruption and an
inability to work can leave
you financially at risk.
Even with other coverage,
benefits may not be
sufficient to cover your
household's expenses
during your recovery.

The Plan's disability income insurance program can provide protection while you are disabled. The plan offers you the flexibility to choose a coverage that's right for you.

## Who Is Eligible?

All active members of the Boston Bar Association, who are under age 60, work at least 30 hours a week and reside in the United States are eligible to apply.

## Monthly Benefits Up to \$5,000/month

Choose a benefit amount from \$500 up to \$5,000 per month in increments of \$100.

## When Will Benefits Begin?

Benefits begin following satisfaction of an **elimination period** or a number of consecutive days during which you must be totally or residually disabled.

BBA members can choose 90 or 180 days.

## **Choose a Benefit Period to Fit Your Needs**

Eligible Boston Bar Association members have a choice of benefit durations to fit their needs:

#### PLAN 65-65: To Age 65 Plan for Injury or Sickness

If Total Disability Begins:	Maximum Benefit Period:
Prior to Age 63	To Age 65,
On or After Age 63	24 months

## **PLAN 5-5:** Five Year Plan for Injury or Sickness

It Total Disability Begins:	Maximum Benefit Period:
Prior to Age 60	60 months
On or After Age 60, butbefore Age 63	To Age 65
On or After Age 63	24 months

## PLAN 2-2: Two Year Plan for Injury or Sickness

## **Maximum Benefit Period:**

For Disability due to	24 months
Injury or Sickness	

## Annual Rate Schedule Per \$100 of Monthly Benefit

## 90 DAY ELIMINATION PERIOD 180 DAY ELIMINATION PERIOD

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Attained Age	To Age 65	60 Months	24 Months	Attained Age	To Age 65	60 Months	24 Months	
Under 30	\$ 11.05	\$ 6.95	\$ 4.14	Under 30	\$ 10.22	\$ 6.43	\$ 3.83	
30 – 39	14.64	9.24	5.22	30 – 39	13.54	8.55	4.83	
40 – 49	26.90	18.15	9.05	40 – 49	24.88	16.79	8.37	
50 – 59*	46.58	38.17	18.33	50 – 59*	43.09	35.31	16.96	
60 – 64*	55.55	55.55	34.42	60 - 64*	51.38	51.38	31.84	
65 – 69*	40.11	40.11	40.11	65 – 69*	37.10	37.10	37.10	

<sup>\*</sup>Renewal premiums only.

### **How the Coverage Works**

You are Totally Disabled as a result of:

- 1. Injury; or
- 2. Sickness.

You must have been covered under this plan when the disability occurred; satisfied your elimination period and the disability must require the regular care of a physician.

#### When and How Does this Plan Provide Benefits?

The Plan's disability coverage provides benefits when you are disabled and are unable to perform the duties of *your occupation* during the first five years of disability.

For disabilities lasting longer than 5 years, benefits will continue to be paid for disabilities that prohibit you from performing duties of any occupation for which you are qualified by education, training, or experience.

**As an attorney**, your occupation means the legal specialty or specialties in which you have practiced in the five year period preceding your disability. If your occupation or profession is limited to a recognized specialty within the scope of your degree or license, your specialty will be deemed to be your occupation.

If you have been in legal practice for less than five years, your occupation means the legal specialty or specialties in which you have practiced in the period preceding your disability.

## **Included in your Coverage:**

#### **Benefits for Residual Disabilities**

If you are able to return to work in a limited capacity due to the residual affects of your disability — but not yet able to earn predisability income (at least 20% and less than 80%), you may receive a residual disability benefit.

#### **Waiver of Premium**

If you are under Age 60; and totally disabled for 6 continuous months while covered under the Policy; we will waive any further premiums becoming due for your coverage while you are receiving total disability benefits.

#### **Survivor Income Benefit**

If you die while receiving disability benefits, and you had been receiving such benefits for at least 12 continuous months prior to your death, a survivor income benefit may be paid to your beneficiary, spouse, children, or estate. The survivor income benefit is an amount equal to your monthly benefit and is payable for up to 3 months, subject to the maximum benefit period.

#### **Rehabilitation Benefit**

A rehabilitation program in some instances can assist you in returning to work. The program utilizes vocational rehabilitation specialists to review your file to determine if rehabilitation services might help you return to work. Participation in this program is voluntary.

## **Transplant Benefit**

If your disability results from donation of your kidney, liver, lung, skin or bone marrow for an organ transplant procedure, you will be considered disabled as a result of sickness and the elimination period that would otherwise apply under the income benefit will be waived. However, a Maximum Benefit Period of 12 months will apply for such a disability and will be payable only once in your lifetime.

#### **Mental Illness and Substance Abuse Limitation**

If you are disabled due to mental illness or substance abuse, the maximum benefit period for Total or Residual Disability benefits will not exceed 24 months in your lifetime.

## **Coverage Continues**

Your insurance under the Policy will continue unless one of the following occurs: the Policy is cancelled; your Premium is not paid within the Grace Period; the first day of the month following attainment of age 70; the date You cease to be a member of the Enrolling Group, or, the date the Enrolling Group ceases to participate with the Policyholder; the date the insurance carrier or the Policyholder cancel coverage for a class of persons to which You belong; the date You are no longer in a class eligible for coverage; the date You retire, except due to Disability covered by the Policy; or the first day of the month following a 60 day continuous period during which You cease to be Actively at Work, except due to Disability covered by the Policy or due to a layoff or leave that meets the conditions stated in a Continuation provision of the Policy.

#### **Coverage Reduces for Other Sources of Income**

Qualified Applicants should not enroll for more than 60% of earnings when added to other coverage. If the benefits of the policy, when added to other sources of income, are more than 60% of pre-disability earnings (or 80% of earnings under the Residual Disability Benefit), the coverage will be reduced by the excess amount. Other sources of income include benefits from Workers Compensation, other group insurance, governmental disability income benefits, U.S. Social Security benefits, retirement benefits if received as disability benefits, no-fault motor vehicle insurance or automobile liability insurance, unemployment compensation, amounts recovered in a settlement with a third party, and similar sources of other income.

#### **Exclusions**

The Policy does not cover, and We will not pay a benefit for any Loss or Disability:

- due to an act or accident of war or act of war, declared or undeclared, whether civil or international, or due to any substantial armed conflict between organized forces of a military nature;
- 2. due to suicide or intentionally self-inflicted Injury;
- 3. due to active participation in a riot;
- 4. due to committing or attempting to commit a felony;
- 5. due to Your being engaged in an illegal occupation;
- with respect to persons who reside outside of Massachusetts and Montana, loss or disability due to pregnancy (except that Complications of Pregnancy are covered);

- 7. due to cosmetic or elective surgery;
- due to injury sustained during travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on; a. a scheduled route; or b. a charter flight seating 15 or more people;
- while You are in the armed forces of any country or international authority for a period greater than 30 days (in such event the pro rata unearned premium shall be returned to You for any period of full-time active duty for more than 30 days provided You notify us within 12 months of entering the armed forces); or
- 10. while incarcerated or under any house arrest that places restrictions on Your movement outside Your home by a court of competent jurisdiction, including restrictions that are monitored by electronic or other means.

### **Apply Now!**

Mail completed application to the Plan Administrator.

The policy has exclusions and limitations which may affect any benefits payable.

The complete listing of your coverage including exclusions and limitations can be found in master policy 1197 issued to the Trustees of the Association Member benefit Trust and underwritten on Form ADI-4001-A. If differences exist between this Summary and the policy, the policy will govern. Boston Bar Association is a participating organization with the Association Member Benefit Trust.

### **Administered By**



12 Gill Street Suite 5500 Woburn, MA 01888 617-423-6448 1-800-747-1018



Coverage described in this brochure underwritten by:

### **Unimerica Insurance Company**

Home Office: 10701 West Research Drive, Milwaukee, WI 53226 Association Administrative Address: P.O. Box 17828, Portland, ME 04112-8828

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