

Group Catastrophic Disability Insurance

Your Guide to

Underwritten by Unimerica Insurance Company



ASCE | MEMBER INSURANCE

■ Why Purchase Catastrophic Disability Insurance Through the ASCE?

ASCE's Group Catastrophic Disability Insurance provides an additional layer of protection against the financial hardships associated with severe disabilities. This coverage pays a benefit for catastrophic disabilities that result in the loss of two activities of daily living or cognitive impairment. Plan features include:

- Up to 100% Income Replacement (maximum \$10,000 per month)
- Choose From Three Benefit Period Options
- Choose From Four Elimination Period Options
- Benefits Provided Regardless of Social Security or Workers' Compensation
- Benefits Provided Regardless of Social Security or Workers' Compensation
- Return-to-Work Assistance (**note: participation is voluntary in these programs**)
 - Rehabilitation Services
 - Worksite Modification

■ How Much Coverage Can I Apply For?

ASCE Group Catastrophic Disability Insurance provides up to 100% income replacement, with a maximum of \$10,000 per month.* Benefits are provided regardless of Social Security or Workers' Compensation benefits. Use of these programs is optional, but—in most cases—monthly benefits will continue if you remain disabled even though you've returned to work.

**In-force disability insurance is taken into consideration at time of application.*

■ Who is Eligible?

ASCE members and their spouses are eligible for coverage under this plan.

- ASCE members
 - under age 55
 - actively at work
 - reside in the United States
 - earn a minimum of \$12,000/year
- Spouses of ASCE members (*Extended Disability Benefit only*)
 - under age 55
 - actively at work
 - reside in the United States

This plan is not currently available in all states. For details, call 1.800.650.ASCE (2723).

■ How Do These Plans Work?

Members and spouses elect both a Benefit Period and Elimination Period that best suits their needs. The coverage provides monthly benefits in the event of catastrophic disabilities which result in loss of two activities of daily living or cognitive impairment.

Elimination Period Options: Choose from four elimination period options: 60 days, 90 days, 180 days, and 360 days.

Benefit Period Options: Choose from three benefit period options, with benefits payable as follows:

To Age 65 Benefit Period	
If Disability begins:	Benefits are paid:
Prior to age 64	To age 65
On or after age 64	12 months

10-Year Benefit Period	
If Disability begins:	Benefits are paid:
Prior to age 64	120 months
On or after age 60, but before age 64	To age 65
On or after age 64	12 months

5-Year Benefit Period	
If Disability begins:	Benefits are paid:
Prior to age 64	60 months
On or after age 60, but before age 64	To age 65
On or after age 64	12 months

■ What Do These Features Provide?

Optional Extended Disability Benefit: This optional Extended Disability Benefit rider offers an additional lump sum benefit (ranging from \$10,000 to \$100,000) for catastrophic disabilities after satisfying the elimination period. This optional benefit is available to eligible members and member's spouses under age 55. See policy for details.

Survivor Benefit: A lump sum benefit equaling three months of disability benefit is payable to your beneficiary (or your estate) if you die after having received six continuous months of disability benefits under this plan.

Waiver of Premium: If you remain catastrophically disabled and unable or incapable of performing the material and substantial duties of your occupation and have satisfied your elimination period, premiums will be waived for a period of up to 24 months.

Rehabilitation Services: Rehabilitation services are available to assist you in returning to work. Participation in this program is voluntary.

Worksite Modification: Worksite modification may be provided to help you return to work. Participation in this program is voluntary.

Transplant Benefit: This plan provides coverage for catastrophic disabilities resulting from organ transplant procedures. This benefit is available only once in a lifetime and has a maximum benefit period of 12 months.

■ When Is the Benefit Payable?

The benefit is payable when you suffer a catastrophic disability as defined in the policy. The period of disability must satisfy the elimination period first.

A catastrophic disability results in your inability to safely and completely perform two or more Activities of Daily Living or leaves you cognitively impaired. Activities of Daily Living are bathing, dressing, toileting, transferring, continence, or eating.

Renewal Payments and Claims: Once you are accepted into the Plan, you will have a 31-day grace period for your payment of renewal premium contributions. When you want to submit a claim, call the Plan Administrator at 1.800.650.ASCE (2723) for claim forms.

"30-Day Free Look": When you become insured you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your certificate, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

■ What Is My Cost?

Use the following example to calculate your quarterly premium:

Divide the monthly benefit by 100 and multiply by the base rate (listed in the chart below).

Example: Male, age 42
 5-Year Plan/90-Day Waiting Period/\$5,000
 Monthly Benefit
 $\$5,000 \text{ divided by } 100 = 50 \times .47 = \23.50
 payable quarterly

QUARTERLY PREMIUM CONTRIBUTIONS Base Rates per \$100 of Monthly Benefit				
TO AGE 65 BENEFIT PERIOD				
Age Band	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	360-Day Waiting Period
Under 30	\$.71	\$.66	\$.62	\$.58
30-34	.75	.70	.66	.61
35-39	.88	.82	.77	.72
40-44	1.01	.93	.86	.79
45-49	1.26	1.16	1.08	.99
50-54	1.49	1.37	1.27	1.15
55-59	1.84	1.68	1.53	1.37
60-64	3.06	2.76	2.49	2.16
65-69	8.05	7.21	6.46	5.52

Note: The premiums will increase on the renewal date coinciding with or next following the date you enter a new age bracket.

QUARTERLY PREMIUM CONTRIBUTIONS Base Rates per \$100 of Monthly Benefit				
10 YEAR BENEFIT PERIOD				
Age Band	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	360-Day Waiting Period
Under 30	\$.53	\$.50	\$.47	\$.44
30-34	.56	.53	.50	.47
35-39	.66	.62	.58	.54
40-44	.77	.71	.66	.61
45-49	1.02	.94	.87	.80
50-54	1.35	1.24	1.14	1.03
55-59	2.01	1.84	1.68	1.51
60-64	3.06	2.76	2.49	2.16
65-69	8.05	7.21	6.46	5.52

Note: The premiums will increase on the renewal date coinciding with or next following the date you enter a new age bracket.

QUARTERLY PREMIUM CONTRIBUTIONS Base Rates per \$100 of Monthly Benefit				
5 YEAR BENEFIT PERIOD				
Age Band	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	360-Day Waiting Period
Under 30	\$.34	\$.32	\$.30	\$.28
30-34	.37	.34	.32	.30
35-39	.42	.39	.37	.34
40-44	.51	.47	.44	.40
45-49	.69	.64	.60	.53
50-54	.97	.89	.81	.72
55-59	1.47	1.33	1.21	1.07
60-64	3.06	2.76	2.49	2.16
65-69	8.05	7.21	6.46	5.52

Note: The premiums will increase on the renewal date coinciding with or next following the date you enter a new age bracket.

Option Extended Disability Benefits Per \$1,000 Benefit Quarterly Mode	
Attained Age of Applicant	180-Day Waiting Period
Under 30	\$.10
30-34	.10
35-39	.12
40-44	.17
45-49	.22
50-54	.32
55-59	.50
60-64	1.27
65-69	1.27

Note: The premiums for you and your spouse will increase on the renewal date coinciding with or next following the date you or your spouse enters a new age bracket

■ What Else Should I Know?

Pre-existing Condition Provision: The Catastrophic Disability policy will not cover any sickness or injury caused by, contributed to, or resulting from a pre-existing condition that begins in the first 24 months after your coverage is effective, unless you have been treatment-free for 12 consecutive months after the effective date of coverage.

A Pre-existing Condition is any injury or sickness, or subjective symptoms for which you:

were diagnosed by or received treatment from a physician or other licensed practitioner of the healing arts; took any drugs or medications; or had symptoms for which an ordinarily prudent person would have sought treatment; within the six-month period prior to your effective date of insurance, or with respect to increases in coverage, within the six-month period prior to the effective date of the increase.

Coverage terminates if:

- You are no longer a member of the enrolling association.
- You are no longer the spouse of a member.
- You attain age 70.
- You have been paid benefits for the maximum benefit period.
- You do not pay the required premium when due.
- The date the policy ends.
- You retire.
- The first day of the month following a 60-day continuous period during which you are no longer actively at work except due to a disability covered by this policy or due to a layoff that meets the conditions stated in this policy.

Exclusions: The following exclusions apply to all benefits of the Policy—the Policy does not cover, and will not pay a benefit for any Loss or Disability:

- Due to an act or accident of war, declared or undeclared, whether civil or international, or due to any substantial armed conflict between organized forces of a military nature.
- Due to suicide or intentionally self-inflicted injury.
- Due to active participation in a riot.
- Due to committing or attempting to commit a felony.
- Due to your being engaged in an illegal occupation.
- Due to pregnancy (except that Complications of Pregnancy are covered).
- Due to an 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 scheduled route; or
 - 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).
- 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.

Policy Definitions

1. **Disability:** Catastrophically Disabled: It is determined that, due to Disability as a result of an injury or sickness that begins while you are covered under this benefit you have lost the ability to safely and completely perform two or more activities of daily living without another person's active assistance or verbal cueing; or are cognitively impaired and need another person's assistance or verbal cueing for your protection or for the protection of others. The suspension, revocation, or surrender of a professional or occupational license or certificate does not constitute Catastrophic Disability.
2. **Cognitive Impairment:** Cognitively Impaired means a deficiency in short- or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgment as it relates to safety awareness. The impairment must be measurable according to generally accepted medical standards.

3. **Activities of Daily Living (ADLs):**

- a. **Bathing:** The ability to wash oneself in the tub, shower, or by sponge bath with or without equipment or adaptive devices.
- b. **Dressing:** The ability to put on and take off all garments, medically necessary braces, or artificial limbs, and to fasten and unfasten them.
- c. **Toileting:** The ability to get to and from and on/off the toilet, maintaining a reasonable level of personal hygiene, and caring for clothing.
- d. **Transferring:** The ability to move into and out of a chair or bed, with or without equipment such as canes, walkers, crutches, grab bars, or other support devices, including mechanical or motorized devices.
- e. **Continence:** The ability to voluntarily control bowel and bladder function, or in the case of incontinence, the ability to maintain a reasonable level of personal hygiene.
- f. **Eating:** The ability to get nourishment into the body by any means after it has been prepared and made available.

■ **How Do I Apply?**

Before you request coverage, you must be a member in good standing with ASCE. To apply, please download the application for the product you would like to apply for. You may fax your completed and signed application toll-free to 1.866.817.9009 or send it via mail to:

ASCE Member Insurance Program
1200 East Glen Avenue
Peoria Heights, IL 61616-5348

Payments and Claims: Once you are accepted into these plans, you will have a 31-day grace period for your payment of renewal premiums. When you want to submit claims, contact the Plan Administrator, Pearl Insurance, at the above address or call 1.800.650.ASCE (2723).

Certificate of Insurance: This brochure is only a brief description of the principal provisions and features of the ASCE Group Catastrophic Disability Insurance Plan. The complete terms and conditions are set forth in the group policy issued by Unimerica Insurance Company to the Trustee of the ASCE Group Catastrophic Disability Insurance Plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Plan. In the event of any conflict or inconsistency between the information on this site and the information contained in the underlying plan documents, the plan documents will in all respects control and govern. If any provision is not

explained or only partially explained, your rights will always be determined under the provisions of the underlying plan documents. Insurance coverage and availability may differ by state.

Your Effective Date: An eligible member's effective date will be established by the insurance company. Members must meet all eligibility conditions on the effective date.

About This Brochure: This information is not intended to be a complete description of the insurance coverage available and some coverage options may not be available in all states. For complete details of coverage, please refer to the Master Policy.

This plan is subject to rate changes on any policy anniversary or premium renewal date and on any date on which benefits are changed. Changes in coverage or other plan provisions can be made by Unimerica Insurance Company or Plan Trustee. This is a limited policy. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

■ **Unimerica Insurance Company Insurance Information Practices Notice** **Our Underwriting Procedures**

For certain types of coverage, we require proof of insurability to determine if you are eligible for the coverage you requested. We review all of the information in your application form, and, if necessary, confirm or add to this information in the ways described in this notice.

Privacy and Information Practices **Collecting Information**

Your application is our main source of information. But we may:

- Ask you to have a physical exam, an EKG, and/or blood profile, etc.
- Ask physicians, hospitals, or other healthcare providers to confirm or add to the information you have given us.
- Obtain information from the Medical Information Bureau (MIB). See "Notice Regarding MIB, Inc."
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request.

Information Use

We will use the information only for business purposes arising from the relationship you have with us.

Information Maintenance and Disclosure

We treat the information we have about you as confidential. The authorization form that you have been asked to complete will permit us to send the information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with Unimerica Insurance Company or its affiliates, and to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted. In certain circumstances, the information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request it in writing, we will send you a copy of the relevant information we obtain about you in connection with your request for medical coverage. Medical information, however, will only be disclosed through the attending licensed physician. If you feel that any of the information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this information to anyone.

We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

NOTICE REGARDING MEDICAL INFORMATION BUREAU (MIB)

Information regarding your insurability will be treated as confidential. Unimerica Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another

MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 1.866.692.6901 (TTY 1.866.346.3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Unimerica Insurance Company, or its reinsurers, may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.
Form AA-2035



Underwritten By:
Unimerica Insurance Company
145 Commercial Street
Portland, ME 04101

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ASCE incurs certain administrative expenses in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for such expenses.

For complete plan details, please contact the Plan Administrator, Pearl Insurance, at 1.800.650.ASCE (2723).

Marketed and Administered by:

P E A R L

INSURANCE

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