



# Voluntary Short Term Disability Income Insurance

Policy Series BML WS-DI 6/11

*Designed for the employees of*

**Town of Lincoln**

**30/30/26 Weeks**

## BENEFIT FEATURES

**Elimination Period:** 30 Days Injury / 30 Days Sickness

**Benefit Duration:** 26 Weeks

**Available Purchase Amounts:** \$100 - \$1,400 per week in \$25 increments.

**Coverage:** Non-Occupational

**Offsets at Time of Claim:** Benefits may be reduced by payments received under Workers' Compensation law, occupational disease law, or similar law, SSA disability or retirement benefits or alternative state or municipal government plan.

## LIMITATIONS AND EXCLUSIONS

**Exclusions:** What Disabilities are not covered?

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

- unless You are under the Regular Care of a Physician;
- that is caused or contributed to by war or act of war (declared or not);
- caused by Your commission of or attempt to commit a felony;
- caused or contributed to by Your being engaged in an illegal occupation;
- caused or contributed to by an intentionally self-inflicted Injury;
- for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
- sustained as a result of doing any work for pay or profit for another employer, including self-employment

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- was sponsored by the Employer; and
- was terminated before the Effective Date of The Policy, no benefits will be payable for the Disability under The Policy.

**Pre-Existing Condition Limitation:** *Are benefits limited for Pre existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre existing Condition, unless, at the time You become Disabled:

- You have been continuously insured under The Policy for 12 consecutive month(s).

Pre existing Condition means:

- any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or



- any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 12 month period that ends the day before:
  - Your effective date of coverage; or
  - the effective date of a Change in Coverage.

**Medical Care:** is received when a physician or other health care provider:

- 1) is consulted or gives medical advice; or
- 2) recommends, prescribes, or provides Treatment.

**Treatment:** includes but is not limited to:

- 1) medical examinations, tests, attendance or observation; and use of drugs, medicines, medical services, supplies or equipment.



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### WEEKLY PREMIUMS

*Premiums are paid by the employee and are payroll deducted. Rates are based on the Certificate Effective Date.*

Minimum Income			Weekly Benefit	Age Bands		
Annual	Monthly	Weekly		18 - 49	50 - 59	60 +
\$8,666.84	\$722.24	\$166.67	<b>\$100</b>	\$2.29	\$2.17	\$2.57
\$10,833.16	\$902.76	\$208.33	<b>\$125</b>	\$2.86	\$2.71	\$3.21
\$13,000.00	\$1,083.33	\$250.00	<b>\$150</b>	\$3.43	\$3.25	\$3.85
\$15,166.84	\$1,263.90	\$291.67	<b>\$175</b>	\$4.00	\$3.80	\$4.50
\$17,333.16	\$1,444.43	\$333.33	<b>\$200</b>	\$4.57	\$4.34	\$5.14
\$19,500.00	\$1,625.00	\$375.00	<b>\$225</b>	\$5.15	\$4.88	\$5.78
\$21,666.84	\$1,805.57	\$416.67	<b>\$250</b>	\$5.72	\$5.42	\$6.42
\$23,833.16	\$1,986.10	\$458.33	<b>\$275</b>	\$6.29	\$5.97	\$7.06
\$26,000.00	\$2,166.67	\$500.00	<b>\$300</b>	\$6.86	\$6.51	\$7.71
\$28,166.84	\$2,347.24	\$541.67	<b>\$325</b>	\$7.43	\$7.05	\$8.35
\$30,333.16	\$2,527.76	\$583.33	<b>\$350</b>	\$8.01	\$7.59	\$8.99
\$32,500.00	\$2,708.33	\$625.00	<b>\$375</b>	\$8.58	\$8.14	\$9.63
\$34,666.84	\$2,888.90	\$666.67	<b>\$400</b>	\$9.15	\$8.68	\$10.27
\$36,833.16	\$3,069.43	\$708.33	<b>\$425</b>	\$9.72	\$9.22	\$10.92
\$39,000.00	\$3,250.00	\$750.00	<b>\$450</b>	\$10.29	\$9.76	\$11.56
\$41,166.84	\$3,430.57	\$791.67	<b>\$475</b>	\$10.87	\$10.30	\$12.20
\$43,333.16	\$3,611.10	\$833.33	<b>\$500</b>	\$11.44	\$10.85	\$12.84
\$45,500.00	\$3,791.67	\$875.00	<b>\$525</b>	\$12.01	\$11.39	\$13.49
\$47,666.84	\$3,972.24	\$916.67	<b>\$550</b>	\$12.58	\$11.93	\$14.13
\$49,833.16	\$4,152.76	\$958.33	<b>\$575</b>	\$13.15	\$12.47	\$14.77
\$52,000.00	\$4,333.33	\$1,000.00	<b>\$600</b>	\$13.72	\$13.02	\$15.41
\$54,166.84	\$4,513.90	\$1,041.67	<b>\$625</b>	\$14.29	\$13.56	\$16.05
\$56,333.16	\$4,694.43	\$1,083.33	<b>\$650</b>	\$14.87	\$14.10	\$16.70
\$58,500.00	\$4,875.00	\$1,125.00	<b>\$675</b>	\$15.44	\$14.64	\$17.34
\$60,666.84	\$5,055.57	\$1,166.67	<b>\$700</b>	\$16.01	\$15.19	\$17.98
\$62,833.16	\$5,236.10	\$1,208.33	<b>\$725</b>	\$16.58	\$15.73	\$18.62
\$65,000.00	\$5,416.67	\$1,250.00	<b>\$750</b>	\$17.15	\$16.27	\$19.27
\$67,166.84	\$5,597.24	\$1,291.67	<b>\$775</b>	\$17.72	\$16.81	\$19.91
\$69,333.16	\$5,777.76	\$1,333.33	<b>\$800</b>	\$18.30	\$17.36	\$20.55
\$71,500.00	\$5,958.33	\$1,375.00	<b>\$825</b>	\$18.87	\$17.90	\$21.19

BMLWS-DI 6/11 Policy

*Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of the Boston Mutual insurance plan. It is not a certificate of insurance or evidence of coverage. See the Master Policy and individual Certificates of Coverage for full benefit details, limitations and exclusions.*

