



Horizon Blue Cross Blue Shield of New Jersey

USable Small Group Life & Disability Plans

NEW CASE SUBMISSION MATERIALS CHECKLIST

NO BINDER CHECK REQUIRED

Sold case paperwork can be emailed to:

Jessica_Palaz| qrcB j qt k qpdnvgteqo

or

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Application for Group Insurance – Form SG2-APP-NJ (5-09) must be signed before the requested effective date. Please retain a copy of the application as the employer’s record of elected benefits.

All groups will enroll by Electronic Census – required in Excel format

Required Fields:

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Copy of Prior Carrier’s LTD Plan Policy/Certificate – required for an LTD plan takeover.

NOTE: Beneficiary Form – Please have employer/employees keep for their records.



SMALL GROUP INSURANCE APPLICATION (GIIM)

P.O. Box 1650
Little Rock, Arkansas 72203

Type or Print in Black Ink

SECTION I. GROUP INFORMATION:

1. Legal Name of Policyholder:		2. Taxpayer ID#:		3. Effective Date of Coverage:		
4. Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PC <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other _____						
5. Nature of Business		6. SIC Code	7. Name of Subsidiary or Affiliate Companies to be Covered		8. SIC Code/Affiliate	
9. Mailing Address of Policyholder		City		State	Zip+4	
10. Contact Information at Company: <input type="checkbox"/> Benefits or <input type="checkbox"/> Billing Contact Person _____ Phone/Fax Number _____ E-mail Address _____ Web Address _____						
11. Class Definitions. Small Group is limited to three classes with a minimum of 2 employees/class. <i>Voluntary plans are limited to one class.</i>						
Class	Life	LTD	Grp.	Vol.	Description of Class	Waiting Period, if Different
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

12. Do you have any employees located in states other than the Policyholder's main address? (if yes, please indicate states below) <input type="checkbox"/> Yes <input type="checkbox"/> No _____		13. Billing Method: <input type="checkbox"/> Credit Card/Bank draft <input type="checkbox"/> Billed by Blue Plan <input type="checkbox"/> Self Administered <input type="checkbox"/> On-Line Billing <input type="checkbox"/> List Bill	
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14. Total number of eligible employees: Group: _____ Voluntary: _____		15. Total number of employees enrolled: Group: _____ Voluntary: _____		16. Employer contribution: Group: _____ Voluntary: _____	
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17. Waiting Period: <input type="checkbox"/> First of the following month after completion of _____ days, or <input type="checkbox"/> Day following Hire Date (VLTD requires a 30 day minimum waiting period.)		18. Minimum hours per week: Group: _____ Voluntary: _____	
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19. Eligible Waiting Period Applies to: <input type="checkbox"/> Future Employees Only <input type="checkbox"/> Present & Future Employees <i>Does the waiting period apply to employees rehired within 12 months of their termination date</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			19a. Annual Enrollment date for Voluntary Coverage: _____		
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20. Replacement: Are any of the following a replacement of similar coverage? <i>If prior coverage, please include a copy of the prior carrier's plan.</i>						
Yes	No	Grp.	Vol.	Coverage	If Yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life & AD&D Insurance		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long Term Disability		

SECTION II. EMPLOYER BENEFIT OPTIONS: FOR GROUPS WITH 2 TO 50 ELIGIBLE EMPLOYEES

SELECT COVERAGES THAT BEST MEET THE GROUP'S NEEDS. Term Life/AD&D is required for LTD purchase.

STEP 1: Select the Life/AD&D and LTD Coverage for the Employees and the Class Applicable for that Amount

Group Term Life and AD&D Insurance				Group Long Term Disability					
Choice	Class (Circle one)	No. of ee's	Term Life and AD&D Benefit	Choice	Class (Circle one)	No. of ee's	LTD Benefit	Duration	
								5 YR RBD	65 RBD
<input type="checkbox"/>	1, 2, 3	_____	\$25,000	<input type="checkbox"/>	1, 2, 3	_____	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$35,000	<input type="checkbox"/>	1, 2, 3	_____	\$750	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$40,000*	<input type="checkbox"/>	1, 2, 3	_____	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$50,000*	<input type="checkbox"/>	1, 2, 3	_____	\$1,500*	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	1, 2, 3	_____	\$2,000*	<input type="checkbox"/>	<input type="checkbox"/>

*Requires a minimum of 5 eligible employees participating. Amounts between classes may not exceed 2x the lower amount.

STEP 2: Select Enhancements to the Group Coverages			
<input type="checkbox"/>	Dependent Life Coverage: Spouse**/child: \$5,000/\$2,000 (<i>Child coverage from 14 days to 6 months is limited to \$100</i>)	<input type="checkbox"/>	Double the amount of the AD&D benefit.
SECTION III. EMPLOYEE BENEFIT OPTIONS (VOLUNTARY PLANS): FOR GROUPS WITH 10 TO 50 ELIGIBLE EMPLOYEES			
<i>Instructions: Group must elect Group Term Life/AD&D if VGTL/VAD&D or VLTD is desired. The employer cannot offer both group LTD and voluntary LTD.</i>			
<input type="checkbox"/> Voluntary* Term Life & AD&D	Benefits		
Employee (Life & AD&D)	<i>Available amounts from \$20,000 to \$50,000 in \$10,000 increments</i>		
Dependent (Life only – spouse**/child)	<i>Available amounts of \$10,000/\$5,000 or \$20,000/\$10,000</i>		
<input type="checkbox"/> Voluntary* LTD	<input type="checkbox"/> 5 yr RBD or <input type="checkbox"/> To Age 65 RBD	<i>The employer elects duration and one monthly benefit amount for all employees. The employee elects to purchase.</i>	
Available Monthly Benefit Amounts	<input type="checkbox"/> \$500; <input type="checkbox"/> \$750; <input type="checkbox"/> \$1,000; <input type="checkbox"/> \$1,500		
<i>*All voluntary plans require a minimum of 10 eligible employees, with a minimum of 5 participating or 25%, whichever is greater</i>			
TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT FEATURES:			
Group and Voluntary AD&D Riders		Benefits reduce by the following amounts on the insured's birthday*	
<i>Group & Voluntary Plans</i>	<i>Voluntary Plans</i>	Reduction at Age of Employee	
<input checked="" type="checkbox"/> Seat Belt /Air Bag	<input checked="" type="checkbox"/> Special Education	Age 65	Age 70
<input checked="" type="checkbox"/> Coma	<input checked="" type="checkbox"/> Spouse** Training	<input checked="" type="checkbox"/> 35%	<input checked="" type="checkbox"/> 50%
<input checked="" type="checkbox"/> Repatriation		<i>* Benefits for the covered person(s) terminate when no longer eligible or at retirement, whichever comes first.</i>	
<input checked="" type="checkbox"/> Exposure and Disappearance			
LONG TERM DISABILITY FEATURES:			
Disability Definition: Earnings / Occupation Test (80/20);24 month own occupation		Drug & Mental Illness Limitation: 24 Month Lifetime Benefits	
Elimination Period: 180 Days (Group & Voluntary)		Benefit Percentage: Flat benefit not to exceed 60% of pre-disability earnings	
Pre-existing Condition: Group LTD: 3/12; Voluntary LTD: 12/6/24		Integration: non-integrated; Voluntary amounts above \$1,000 are integrated.	
W-2 Service Options for Long Term Disability			
<input type="checkbox"/> Option 1: Withhold Federal income Taxes and the employee's portion of FICA. Prepare and File W-2 Forms. <input type="checkbox"/> Option 2: Withhold Federal income Taxes and the employee's portion of FICA. Policyholder waives W-2 Forms Services. A detailed description of the W-2 services elected by the Policyholder pursuant to this application will be sent to the Policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.			
<i>** Spouse means a spouse or civil union partner. A civil union is defined as a relationship that meets the requirements pursuant to New Jersey's Civil Union Act and includes same-sex relationships from other jurisdictions that provide substantially all of the rights and benefits of marriage.</i>			
SECTION IV. AUTHORIZATION:			
REMARKS OR SPECIAL PROVISIONS:			
<p>The undersigned employer and /or authorized representative hereby: (a) request that it be approved for insurance coverage through USABLE Life and agree to comply with all terms and provisions of the Group Policy (ies) issued in response to this application; (b) certify that the statements and answers given in this application are true, complete and correctly recorded to the best of their knowledge and belief</p> <p>It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by USABLE Life.</p> <p>Warning: Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.</p>			

Dated at (City & State)

Date

Signature of Policyholder and Title

Name of Licensed Agent

Signature of Licensed Agent

For Home Office Use Only

Group #



Beneficiary Change Form

P.O. Box 1650
Little Rock, Arkansas 72203-1650

Date Received Home Office

Insured Name (First, MI, Last)	Birthdate	Social Security Number
Address Street City State ZIP	Daytime Telephone	
Employer Name (if applicable)	Policy Number	
For Individual Life Policies Only: If the Policyowner is different from the insured, the policy owner must complete this form.		Policyowner Name (if other than Insured)

I hereby designate the following beneficiary(ies) under the following coverage(s) and revoke the appointment of any existing beneficiary(ies):

Policy Number	Type of Policy/Certificate

PRIMARY BENEFICIARY(IES) - Will receive proceeds if living at death of Insured:

Last Name	First Name	MI	Social Security #	Birthdate	Relationship	Percentage
Total =						0 (Total must equal 100%)

CONTINGENT BENEFICIARY(IES) - Will receive proceeds if Primary Beneficiary(ies) are also deceased at death of Insured:

Last Name	First Name	MI	Social Security #	Birthdate	Relationship	Percentage
Total =						0 (Total must equal 100%)

Dated at _____, this the _____ day of _____, _____.

Signature of Insured

Signature of Policyowner (if other than Insured)

THIS BENEFICIARY DESIGNATION NOT VALID UNTIL RECEIVED AND ACCEPTED BY THE HOME OFFICE OR GROUP ADMINISTRATOR IF SELF-ADMINISTERED.

See Page 2/Reverse Side For Instructions

INSTRUCTIONS

1. The signature of the Insured and Policyowner (if other than Insured), is required.
2. This form must be completed, signed, and forwarded to the Home Office.
3. Give full legal name of each beneficiary and relationship to the Insured.

SAMPLE BENEFICIARY DESIGNATIONS

1. **UNNAMED CHILDREN AS BENEFICIARIES:** The legal, natural or adopted child or children of the Insured.
2. **PARTNERSHIP AS BENEFICIARY:** Doe & Company, 100 North Main, Anytown, USA, a partnership composed of John H. Doe and Richard A. Doe.
3. **CORPORATION AS BENEFICIARY:** Doe & Company, 100 North Main, Anytown, USA, a corporation organized under the laws of the State of Arkansas.
4. **TRUST AS BENEFICIARY:** John H. Doe, Trustee under Trust Agreement dated _____, _____.
5. **CHARITY:** American Cancer Society, 234 Main, Anytown, USA.

SMALL
GROUP
PLANS

LIFE & DISABILITY

2-50 LIVES



USABLE Life

2-50 LIVES

SMALL GROUP PLANS LIFE & DISABILITY

USable Life's Small Group Plans for Life & Disability offer employers with 2 to 50 employees the opportunity to provide your employees a quality benefits package and maintain your bottomline.

Plans are flexible and affordable, making it easier than ever to create a benefits plan that's as unique as you are. Whether you'd like to offer Group Term Life only, or create a comprehensive bundle that includes a Long Term Disability plan, we have you covered.

MINIMUM PARTICIPATION

If the employer's contribution is 100% then there must be 100% employee participation. The minimum employer contribution is 25%.

If the employer's contribution is not 100% then:

- 2-3 eligible employees requires 100% participation
- 4+ eligible employees requires 75% participation

CLASS DEFINITION

Small group plans are limited to three classes with a minimum of two employees per class.

GUARANTEED ISSUE AMOUNT

All coverage is issued on a guaranteed issue basis. Late applications will be subject to evidence of insurability. Pre-Existing Conditions Exclusion applies to Disability.

LIFE AND AD&D HIGHLIGHTS

- 4 Employee Coverage Options
- \$5,000 Spouse Coverage
- \$2,000 Child Coverage¹

Standard Life Provisions

- Waiver of Premium
- Conversion Privilege
- Accelerated Death Benefit

Standard AD&D Riders

- Seat Belt/Air Bag
- Coma
- Repatriation
- Exposure & Disappearance

DISABILITY HIGHLIGHTS

- 5 benefit options available
- Benefit plans that pay 60% of an employee's pre-disability earnings up to the maximum monthly benefit
- 180 Day Elimination Period
- 24-Month Own Occupation Definition of Disability
- 3/12 Pre-Existing Conditions Exclusion
- Occupational & Non-Occupational Types of Disability
- 24 Months of Benefits For Mental Health & Substance Abuse²

ENROLLMENT REQUIREMENTS

- Group Application
- Employee Census
- Prior Carrier LTD Policy/Certificate for Coverage Takeover Cases

NO DEPOSIT
CHECK REQUIRED

CHOOSE THE PLAN THAT WORKS BEST FOR YOUR EMPLOYEES

CONTACT YOUR BROKER TODAY FOR MORE INFORMATION ABOUT USABLE LIFE'S SMALL GROUP PLANS.

	PLAN 1	PLAN 2	PLAN 3	5+ LIVES PLAN 4	5+ LIVES PLAN 5	5+ LIVES PLAN 6
LONG TERM DISABILITY LTD BENEFIT DURATION ⁴	-	\$500³ 5 YEARS	\$1,000³ 5 YEARS	\$1,500³ 5 YEARS	\$2,000³ 5 YEARS	\$1,500³ TO AGE 65
EMPLOYEE LIFE \$25,000 \$5,000 SPOUSE/\$2,000 CHILD	\$8.50	\$13.50	\$18.00	\$23.00	\$28.00	\$29.50
EMPLOYEE LIFE \$35,000 \$5,000 SPOUSE/\$2,000 CHILD	\$11.50	\$16.50	\$21.00	\$26.00	\$31.00	\$32.50
5+ LIVES EMPLOYEE LIFE \$40,000 \$5,000 SPOUSE/\$2,000 CHILD	\$12.50	\$17.50	\$22.00	\$27.00	\$32.00	\$33.50
5+ LIVES EMPLOYEE LIFE \$50,000 \$5,000 SPOUSE/\$2,000 CHILD	\$14.50	\$19.50	\$24.00	\$29.00	\$34.00	\$35.50
COST SHOWN PER EMPLOYEE/PER MONTH						

Reductions/Termination for Life and AD&D: Life and AD&D benefits will reduce by 35% at age 65 and reduce to 50% at age 70 of the pre-age 65 amount. Coverage terminates at retirement on both Life and AD&D.

1. Children age 14 days to 6 months are limited to \$100 of coverage; 2. 24 months is the lifetime benefit for all claims; 3. Subject to a maximum of 60% of covered earnings; 4. Reduced Benefit Duration (RBD)

FOR MORE INFORMATION
ABOUT THESE AND OTHER
USABLE LIFE PRODUCTS,
CALL (888) 445-4950



The benefits are provided through a group policy issued to and purchased by the employer on behalf of all the eligible employees.

This benefit summary only represents a very brief description of USABLE Life's insurance products. To learn more about these products, such as the eligibility requirements, participation rules, riders and any ineligible industries or other requirements, contact your broker or sales representative.

This brochure is for illustrative purposes only and is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. The insured employee will be furnished with a certificate of insurance. These documents should be read carefully.

Small Group Product – Generation II

Business Rules

NJ Version

Product Outline (GIIM Small Group)

- Our new GIIM Small Group represents a package of options for the employer to select and paid for by the employer; the difference is the employer builds their package from the available options on the menu. We have set up sample plan designs under the following coverage's:
 - Life & AD&D. These coverage's are combined under a single menu selection. In other words, the employer cannot pick Life without picking AD&D. Includes Dependent Life.
 - Long Term Disability. LTD is available if the employer elects Life/AD&D. LTD cannot be purchased standalone.
- The GIIM Small Group is designed to be available to the 2 to 50 life employer paid market.
- This new GIIM Small Group menu package was designed for maximum flexibility, ease of selection, ease of pricing and clear value.

General Business Rules (all products)

- The Small Group Life options can be offered as standalone.
- LTD requires the purchase of any one of the Life options, LTD cannot be purchased as standalone.
- Employer elects the plan for all employees.
 - Separate plans for different classes are available.
 - Minimum of three classes
 - Minimum of 2 employees per class
- Plan modifications to any of the available options are not allowed.
 - Groups in the 10+ market may request a custom quote from Home Office Underwriting.
- Each group must complete a new GIIM Small Group Application.
 - The GIIM Small Group Application is separate from the GMAPP application which was developed for the other group products.
- All GIIM Small Group applications will be submitted to Horizon Insurance Company for policy & certificate issue.
 - USABLE Life will issue the policy and cert directly to the group
 - Spreadsheet enrollment is also available
- Group billing is handled by USAL.
- Claims will continue to be handled in the same fashion as the current group product.
- Customer Service issues can be handled jointly with Horizon Insurance Company and USABLE.

Group Eligibility

- An eligible group, or employer, is defined as one who:
 - Has its primary business in the state in which this Small Group is rolled out to.
 - Is conducting business in an employer/employee setting
 - No individual sales
 - No associations
 - No Taft-Hartley
 - No Unions

- No Trusts
 - No Chamber plans
 - No MET's
- Ineligible Groups
 - See Appendix 1 – Industry listing of ineligible SIC codes
 - This list is subject to change if the state has an active trust product that allows new sales.
- Group Size Requirements
 - Group Plans
 - Minimum of 2 lives, maximum of 50 lives.
 - Life/AD&D amounts above \$35,000 require a minimum of 5 participating employees.
 - LTD amounts above \$1,000 require a minimum of 5 participating employees

Insured Eligibility

- Eligible employee.
 - Employees must be actively at work earning an income from the employer.
 - Retirees are not eligible
 - Minimum hour requirement
 - Group coverage: 25 hours or more per week
 - An employee cannot be covered as an employee and as a dependent
 - If an employee and spouse are both covered as employees and the employer purchases dependent coverage, neither the employee nor spouse can be covered for dependent coverage.
- Dependent eligibility
 - Spouse
 - The employee's legal spouse, if not legally separated
 - Domestic partner coverage is allowed if domestic partners are covered under the employer's medical plan.
 - Children
 - Only one spouse may cover children if both are employees.
 - Unmarried children less than age 26.
 - Children also include legally adopted child (or placed for adoption), stepchildren, foster children or any child who lives with you, and depends on you for more than 50% of his support.

Contribution/Participation

- GIM offerings are generally expected to be non-contributory (100% employer paid) for group coverage.
- If contributory, the group products require a minimum employer contribution of 25%.
- Participation
 - Group products (Life, AD&D, LTD)
 - If there is 100% employer contribution, there must be 100% employee participation.
 - If there is not 100% employer contribution.
 - 2-3 Eligible Employees, 100% participation.
 - 4+ Eligible Employees, 75% participation (rounded up).

- If the group has elected an amount that requires a minimum of 5 lives and the employer is contributing less than 100% of the premium, the participation will be 75%, not less than 5 lives.

Failure to meet this minimum requirement will result in non-issue of coverage.

Guarantee Issue

- Guarantee Issue
 - Group Products
 - Coverage is guaranteed issue for eligible employees that are covered within their initial eligibility period
 - Late applicants will be subject to evidence of insurability
 - Pre-existing condition limitation applies to the LTD coverage.
- Rates are guaranteed 2 years from the effective date of the group contract.

Premium/Billing

- All premium rates are shown on a composite basis for the particular option. These composite rates are based per employee per month (PEPM).
 - Rates are not subject to change based the age of the insured.
 - Premium does not change due to the reduction schedule. When an insured reaches the age of benefit reduction for Life/AD&D, the premium will not reduce to reflect the new benefit amount.
- The monthly premium for the employer can be calculated by the number of employees times the PEPM
- USAbLe will be responsible for all Small Group billing
 - The option for 3rd parties to bill does not exist

The following list specific underwriting rules/guidelines for the coverage's offered.

Group Term Life and Accidental Death & Dismemberment (AD&D), employer paid.

- Benefit levels are employer elected
- Group Life/AD&D benefit menu options include.
 - \$25,000
 - \$35,000
 - \$50,000

Employers may elect any one of these amounts for their employees. Amounts above \$35,000 are available for employers with 5 or more employees.

 - All premiums will be shown as a flat premium per employee per month (PEPM).
- The Small Group offering is available to the 2 to 50 life market; however, amounts above \$35,000 are only available to employers with 5 or more eligible employees.
- The employer may elect to cover all employees for one benefit amount or class out the employees in up to 3 classes with each class listed at a separate benefit amount:
 - Each class must be clearly defined
 - Each class must have a minimum of 2 participating employees
 - Classes with less than 2 participating employees will not be accepted
 - If a class falls below 2 employees that class will be removed at the next anniversary date

- If a group falls below two employees, the group will be subject to termination within 30 days.
 - Groups in the 5 to 50 category that fall below 5 lives will be subject to one of the following within 30 days:
 - Immediate termination, or
 - Immediate reduction to an amount in the 2 to 50 category
- Groups that currently have coverage with USABLE may elect to move that coverage to the Small Group plan.
 - *USABLE does not recommend that this transfer is made.*
 - Any transfer is limited to the current amount in force or the next higher amount
 - For example, if an existing USABLE group with \$25,000 can only increase coverage to \$35,000., the other amounts are not available.
 - Size participation will also apply
- Standard policy provisions
 - Group Term Life
 - Waiver of premium
 - Conversion privilege
 - Accelerated Death Benefit (75%).
 - Accidental Death & Dismemberment – Standard riders include
 - Seat Belt/Air Bag
 - Coma
 - Repatriation
 - Exposure and Disappearance
- Standard reduction schedule.
 - Employees coverage reduces to 65% of the original face amount at age 65, 50% at age 70
- Termination of coverage.
 - Employee's coverage terminates when they no longer meet eligibility or retire (subject to any waiver of premium), whichever occurs first.

Dependent Life

- Dependent Life benefits
 - Spouse: \$5,000
 - Child(ren): \$2,000
- Dependent Child coverage from 14 days to 6 months is a flat \$100
 - 6 months to the maximum age, dependent child age is a flat \$2,000
- An employee may not be covered for dependent coverage. If the employee and spouse are both employees of the employer, and the employer has elected dependent coverage, the children will only be covered under one policy.
 - Double dependent coverage will not be allowed. Only one person may cover dependent children.
- Dependent Life coverage will apply to all employees in all classes
- Termination of coverage
 - Dependents' coverage terminates when the employee or the dependent are no longer eligible or the employee's retirement, whichever occurs first.

Group Long Term Disability (LTD)

- Benefit levels are employer elected
- LTD benefit options
 - \$500 Monthly Benefit
 - \$1,000 Monthly Benefit
 - \$1,500 Monthly Benefit
 - \$2,000 Monthly Benefit

Employers may elect any one of these amounts for their employees. Amounts above \$1,000 are available for employers with 5 or more eligible employees.

The employer elects the monthly benefit amount for all employees.

LTD is dependent on the employer electing Life/AD&D. LTD cannot be purchased as stand-alone coverage.

- Groups will be issued with a 180 day elimination period and the employer elects a 5 yr or full reducing benefit duration (RBD).
 - Amounts listed above will apply.
- Monthly benefit is limited to 60% of the insured's pre-disability earnings (salary information is collected at claim time)
 - In the event that the monthly benefit is greater than 60% of the pre-disability earnings, the monthly benefit will be reduced to 60% of the pre-disability earnings.
- The LTD benefit is only available if the employer has elected the one of the Life/AD&D options.
 - LTD cannot be purchased as a stand-alone coverage.
- The employer may elect to cover all employees for one benefit amount or class out the employees in up to 3 classes with each class listed at a separate benefit amount:
 - Each class must be clearly defined
 - Each class must have a minimum of 2 employees
 - If a class falls below 2 employees that class will be removed at the next anniversary date.
- If an employer classes out the employees the benefit amounts may not exceed two times the next lower class.
 - For example, if class 1 is at \$500, class 2 could not exceed \$1,000.
- LTD features
 - Occupation & Earnings test (80%)
 - 3/12 pre-existing condition
 - Non-integrated (no offsets including NJ TDB)
- No riders are included
- Groups that currently have coverage with USAbLe may elect to move that coverage to the Small Group plan.
 - ***USAbLe does not recommend that this transfer is made.***
 - Any transfer is limited to the current amount in force or the next higher amount.
 - For example, if a current plan has a \$750 monthly benefit, the group cannot elect an amount higher than \$1,000.
 - Size participation rules apply.

Small Group Decline to Quote List

Number	Industry Description	SIC Range	DTQ
1	Mining	10xx - 13xx	DTQ
2	Oil & Gas Exploration	14xx	DTQ
3	Logging Camps & Sawmills	241x - 242x	DTQ
4	Pulp & Paper Mills	261x - 264x	DTQ
5	Explosives	2892 - 2899	DTQ
6	Asbestos Products	3292	DTQ
7	Blast Furnaces, Steel Mills & Foundries	3310 - 3329	DTQ
8	Railroad Transportation	40xx	DTQ
9	U.S. Postal Service	43xx	DTQ
10	Air Transportation	45xx	DTQ
11	Detective, Guard & Armored Car Services	7381	DTQ
12	Business & Professional Membership Organizations	861x - 862x	DTQ
13	Labor Unions & Labor Organizations	863x	DTQ
14	Civic, Social, Fraternal, Political and Organizations NEC	864x - 865x, 867x - 869x	DTQ
15	Religious Organizations	866x	DTQ
16	Private Households	88xx	DTQ
17	Non-classifiable Establishments	9999	DTQ