

# Protection for you and your family

## Service Employees Benefit Fund Weekly Disability Benefit

### Weekly Disability Benefit

Service Employees Benefit Fund (SEBF) is your union's insurance fund. SEBF provides medical, dental, optical and death benefit coverage to eligible union members. SEBF also offers a **Weekly Disability Benefit** to help you financially when you are disabled.

The worst time to worry about bills is when you are sick. For a small monthly premium you can get the protection of disability coverage to help you through the time you are out of work.

If you have New York State Disability Insurance through your employer, you may still enroll for this coverage to supplement your employer's disability insurance benefit.

If you don't already have disability insurance coverage, you should consider enrolling for the SEBF Weekly Disability Benefit.

Following is a description of the SEBF Weekly Disability Benefit, which is paid directly to you from SEBF.

There is a **six-month waiting period** of paid premiums before you are eligible for benefit payment.

### Enrollment Eligibility

All active and "eligible" employees, as specified in your union contract, are entitled to this benefit.

As a current "eligible" employee who has completed your probationary period, you may enroll:

- a) During the enrollment period when this benefit is first offered according to your union contract; or
- b) During your employer's annual open enrollment period.

If you are newly hired, you are eligible to enroll within 30 days after you complete your probationary period. If you do not enroll then, you must wait for your employer's annual open enrollment period.

**This benefit is offered to employees only.**

## Disability Benefit

Disability benefits are paid beginning the first day of disability due to a non-work-related accident and the eighth consecutive day due to a non-work-related illness. **There is no coverage for a work-related accident or illness.** These incidents should be filed through Workers' Compensation.

Successive periods of disability caused by the same or related injury or illness are considered a single period of disability if they are separated by less than three months.

## Benefit Payment

You will receive one-half of your average weekly wage (averaged over the eight weeks prior to disability) to a maximum of \$170 per week up to 26 weeks during one period of disability or within 52 consecutive weeks.

If this benefit is employer-paid, Social Security Tax will be withheld from your weekly payment and reported to the federal government.

If this benefit is payroll-deducted, Social Security Tax will not be withheld.

## Benefit Waiting Period

If you become disabled during the first six months of your enrollment:

- ◆ No premium payment is required during your disability;
- ◆ No benefit will be paid until you return to work and meet the six-month premium-paid waiting period;
- ◆ The premiums you paid before your disability will be included in the six-month waiting period if you continue paying the premium from the first month you return to work;
- ◆ If you do not resume paying the premium the first month back to work, you cannot re-enroll for coverage until the next enrollment period after 12 months from the last month the premium was paid. No prior paid premiums will be credited to your new six-month waiting period;
- ◆ You must send SEBF proof of disability from your physician in order to get credit for premiums that you paid during your waiting period before your disability began;
- ◆ Once you meet the six-month waiting period, you will be eligible to receive disability payments for any verified non-work-related injury or illness, even if it is the same or related condition that you had before you met your waiting period; and
- ◆ The same rules apply to a work-related disability only for the purpose of determining the date you finish your six-month waiting period.

## **Monthly Premium**

The Weekly Disability Plan monthly premium is calculated annually.

If your union contract has SEBF Weekly Disability Plan language, please refer to it for your current premium.

If your union contract does not address the SEBF Weekly Disability Plan premium, please contact the Service Employees Benefit Fund office at (315) 424-1754 or toll-free at (800) 733-1754.

## **Premium Payment**

This coverage can be provided as an employer-paid benefit through your union's contract negotiations; or, you can pay for it through a payroll deduction that requires your employer to send SEBF your full premium each month.

If you pay part or all of the premium through a payroll deduction and it is discontinued for any reason except that you are on a work-related or non-work-related disability, you cannot re-enroll for coverage until the enrollment period that comes after 12 months from the last month the premium was paid.

No premium payment is required while you are on a verified work-related or non-work-related disability. SEBF will require proof of your disability from your physician so your coverage is not terminated.

## **Filing a Claim**

A weekly disability claim form must be completed by you, your physician and your employer, and submitted to SEBF within 90 days after your original disability date.

You will then receive weekly disability checks from SEBF for the term of your disability up to the 26-week maximum.

SEBF may require you to submit continued proof of disability depending on the length of your illness.

If you are unable to meet the claim filing deadline through no fault of your own, your claim may be accepted if you file it as soon as possible with a statement explaining why your claim is late. No payment will be made without an explanation.

The final deadline to file a claim is 12 months from your original disability date. No benefit payment will be made if the claim is filed after the deadline.

You can get a claim form by calling SEBF at (315) 424-1754 or (800) 733-1754.

## **Claim Review Procedure**

If no payment is made for your disability claim, a denial will be sent to you by SEBF.

The decision of the SEBF Board of Trustees with respect to its review of your denied application is final and binding upon you, since the Trustees have exclusive authority and discretion to determine all questions of eligibility and entitlement under the Plan.

If you disagree with the Trustees' decision, you may file a legal action to challenge that decision. No legal action of any type may be commenced or maintained against this Plan more than 180 days after the date of the letter notifying you of the Trustees' decision on appeal. The 180 days is calculated from the date of the letter; it is not calculated from the date that you receive the letter or the date that you have knowledge of the Trustees' decision on appeal.

## **Termination of Benefits Eligibility**

If you are an active employee, eligibility will terminate the last day of the last month that a premium is paid.

If you are disabled for any reason, eligibility will terminate the first day of the first month you go back to work if you do not start paying your premium again that month.

If you become permanently disabled due to a non-work-related injury or illness, eligibility will terminate at the end of the 26-week maximum benefit payment period.

If you become permanently disabled due to a work-related injury or illness, eligibility will terminate the last day of the last month a premium is paid as an active employee.

If your coverage terminates and you remain employed by the same employer, you cannot re-enroll for coverage until the enrollment period that comes after 12 months from the last month the premium was paid.

If your eligibility terminates for any reason, there is no continuation coverage (COBRA) for this weekly disability benefit provided by our Fund.

## **Definitions**

### **Disability**

This is your inability, because of a non-work-related injury or illness, to perform any other employment which your employer may offer at regular wages and which your injury or illness does not prevent you from performing. Disability also includes pregnancy.

### **Average Weekly Wage**

This amount is your average weekly wages calculated over the eight weeks (including your last day worked) immediately prior to your disability.

## Exclusions

You will not be entitled to weekly disability benefits:

- For more than 26 weeks during one period of disability or within 52 consecutive weeks;
- For any disability period during which you are not under the care of a licensed physician;
- For any disability period during which SEBF does not receive a properly completed claim form or proof of continued disability when required;
- For any work-related injury or illness;
- For any day of disability that you perform work for remuneration or profit;
- For any disability caused by your willful intent to make yourself or anyone else sick or injured; or, from any injury or illness due to an illegal act; or
- For any disability due to any act of war, declared or undeclared.

*The Weekly Disability Benefit is a self-insured benefit administered by the Service Employees Benefit Fund and is subject to all Plan rules and regulations adopted by the Board of Trustees and to the Restated Trust Agreement of the Service Employees Benefit Fund which governs the Fund*

## Service Employees Benefit Fund

*Dedicated to providing you and your family with comprehensive, affordable healthcare benefits and quality service, on a personal level.*

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