UES800 | UNION DES EMPLOYÉ·ES DE SERVICE

OPTIONAL LONG-TERM DISABILITY BENEFIT FORM

COST AND ENROLMENT CRITERIA

- **The cost is $0.45 per hour worked.**
- The member has been actively employed for at least 12 months and works a minimum of 1 hour a week.
- The member must be actively at work at the effective date of coverage.
- No re-enrolment is permitted.

MONTHLY PAYMENT

For eligible plan members. Benefits will be indexed following the promulgation of the decree.

1 to 9 hours per week	$ 303.00
10 to 14 hours per week	$ 728.00
15 to 19 hours per week	$ 1 032.00
20 to 24 hours per week	$ 1 335.00
25 to 29 hours per week	$ 1 639.00
30 to 34 hours per week	$ 1 942.00
35 hours and more per week	$ 2 276.00

OTHER SPECIFICATIONS

Elimination Period: 52 weeks or the end of the short-term disability payments, whichever is later.

Maximum Benefit Period: Up to 2 years, without exceeding the age of 65.

Taxable: No.

Integration of Benefits (RRQ, CPP and Social Legislation): Yes.

All Sources Maximum: Approximately 66.6% of of Pre-Disability gross income.

Duration Own Occupation: 24 months from the onset of disability.

Cost-of-Living Adjustment: None.

Pre-Existing Conditions: Yes.

A Pre-Existing Condition is any Illness or injury for which, during the 3 months immediately before the effective date of the Member's optional long-term disability benefits, the Member has:

- Had a medical consultation for the pre-existing condition in question
- Been prescribed or taken medication for the pre-existing condition in question
- Received treatment (A diagnostic test prescribed by a physician is also considered a treatment)

The benefits are not payable if Total Disability results from a Pre-Existing Condition unless Total Disability begins after the Member has been covered for optional long-term disability benefits for at least 12 consecutive months.

Termination: Age 65 less the Elimination Period or at retirement.

Waiver of Premium: No.

LAST NAME

FIRST NAME

GROUP : 23251 IDENTIFICATION NUMBER

DATE

SIGNATURE

SEND