



The Prudential Insurance Company of America  
Record Keeping Services  
PO Box 13676  
Philadelphia, PA 19176  
(800) 778-3827

Group Policyholder: City of Chicago  
Group Policy Number: 44004

## Important Information

Dear City of Chicago Employee:

**Please keep this notice for your records.** As a newly eligible employee, you are automatically enrolled in the City of Chicago's Voluntary Long-Term Disability Plan. This benefit, issued by The Prudential Insurance Company of America (Prudential), helps provide important financial protection for you and your family. For over 125 years, Prudential has been providing services that help you to protect your family's financial security. Our Voluntary Long-Term Disability Plan can help bring you peace of mind regarding your financial planning.

**You will be automatically enrolled into the Voluntary Long-Term Disability (LTD) Plan.** Your premium for this LTD coverage will be deducted from your paycheck, so no action is required if you wish to maintain this LTD coverage.

You may opt-out of the LTD plan or cancel LTD coverage at any time by calling Prudential at the phone number listed below. However, should you wish to re-enroll in the LTD plan after your new hire eligibility period ends (31 days), you will be required to submit satisfactory evidence of insurability (proof of good health).

**Please Note:** After your new hire eligibility period ends, requests to terminate LTD coverage will be processed with a future effective date. There will be no refunds issued for retrospective premiums.

We appreciate the opportunity to serve you. If you have any questions or would like more information, please contact our Customer Service Office at (800) 778-3827. We are available Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern Time. If you are using a telecommunications device for hearing impaired (TDD), please call (800) 496-1214, Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern Time. One of our customer service representatives will be glad to help you.

Sincerely,

Client Service Professional  
Record Keeping Services  
The Prudential Insurance Company of America



**Prudential**  
Bring Your Challenges®

# SUMMARY OF BENEFITS

City of Chicago

All Employees who are classified as Full Time LMCC and Uniformed Fire Employees

Long Term Disability

Issued by The Prudential Insurance Company of America

## LONG TERM DISABILITY

100% Employee Paid

- ▶ **City of Chicago** offers you Voluntary (or Contributory) Long Term Disability (LTD) coverage. You are automatically enrolled in this plan unless you opt-out. Premium contributions for the cost of the plan will automatically be deducted from your earnings.
- ▶ Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$10,000, less deductible sources of income. The minimum monthly benefit is \$100.
- ▶ Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
- ▶ If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness. The benefit duration is up to age 65. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.
- ▶ You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and disability results in a loss of income of a specified percentage determined by your plan.
- ▶ Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities which are primarily based on self-reported symptoms are limited to 36 months of benefits during your lifetime. Examples of self-reported symptoms include headache, pain, fatigue, stiffness, soreness, ringing in the ears, dizziness, numbness and loss of energy. Disabilities due to mental illness and disabilities which are primarily based on self-reported symptoms have a combined limited pay period during your lifetime.
- ▶ LTD benefits will not be paid for a disability that begins within 12 months of coverage effective date and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 90 days prior to your effective date of coverage.
- ▶ During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- ▶ If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- ▶ You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

*Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.*

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

**North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.**

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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**Prudential**  
Bring Your Challenges®

# RATE SHEET

City of Chicago

All Employees who are classified as Full Time LMCC and Uniformed Fire Employees

**Issued by The Prudential Insurance Company of America (Prudential)**

Effective: 01/01/2021

## “HOW MUCH DOES LONG TERM DISABILITY INSURANCE COST?”

### COST OF LONG TERM DISABILITY

Use the chart below to find the cost of Long Term Disability insurance. Follow the steps below to calculate your coverage cost. Your maximum monthly benefit amount is up to \$10,000. Your coverage level is limited to the salary of \$200,000.

Employee's Age	Employee's Rate
Under 30	\$0.096
30-34	\$0.115
35-39	\$0.163
40-44	\$0.23
45-49	\$0.365
50-54	\$0.566
55-59	\$0.758
60-64	\$0.845
65-69	\$0.979
70-99	\$1.795

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

### HOW TO CALCULATE YOUR TOTAL LTD SEMI-MONTHLY COST

Step 1	Indicate your monthly earnings.	= \$
Step 2	If the amount in Step 1 is greater than \$16,666.67, indicate \$16,666.67. Otherwise, indicate the amount from Step 1.	= \$
Step 3	Multiply the amount in Step 2 by the rate for your age and divide by 100 to obtain your total LTD monthly cost.	= \$
Step 4	Multiply the amount in Step 3 by 12 and divide by 24 to obtain your total LTD bi-weekly cost.	= \$

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

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**ENROLLMENT FORM –**

Control # \_\_\_\_\_

<b>Employee General Information</b>		Effective Date of Coverage (for office use only)      /      /	
Last Name	First Name	MI	Email Address
Address		City	State      Zip Code
Your Annual Earnings \$ _____	Social Security Number -      -	Date of Birth (Month/Day/Year) /      /	Date Employed (Month/Day/Year) /      /
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Long Term Disability</b>			
<p><b>CITY OF CHICAGO offers you Voluntary (Contributory) Long Term Disability Insurance coverage.</b>          You are automatically being enrolled in this coverage, and <b>no further action is required</b> unless you elect to opt-out of Voluntary Long Term Disability insurance coverage. Premium contributions for the Voluntary Long Term Disability insurance coverage will automatically be deducted from your paycheck.</p> <p><b>If you elect to opt-out of the Voluntary Long Term Disability insurance coverage:</b></p> <p>Check the opt-out box below, complete this form and return the completed form to the above address.  <b>OR</b>          Call the Prudential Customer Service Office @ 1-800-778-3827 Monday - Friday 8am - 8pm EST</p> <p><input type="checkbox"/> I elect to Opt-Out of Long Term Disability insurance coverage.          I understand that in the event I desire such insurance at a later date, I will be required to furnish medical evidence of insurability and the insurance company will have the right to refuse my request.</p>			
<b>Acceptance or Waiver of Coverage</b>			
<p><b>FLORIDA RESIDENTS</b> – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p><b>NEW YORK RESIDENTS</b> – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. <b>This warning ONLY applies to accident and disability coverage.</b></p> <p><b>I have read and understand the terms and requirements of the fraud warnings included as part of this form.</b>  <b>The policy/certificate provides limited benefits. Review your certificate carefully.</b></p> <p>Employee Signature _____ Date Signed (Month/Day/Year) _____</p>			



# ENROLLMENT FORM –

Control #

Employee General Information			
Last Name	First Name	Middle Initial	Last 4 digits of Social Security No. XXX-XX-_____
Important Notices			
<p><b>For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia and Washington; WARNING:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.</p> <p><b>ALABAMA RESIDENTS</b> – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.</p> <p><b>ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS</b> – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p><b>KENTUCKY RESIDENTS</b> – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</p> <p><b>MAINE AND WASHINGTON RESIDENTS</b> – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.</p> <p><b>MARYLAND RESIDENTS</b> – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p><b>NEW JERSEY RESIDENTS</b> – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p><b>NORTH CAROLINA RESIDENTS</b> – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.</p> <p><b>PENNSYLVANIA and UTAH RESIDENTS</b> – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p><b>PUERTO RICO RESIDENTS</b> – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p><b>VERMONT RESIDENTS</b> – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.</p> <p><b>VIRGINIA RESIDENTS</b> – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.</p>			

**You must also complete a separate beneficiary designation form.** If you have any questions, please see Human Resources for details.  
**Employees and/or Dependents may be ineligible for group insurance coverage while on active duty in the armed forces**

Long-Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-842-1718. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

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