

# National Armed Forces Association Plan Summary and Cost of Coverage

Long term disability insurance is designed to provide you with continuing monthly income during an extended period of time while you are out of work due to a sickness or accident.

## Eligibility

Active members<sup>1</sup> of the National Armed Forces Association in good standing under the age of 60 who are actively at work<sup>2</sup> on a full-time basis for at least 30 hours per week.

## Maximum benefit amount at enrollment

Age	Minimum Benefit	Maximum Benefit	Increments
Under the age of 60	\$1,000 per month	up to \$6,000 per month	in \$100 increments

Please Note: Total disability benefits may not exceed 60% of pre-disability earnings or \$6,000, less any employer plans or other disability insurance income you have in force. Pre-disability earnings includes basic earnings only. Coverage terminates at age 70.

## Elimination period

You will have a 60-day elimination period before benefits begin.

## Benefit duration

Benefits are payable for the later of your normal retirement age as defined by Social Security or reducing benefit duration (for accidental injury or sickness).

Reducing Benefit Duration Chart	
Age on Date of Your Disability	Benefit Duration
Under age 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months

68	15 months
69 and over	12 months

## Rates at a glance

Long Term Disability Insurance Monthly Rates per \$100 monthly benefit

Age	Coverage Amount		
	\$1,000	\$3,000	\$6,000
<35	\$6.80	\$20.40	\$40.80
35-39	\$8.73	\$26.19	\$52.38
40-44	\$11.97	\$35.91	\$71.82
45-49	\$16.26	\$48.78	\$97.56
50-54	\$21.78	\$65.34	\$130.68
55-59	\$27.60	\$82.80	\$165.60

Rates are subject to change. Rates increase at these and subsequent five-year age intervals until age 70 when coverage ends. Rates are unisex and unismoker. Rates shown are for monthly mode, the later of your normal retirement age as defined by social security or your reducing benefit duration, and 60-day elimination period. Other payment modes are available, please contact your plan administrator at 1-651-259-9001 for a full list of ages, rates and benefit amounts.

## Additional plan benefits

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return to work services and financial incentives to help you get the maximum benefits from your coverage.

### Valuable built-in features

#### Lump Sum Survivor Benefit

If the member dies while they are disabled and were entitled to receive monthly benefits a single sum payment equal to 3 times the member's last net monthly benefit is made to the member's survivor.

#### Waiver of Premium

If you become disabled, once you begin receiving benefits after the elimination period has been met, the company will waive your premium payments for the cost of any disability insurance defined as insurance for as long as you continue to receive benefits. When you stop receiving monthly benefits, premium must again be paid when due.

#### Family Care Incentive

If you work or participate in a rehabilitation program while disabled, reimbursement may be provided for up to \$400 per month for eligible family care expenses incurred by you for each eligible family member during the first 24 months of benefit payments.

#### Moving Expense Incentive

If you participate in a rehabilitation program while disabled, reimbursement may be provided for expenses incurred to move to a new residence if recommended as part of the rehabilitation program.



## Rehabilitation Program Incentive

If you participate in an approved rehabilitation program while disabled, we will increase your monthly benefit by 10%.

## Work Incentive

If you work while disabled and receiving monthly benefits, you may receive up to 100% of pre-disability monthly earnings, including family care expense reimbursement, rehabilitation incentive, return-to-work earnings and other income benefits. After the first 24 months following your return to work, we will reduce your monthly benefit by 50% of the amount you earn from working while disabled.

## Learn More

### How is disability defined under this plan?

This plan pays benefits if you are disabled due to a sickness or as a direct result of accidental injury, and are unable to earn more than 80% of pre-disability earnings at your own occupation, and are receiving appropriate care and treatment from a duly licensed physician as described in your certificate and complying with the requirements of such treatment.<sup>3</sup> Please see the certificate of insurance for details.

Following the own occupation period, you are considered disabled under the same terms if you are unable to earn more than 60% of pre-disability earnings at any gainful occupation for any employer in your local economy which you are reasonably qualified taking into account your training, education and experience.

### Does this plan include own occupation protection?

Yes, for the first 24 months of Sickness or accidental injury. Own occupation means the occupation in which you are regularly engaged in at the time you become disabled.

### When does the coverage become effective?

Your coverage will begin on the date we state in writing following the date your enrollment form is approved and your premium has been paid. You must be actively at work on the date insurance is to take effect; otherwise, the insurance will take effect on the date you return to work. Issuance of coverage or benefit payments may depend on the answers given in the enrollment form.

### How long can my coverage continue?

Your coverage can continue as long as you pay your premium when due, have not reached age 70, remain in an eligible class, the insurance continues for your class, and the policy remains in force. Please see the certificate of insurance for details.

### Are there limited disability benefits for alcohol, drug or substance abuse, addiction, neuromuscular/musculoskeletal/soft tissue disorders, chronic fatigue, fibromyalgia, or mental or nervous disorder or diseases?


Yes. If you are disabled due to alcohol, drug, substance abuse or addiction, neuromuscular/musculoskeletal/soft tissue disorders, chronic fatigue, or fibromyalgia we will limit disability benefits to a lifetime maximum of 24 months.

Yes. If you are disabled due to a mental or nervous disorder or disease or other specified conditions, we will limit your disability benefits to lifetime maximum equal to the lesser of: 24 months for any one period of disability during your lifetime for any one or more, or all of the above conditions; or the maximum benefit period.

Please see the certificate of insurance or contact your plan administrator at 1-651-259-9001 for additional details.

### Are there any exclusions for pre-existing conditions?

Yes. You are not covered for a disability caused or substantially contributed to by a pre-existing condition, or the medical or surgical treatment of a pre-existing condition. Pre-existing condition means you received



medical treatment, care or services for a diagnosed condition, or took prescribed medication for a diagnosed condition in the 3 months immediately prior to the effective date of coverage, and the disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage.

Please see the certificate of insurance or contact your plan administrator at 1-651-259-9001 for additional details.

### **Are there any exclusions to my coverage?**

Yes. Disabilities will not be covered if caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Attempted suicide;
- Intentionally self-inflicted injury;
- Commission of or attempt to commit or taking part in a felony.

### **Is there any income that will reduce my disability benefits?**

Income that will reduce your disability benefit includes:

- Any disability or retirement benefits which you, your spouse or child(ren) receive or are eligible to receive because of your disability or retirement under the Federal Social Security Act, the Railroad Retirement Act, or any state, public or federal employee retirement or disability plan, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Retirement System (FERS) (You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan), or any pension or disability plan of any other nation or political subdivision thereof;
- Any income received for disability or retirement under the employer's retirement plan, to the extent that it can be attributed to the Employer's contributions;
- Any income received for disability under a group insurance policy to which the employer has made a contribution (such as benefits for loss of time from work due to disability and installment payments for permanent total disability), a no-fault auto law for loss of income, excluding supplemental disability benefits, a government compulsory benefit plan or program which provides payment for loss of time from your job due to your disability, whether such payment is made directly by the plan or program, or through a third party, a self-funded plan, or other arrangement if the employer contributes toward it or makes payroll deductions for it, any sick pay, vacation pay or other salary continuation that the employer pays to you, workers' compensation or a similar law which provides periodic benefits, occupational disease laws, laws providing for maritime maintenance and cure, or unemployment insurance law or program;
- Any income that you receive from working while disabled to the extent that such income reduces the amount of your monthly benefit as described in rehabilitation incentives (This includes but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source); and
- Recovery amounts that you receive for loss of income as a result of claims against a third party by judgment, settlement or otherwise including future earnings.

### **How do I pay for my coverage?**

Please contact your plan administrator at 1-651-259-9001 for information about your payment options.

1. You must be a member in good standing of the National Armed Forces Association to qualify for this insurance plan.
2. Actively at work means that you are performing all of the usual and customary duties of your job on a full-time basis. This must be done at your place of business, or a location to which such business requires you to travel.
3. Definition of disabled changes to any occupation after 24 months.

In some cases a medical exam may be required (at no cost to you). When you apply, simply answer the health questions. Depending on the amount applied for, a paramedical exam and blood test may be required, which will be scheduled at your convenience. Even if you have a health condition, you still may qualify.

Coverage may not be available in all states. Please contact your plan administrator at 1-651-259-9001 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy/exhibits. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

All insurance and insurance effective dates are subject to final underwriting approval.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator at 1-651-259-9001 for costs and complete details.

Policy form GPNP15-2T  
Certificate form GCERT2000 DI

Policy number 253905-1-G

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166  
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Navigating life together