



Long-Term Disability Income Plan



IAMAW Air Transport District 143
Alaska Airlines



Plan Highlights

Elimination Period

The time you must wait until benefits are payable. 180 Days or exhaustion of benefits accruals, whichever is greater.

Benefit Percentage

The monthly benefit is equal to 60% of basic monthly earnings. The maximum monthly benefit is \$5,000.

Definition of Disability

Disability is defined as being unable to do your own job at Alaska Airlines during the first 36 months of your disability. If you are totally disabled after 36 months, as defined by the plan, benefits may be payable to age 65.

Social Security Offset

Your monthly benefit is reduced **ONLY** by benefits you receive or are entitled to receive (not your dependents) from Social Security.*

Survivor Benefit

Provides your eligible survivor (spouse or dependent children) with a benefit equal to 6 times your gross monthly disability income benefit.

24-Hour Coverage

Both on and off the job disabilities are covered.

Eligibility

All full-time and part-time IAMAW members who are employees of Alaska Airlines.

Minimum Monthly Benefit

The plan includes a minimum monthly benefit of \$100 or 10% of your gross monthly benefit, whichever is greater.

*Benefits may also be reduced by income you receive from other sources.

Questions Answers

How will I receive my benefit payments?

Benefit payments are sent directly to you.

If I become disabled, do I continue paying for coverage?

No, after you have completed your elimination period and are no longer on payroll status, premium payments will be waived until you return to work.

How will premiums be paid?

Premiums will be paid through the convenience of payroll deduction.

How much does this cost?

The bi-weekly cost of the LTD plan is \$9.93 for full-time members and \$4.85 for part-time members.

If I am disabled, how long should I wait before I file a claim?

Please file your claim as soon as possible. You may contact National Group Protection or MetLife to obtain a claim form and for assistance in filing your claim.

Do I have to enroll?

No action is required on your part to enroll. All eligible IAMAW members will be automatically enrolled in the plan.

If I am disabled, are my benefits taxable?

No. Since you are paying the premiums (on an after-tax basis) benefits are not taxable.

How can I obtain more information on this benefit plan?

You may call National Group Protection at 1-800-344-9016 or MetLife Customer Service at 1-866-729-9201.

Customer Service & Claims Service

- ▶ Plan Information
- ▶ Claims Assistance
- ▶ Customer Service

National Group Protection
1445 Greenbrier Place
Charlottesville VA 22901
Toll-free: 1-800-344-9016
Fax: 434-978-4502

MetLife
Customer Service/Claims
Toll-free: 1-866-729-9201

Limitations for Pre-existing Conditions

You may be Disabled due to a Pre-existing Condition. No benefits are payable under this plan in connection with that Disability unless your Elimination Period starts after the earlier of:

1. the date you have not received medical treatment, consultation, or services for the Pre-existing Condition for 90 days; or
2. the date you have been insured under this plan for 12 consecutive months.

A Pre-existing Condition is an injury, sickness, or pregnancy for which you in the 3 months before your Effective Date:

1. received medical treatment, consultation, care, or services;
2. took prescription medications or had medications prescribed; or
3. had symptoms or conditions which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

If you cannot satisfy the above limitation and you were covered under the plan that this plan replaced at the time of transfer, benefits may be payable under this plan. We will give consideration towards the continuous time you were covered under the prior plan and this plan. If you then satisfy the above limitation, the maximum Monthly Benefit payable under this plan will not exceed the lesser or: (i) the Maximum Benefit under this plan; and (ii) the maximum benefit under the prior plan.

Limitations for Disabilities Due to Particular Conditions

Monthly Benefits are limited to 24 months during your lifetime if you are Disabled due to a Mental or Nervous Disorder or Disease as defined below. If you are Disabled due to a Mental or Nervous Disorder or Disease and are confined in a Hospital or Institution at the end of 24 months, Monthly Benefits will continue until the confinement ends.

We determine, in our discretion, if a Disability is the result of a Mental or Nervous Disorder or Disease.

“Mental or Nervous Disorder or Disease” means, regardless of any underlying physical, chemical, or organic basis or cause:

1. any disorder or disease which is usually treated by a mental health provider such as a psychiatrist, psychologist, or other qualified provider using psychotherapy or other psychotherapeutic methods, or psychotropic medication, or other similar methods or treatment;

2. sleep, personality, dependency, somatoform, eating, anxiety related, behavioral-dissociative, affective, mood, or thought disorder or disease.
3. a disorder which has symptoms which are primarily emotional or behavioral, including, but not limited to, autism, schizophrenia or bipolar disorder; or
4. any disorder or disease which a reasonable person would commonly consider to be a mental or emotional disorder or disease.

“Hospital or Institution” means a facility licensed to provide care and treatment for your condition. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not acceptable as hospitals or institutions under this plan.

In no event will Monthly Benefits be payable longer than the Maximum Benefit Duration.

Limitation for Alcohol, Drug or Substance Abuse or Dependency

If you are Disabled due to alcohol, drug or substance abuse or dependency, Monthly Benefits are limited to 24 Monthly Benefit payments during your lifetime. You must be participating in an available rehabilitative program recommended by a Doctor. An available rehabilitative program is a program available to you through either: (i) another group plan of your Employer (such as an Employee Assistance Program or Medical Plan); or (ii) services generally available to the public through local community services at no or minimal cost to you. In no event will Monthly Benefit payments be made beyond the earlier of:

1. the date 24 Monthly Benefits payment have been made;
2. the date you are no longer participating in the rehabilitative program; or
3. the date your refuse to participate in an available rehabilitative program.

This limitation will not apply to a Disability due to alcohol, drug or substance abuse or dependency which, though no fault of your own, results from your following the advice of or receiving care from a Doctor.

Exclusions

This plan does not cover any disability which results from or is caused by or contributed to:

1. war, insurrection, or rebellion;
2. your active participation in a riot;
3. intentionally self-inflicted injuries or attempted suicide; or
4. your committing a felony.

Designed and Administered by:



**National Group
Protection, Inc.**

Phone: (800) 344-9016
Fax: (434) 978-4502

Underwritten by:

MetLife®

Claims / Customer Service:
(866) 729-9201