



## Voluntary Group Long Term Disability Insurance Offering Initial Enrollment Effective January 1, 2024

### Southeast Texas Government Employee Benefits Pool

Effective January 1, 2024, Southeast Texas Government Employee Benefits Pool is offering a Voluntary Group Long Term Disability plan, underwritten by Madison National Life Insurance Company, Inc and serviced by Ochs.

#### Choice of Benefit Amount

You may elect a benefit in \$100 increments, up to 60% of your basic monthly earnings, to a maximum monthly benefit of \$6,000.

#### Elimination Period

Benefits will begin 90 days after suffering a covered illness or accident.

#### Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. See your certificate of insurance for details.

#### Annual Enrollment Period

During your annual enrollment period, evidence of insurability will be required for all increases. **The pre-existing condition exclusion applies to all amounts elected during the annual enrollment period.**

#### Pre-Existing Conditions

**Definition:** A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 6-month period prior to your effective date of coverage.

**Coverage under this plan:** You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 24 months and been actively at work for at least one day after the end of the 24 months.

This flyer is not the insurance contract. It is only a brief description of your insurance. Complete details including all benefits, exclusions, and limitations, will be contained in the certificate of insurance which will be issued at a later date.

**For questions about your plan, please contact Ochs: 1-800-392-7295 or [ochs@ochsinc.com](mailto:ochs@ochsinc.com)**



## Long Term Disability Calculation

1. Enter your basic monthly salary (basic annual salary divided by 12). 1. \_\_\_\_\_  
**X .60**
2. Multiply the amount from (1) by 0.60. **Do not enter more than \$6,000.** This is your maximum monthly benefit. 2. \_\_\_\_\_
3. Enter the \$100 incremental benefit you wish to elect, not to exceed the amount in (2). 3. \_\_\_\_\_  
**/100**
4. Divide amount from (3) by \$100 4. \_\_\_\_\_  
**X**
5. Enter the rate for your age from the table below 5. \_\_\_\_\_  
**=**
6. Multiply amount from (4) by rate in (5). This is your approximate monthly premium for your selected benefit amount. Your rate will be reevaluated annually according to your attained age on each subsequent policy anniversary. 6. \_\_\_\_\_

Rate per \$100 of Monthly Benefit	
Age	Rate
0 - 24	\$0.37
25 - 29	\$0.38
30 - 34	\$0.59
35 - 39	\$0.68
40 - 44	\$0.96
45 - 49	\$1.14
50 - 54	\$1.33
55 - 59	\$1.72
60 - 64	\$2.13
65 - 69	\$1.11
70 - 99	\$1.11

This flyer is not the insurance contract. It is only a brief description of your insurance. Complete details including all benefits, exclusions, and limitations, will be contained in the certificate of insurance which will be issued at a later date.

**For questions about your plan, please contact Ochs: 1-800-392-7295 or [ochs@ochsinc.com](mailto:ochs@ochsinc.com)**