

Group Short-Term Disability



Be Protected If Disability Strikes.

Amalgamated Life Insurance Company is committed to meeting the needs of working men and women like you. Through our Group Short-Term Disability policy you will gain peace of mind in knowing specific expenses will be covered should you become disabled.

Short-Term Disability

Amalgamated's Robust Group Short-Term Disability Policy Offers Outstanding Features,* Including

- Your choice of elimination and benefit period to meet Your needs
- Portability so that if you change jobs or leave your employer, the coverage goes with you
- Coverage Type—100% of Benefit for Non-Occ Injury/Sickness; 50% of Benefit for on-the-Job Injuries
- Disability payment amounts based on your income
- Maximum Benefits—60% of monthly salary up to \$5,000

Value Added Features and Policy Provisions

- Definition of Disability—Totally Disabled or Total Disability means that You are under the Regular Care and Attendance of a Physician and that for the first 24 months of Total Disability, You are unable to perform the Material and Substantial Duties of Your Own Occupation due to Sickness or Injury; and You are not engaged in any other occupation.
- Definition of Partial Disability—A Partial Disability Benefit will be paid if you become Partially Disabled due to a covered Injury or Sickness. To be considered as Partially Disabled, You must first be Totally Disabled through the entire Elimination Period and have received at least one full Monthly Disability Benefit. The Partial Disability Benefit will be equal to 50% of the Monthly Disability Benefit.
- Mental Illness Benefit: Up to 3 months of benefits paid (not limited in GA and VT)
- Alcohol or Drug Benefit: Up to 15 days in any 12 month period (not limited in GA and VT)
- Waiver of Premium Benefit—If You become Totally Disabled due to a covered Injury or Sickness, Your coverage will be continued for the policy and all attached riders without payment of premium. Waiver of Premium will begin on the later of the next premium due date following:
 1. Your satisfaction of the Elimination Period; or 2. 90 days of continuous Total Disability.
- Pregnancy Benefit—Total Disability resulting from pregnancy, complications of pregnancy or child birth is covered the same as any other Sickness. The Elimination Period for the Pregnancy Benefit is calculated from the first date that a Physician diagnoses Total Disability. Total Disability as a result of a normal pregnancy is not covered if the Total Disability begins during the first 9 months following the Effective Date.
- Accelerated Benefit for Terminal Illness—We will advance to You the remaining months of the Monthly Disability Benefit payable to You under the Policy in a lump sum payment (not to exceed a maximum of 12 months or your Maximum Benefit Period —whichever is less) if You are diagnosed with a Terminal Illness. You must have satisfied your elimination period and are receiving Total Disability benefits under the policy.



Short-Term Disability



Pre-Existing Condition—means an Injury or Sickness for which, during a twelve-month period immediately preceding the Effective Date of this Policy, You have received a diagnosis or advice from a Physician and received treatment, incurred medical expenses or taken prescription drugs. The term Pre-Existing Condition shall also include any condition which is related to any such Injury or Sickness.

Pre-Existing Condition Limitation—means the period of time (as shown on the Policy Specification Page) during which no benefits are payable for a Pre-Existing Condition.

YOU DECIDE CHECKLIST



MY CHECKLIST

Expenses that you may choose to cover with your disability benefits:

- ☐ Mortgage/rent
- ☐ Transportation (gas, car payments, repairs)
- ☐ Utilities (electric, water, cable, internet)
- ☐ Child care/elder care
- ☐ College expenses
- ☐ Loans/credit card debt

Amalgamated Life Insurance Company

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the “A” (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry’s highest standards, strong fiscal condition and excellent claims-paying ability.

For General Questions and Claim Questions

Toll Free Telephone Number

866-975-4089

Fax (for sending a claim)

914-367-4114

Email

MemberWebInquiry@amalgamatedbenefits.com

Claims Mailing Address

Amalgamated Life Insurance Company
Voluntary Benefits Department
P.O. Box 5453
White Plains, NY 10602-5453
submitclaimforms@amalgamatedbenefits.com

Available Rider**

- **Hospital Confinement Rider:** We will pay this benefit if you are Confined in a Hospital due to a Total Disability (or Partial Disability) for which a Benefit is payable under the Policy. This benefit is payable once per disability, regardless of the number of days you are Confined. Choose 25%, 50%, 100% of Monthly Disability Benefit.

- **The information in this product brochure is in an abbreviated form only.** The actual coverage and amounts are subject to all the terms, limitations and exclusions in the group policy. If the information in this product brochure differs from the group disability policy, the terms of the policy will govern.
- **For specific information regarding features and benefits on Amalgamated Life’s Group Short-Term Disability policy,** call 866-975-4089. Consider attending the next Open Enrollment Session at your organization.
- **For New York residents**—This policy provides disability income insurance only. It does NOT provide basic hospital, basic major medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 50.1%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

Call center hours:

Monday thru Thursday 8am-8pm EST
Friday 8am-6pm EST
Saturday 9am-2pm EST

Amalgamated Life Insurance Company

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866.975.4089

www.amalgamatedbenefits.com

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Policy Form AMGDIP-19*

*Features & form numbers may vary by state.

**Additional premium will apply to base policy. The rider is not available in all states.

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