

## Exclusions

- c) For any disability period during which SEBF does not receive a properly completed claim form or proof of continued disability when required;
  - d) For any work-related injury or illness;
  - e) For any day of disability that you perform work for profit;
  - f) For any disability caused by your willful intent to make yourself or anyone else sick or injured; or, for any injury or illness due to an illegal act;
  - g) For any disability due to any act of war, declared or undeclared; or
  - h) For any continuing disability that began prior to your effective date.
- 2) If you are a non-bargaining unit employee, you will be entitled to this benefit only if your employer has a Participation Agreement with the Fund for non-bargaining unit employees.

## Service Employees Benefit Fund

P.O. Box 1240  
Syracuse, NY 13201

(315) 218-6513 or Toll Free (855) 835-9720

Fax (315) 701-0686

Email: [Benefits@sebf.org](mailto:Benefits@sebf.org)

[www.sebf.org](http://www.sebf.org)

7/18/17

# Service Employees Benefit Fund

## Weekly Disability Benefit

If you can't work because of a non-work related illness, injury or surgery, make sure you've got . . .

### Protection for you and your family



*The Weekly Disability benefit is a self-insured benefit administered by Service Employees Benefit Fund and is subject to all Plan rules and regulations adopted by the Board of Trustees.*

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## Weekly Disability Benefit

Service Employees Benefit Fund (SEBF) is a multi-employer health benefit fund sponsored by Union and Employer Trustees. SEBF is pleased to be able to offer you a **Weekly Disability Benefit** to help financially when you are disabled.

The worst time to worry about bills is when you are sick. For a small monthly premium you can get the protection of disability coverage to help you through the time you are out of work.

If you have New York State Disability Insurance through your employer or another individual disability policy, you may still enroll for this coverage to supplement your other disability insurance benefit(s).

**This Benefit is payable to you if you are unable to work due to a disability caused by a non-work related injury or illness.**

## Enrollment Eligibility

All active and “eligible” employees, as specified in your union contract or participation agreement, are entitled to this benefit.

**This benefit is offered to employees only, not dependents.**

As a current “eligible” employee who has completed your probationary period (as defined in your union contract), you may enroll:

- a) During the enrollment period when this benefit is first offered according to your union contract or participation agreement; or
- b) During your employer’s annual open enrollment period.

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## Termination of Eligibility

If you are an active employee, eligibility will terminate the last day of the last month that a premium is paid.

If you are disabled for any reason, eligibility will terminate the first day of the first month you go back to work if you do not start paying your premium again that month.

If you become permanently disabled due to a **non-work-related** injury or illness, eligibility will terminate at the end of the 26-week maximum benefit payment period.

If you become permanently disabled due to a **work-related** injury or illness, eligibility will terminate the last day of the last month a premium is paid as an active employee.

If your coverage terminates and you remain employed by the same employer, you cannot re-enroll for coverage until the enrollment period that comes after 12 months from the last month the premium was paid.

If your eligibility terminates for any reason, there is no continuation coverage (COBRA) for this weekly disability benefit provided by the Fund.

## Exclusions

- 1) You will not be entitled to weekly disability benefits:
  - a) For more than 26 weeks during one period of disability or within 52 consecutive weeks;
  - b) For any disability period during which you are not under the care of a licensed physician;

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## Filing a Claim

A weekly disability claim form must be completed by you, your physician and your employer, and submitted to SEBF within 90 days after your original date of disability.

If SEBF approves your disability claim, you will then receive weekly disability checks from SEBF for the term of your disability up to the 26-week maximum.

SEBF may require you to submit continued proof of disability depending on the length of your illness/injury.

If you are unable to meet the claim filing deadline through no fault of your own, your claim may be accepted if you file it as soon as possible with a statement explaining why your claim is late. No payment will be made without an explanation.

The final deadline to file a claim is 12 months from your original disability date. No benefit payment will be made if the claim is filed after the deadline.

## Claim Review and Appeal

If your claim for Weekly Disability Benefits is denied in whole or part for any reason, then within 45 days after the Plan receives your claim, the Plan will send you written notice of its decision.

For more information, please refer to the Service Employees Benefit Fund Summary Plan Description (effective January 1, 2015) pages 45-54.

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## Enrollment Eligibility (continued)

If you are newly hired, you are eligible to enroll within 30 days after you complete your probationary period. If you do not enroll then, you must wait for your employer's annual open enrollment period.

## Benefit Payment

You will receive one-half of your average weekly wage (averaged over the eight weeks prior to disability) to a maximum of \$170 per week for a maximum of 26 weeks during one period of disability or within 52 consecutive weeks.

Disability benefits are paid beginning the first day of disability due to a non-work-related accident/injury and the eighth consecutive day due to a non-work-related illness.

**There is no coverage for a work-related accident or illness.** These incidents should be filed through Workers' Compensation.

**Successive periods of disability caused by the same or related injury or illness are considered a single period of disability if they are separated by less than three months.**

If the premium for this benefit is employer-paid, Social Security Tax will be withheld from your weekly disability payment and reported to the federal government.

If the premium for this benefit is payroll-deducted, Social Security Tax will not be withheld from your weekly disability benefit.

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## Benefit Waiting Period

There is a **six-month waiting period** of paid premiums before you are eligible for a benefit payment.

Once you meet the six-month waiting period, you will be eligible to receive disability payments for any verified non-work-related injury or illness, even if it is the same or related condition that you had before you met your waiting period.

However, if you become disabled during the first six months of your enrollment:

- ◆ No benefit will be paid until you return to work and meet the six month premium paid waiting period;
- ◆ The premiums you paid before your disability will be included in the six-month waiting period if you continue paying the premium from the first month you return to work;
- ◆ No monthly premium payment is required during your disability;
- ◆ You must send SEBF proof of disability from your physician in order to get credit for premiums that you paid during your waiting period before your disability began (work-related or non-work related);
- ◆ If you do not resume paying the premium the first month back to work, you cannot re-enroll for coverage until the next enrollment period after 12 months from the last month the premium was paid. No prior paid premiums will be credited to your new six-month waiting period.

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## Benefit Waiting Period (Continued)

- ◆ The same rules apply to a work-related disability only for the purpose of determining the date you finish your six-month waiting period.

## Monthly Premium

The Weekly Disability Plan monthly premium is determined annually.

Please refer to your collective bargaining agreement or participation agreement for the monthly Weekly Disability premium or contact SEBF.

This coverage can be provided as an employer paid benefit through your union's contract or participation agreement; or you can pay for it through payroll deduction that requires your employer to send SEBF the full required premium each month.

If you pay part or all of the premium through a payroll deduction and it is discontinued for any reason except that you are on a work-related or non-work related disability, you cannot re-enroll for coverage until the enrollment period that comes after 12 months from the last month the premium was paid.

No premium payment is required while you are on a verified work-related or non-work related disability. SEBF will require proof of your disability from your physician so your coverage is not terminated.