

# Long-term Disability Coverage and Rates

July 2024 LTD Renewal

The following monthly rates shall apply from July 1, 2024 through June 30, 2025

Rating Renewal July  
 Suffix # 174

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## BENEFIT SCHEDULE

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Class	Class Name	Probationary Period	Benefit Percentage	Maximum Monthly Benefit	Elimination Period
1	All Eligible Employees	0M	60%	\$6,000	90 days

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## CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

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Class	Class Name	Contributory Y/N	Participation
1	All Eligible Employees	N	100%

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## RATE

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Per \$100 of Covered Monthly Payroll \$0.24

Monthly rates and continued Member Group coverage are subject to applicable minimum participation requirements including, without limitation: 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N. Other requirements may apply.

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## MAXIMUM BENEFIT PERIOD

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Age at Disablement	Benefit Duration*
59 or younger	To age 65
60	5 years
61	4 years
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 and over	1 year

\*To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.

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## PROBATIONARY PERIOD EXCEPTIONS

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None

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## SPECIAL NOTES

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Evidence of Insurability needed for all late enrollees (contributory groups only).