

Disability Benefits

of the Presbyterian Church (U.S.A.)



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

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This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.



Disability benefits

OVERVIEW

The Death and Disability Plan of the Benefits Plan of the Presbyterian Church (U.S.A.) includes disability benefits that are designed to provide members with a source of income should they become totally disabled. The disability plan is a self-funded plan administered by the Board of Pensions. The Board partners with Lincoln Financial for medical case management of all disability claims, but retains sole discretion and responsibility for all plan decisions and final appeals.

Ministers serving in installed positions must be enrolled in Pastor's Participation which includes participation in the Death and Disability Plan. Ministers not in installed positions and employees may be enrolled in the plan at the employer's discretion (see Eligibility). Death and disability coverage is always non-contributory. This means that the entire cost of the coverage is funded through dues paid by employers and investment earnings; employees do not contribute for their participation.

Members with an effective salary above the maximum disability benefits basis are also eligible to enroll for supplemental disability benefits, if offered by their employer. The disability definition, requirements, and most of the administrative procedures that apply to the disability benefits of the Benefits Plan also apply to this supplemental coverage.

Medical, pension, death, supplemental death, supplemental disability, dental, and vision eyewear coverage offered through the Board of Pensions and in effect at the time of disability may continue during disability. Benefits eligibility, duration, and cost (if any) are described in the Benefits Plan, a copy of which is available on pensions.org or by calling 800-773-7752 (800-PRESPLAN).

Definition of disability (or disabled):

The inability of a member due to sickness or bodily injury to perform substantially all of the material duties of his or her regular work, and after a period of 24 consecutive months of such disability, the inability of a member due to sickness or bodily injury to perform any type of work for which he or she is fitted by education, training, or experience, all of which conditions must be certified by the Board.

DISABILITY BENEFITS AT A GLANCE

Type of plan	Disability income protection program.
Eligibility	Active members of the Benefits Plan for whom death and disability dues are being paid (by a participating employer, or by the member if under transitional participation coverage).
Waiting period	90 days. Members are not permitted to work during this time.
Payments begin	Later of 91st consecutive day of total disability or day after member's salary or severance terminates.
Benefit	Based on 60% of greater of effective salary (excluding the portion of salary above the maximum covered salary) or applicable median salary (pro-rated for part-time) when member becomes disabled; initial disability benefit cannot exceed 100% of pre-disability effective salary.
Other benefits	Medical, pension, death, supplemental death, supplemental disability, dental, and vision eyewear coverage offered through the Board of Pensions and in effect at time of disability. Medical coverage through the Board that is in effect continues for the member until age 65 and for eligible family members for the lesser of three years or until the member reaches age 65. For medical coverage through the Board, the member continues to pay medical contributions as determined by his or her most recent employer. Benefits eligibility, duration, and cost (if any) are described in the Benefits Plan, available on pensions.org.
Benefit offsets	Other income replacement sources, including <ul style="list-style-type: none"> • disability income from Social Security Disability Insurance; • retirement income from Social Security; • workers' compensation; • income from employment during disability; • veterans' and other governmental programs; • most disability benefits financed by employer; • PC(USA) Pension Plan benefits; • judgments, settlements, or insurance payments from motor vehicle accident or other personal injury claim; • any other payments member receives as result of disability (except those from privately purchased disability plan).
Pre-existing conditions	If member becomes disabled during first 12 months of plan participation, no benefits are payable and all other coverage terminates if disability is attributed to an illness or injury diagnosed or treated during 12 months immediately preceding plan participation.
Benefit termination	Benefits terminate at the earliest of when the member <ul style="list-style-type: none"> • no longer meets the definition of disability; • returns to work; • reaches maximum benefits eligibility; • dies.
Time limit for applying	Members must apply for disability benefits within 12 months of the onset of disability.
Vocational rehabilitation	Benefits Plan may require assessment and vocational rehabilitation services to determine employability and suitable occupations.
Compliance requirements	Disabled members must undergo required medical evaluations, comply with prescribed treatment plans, participate in regular case reviews, and provide requested documentation.

ELIGIBILITY AND ENROLLMENT

Active members, including those under transitional participation coverage, are eligible for disability coverage when

- their employer enrolls employees in their benefit group;
- they are scheduled to work for 20 or more hours a week; and
- their dues for the coverage are current.

The employer pays dues for disability coverage; it is non-contributory for members. Dues are based on the employer's decision to either offer these benefits with pension coverage or provide them on a stand-alone basis. Members under transitional participation coverage pay dues for death and disability coverage.

Disability coverage begins when the Board approves a member's Benefits Plan membership application. It does not include disability coverage for pre-existing conditions that were diagnosed or treated during the 12 months immediately before the member enrolled in the plan. Disability coverage ends upon termination of employment.

Optional supplemental disability benefits are available to members with an effective salary above the maximum disability benefits basis. Members who have opted out of Social Security cannot use this optional benefit to protect any amount that is used to offset their disability benefit.

DISABILITY BENEFITS

Disability benefits are generally based on 60 percent of the greater of effective salary (excluding any portion above the maximum disability benefits basis) or the applicable median salary at the time the disability status is established. The initial disability benefit never exceeds 100 percent of the member's effective salary prior to the disability, even if 60 percent of the applicable median is greater than that amount. When approved for disability status, benefit payments begin after a 90-day waiting period or when the member's salary or severance payments terminate, whichever occurs last.

Factors that affect benefit calculations

The minimum and maximum benefit at the time of disability, the applicable median salary, and part-time employment are included in the calculations used to determine the disability benefit for which the member is eligible.

Minimum and maximum benefit

The terms of the Benefits Plan include a minimum annual disability benefit. Members on disabled status do not receive less than this minimum benefit.

The terms of the plan also provide a maximum effective salary, which can be used to calculate a disability benefit. If a member's effective salary is greater than the maximum, his or her disability benefit will still be calculated on that maximum. However, he or she may be eligible to enroll in the optional Supplemental Disability Benefits Plan if his or her effective salary is at least \$10,000 more than the maximum salary used for calculating disability benefits.

Median salary

If the member's effective salary is less than the applicable median salary at the time of the disability, the disability benefit is based on the applicable median.

Part-time work

If the member works part time (at least 20 hours a week but fewer than 35 hours a week), the initial disability benefit is based on the greater of effective salary or the prorated applicable median. The initial benefit never exceeds 100 percent of effective salary.

Income sources that offset disability benefits

The disability benefit is designed to supplement all other replacement income payable as a result of the disability, so it is offset by other sources.

Disability and retirement income from Social Security

Social Security benefits reduce members' disability benefits dollar for dollar based on the initial Social Security benefit they receive. This offset includes, but is not limited to, retirement and disability income provided by Social Security. The offset does not include family benefits provided for children during disability.

Although General Assembly strongly supports the position that its ministers of the Word and Sacrament participate, some may opt out of Social Security as a matter of conscience. If a member has opted out of Social Security and, therefore, is not eligible for Social Security Disability Insurance (SSDI), his or her disability benefit will be offset by an estimate of what would have been received had he or she not opted out of Social Security. This offset will be factored in only if the disability would have qualified for SSDI.

If a member has participated in Social Security, he or she must apply for SSDI benefits. If the initial SSDI application is denied, the member must pursue all levels of Social Security appeal. However, he or she is not required to initiate Social Security Retirement Income until reaching full retirement age as determined by Social Security.

The Board recommends that members apply for disability benefits under the Benefits Plan before they apply for SSDI because Social Security's approval process is lengthy. It may be several months before the member receives a Social Security award or benefit, so the Board initiates disability benefits as quickly as possible to ensure the member has continuous income protection. The Board advances the entire benefit, including Social Security's share, until Social Security benefits begin. A disabled member's benefits will be offset for the Social Security benefits once Social Security begins making the payments back to the date of the benefit entitlement.

The first Social Security payment may include a lump-sum reimbursement for the time the member was disabled but did not receive benefits from Social Security. If Social Security makes a reimbursement payment as a lump sum, the member must immediately reimburse the Board for the amount it advanced on behalf of Social Security.

If a member's disability benefits begin after age 62 and continue after he or she reaches Social Security normal retirement age, the disability benefit will be offset by the amount of the Social Security retirement income benefit. If the member has opted out of Social Security, an estimated Social Security retirement benefit is offset.

To assist with the SSDI application process free of charge, the Board partners with Allsup Inc., a disability financial service.

Income from employment during disability

If the Board approves a partial return to work, a member can earn up to 40 percent of his or her effective salary (20 percent for supplemental disability) before the income offsets the disability benefit. See the *Employment during Disability* section for information about a partial return to work.

Pension plan benefits

If a member's disability begins on or after age 62, the Board reduces his or her disability benefit by the annual retirement pension benefit at the later of the normal retirement age of 65 and the effective date of disability. Initiating retirement pension benefits when eligible ensures they complement the reduced disability benefit. If the member does not initiate the retirement benefit when reaching normal retirement age or becoming disabled when older than 65, the Board will still reduce the disability benefit by the estimated annual retirement pension benefit. If the retirement pension benefit is greater than the plan's disability benefit, the member will receive the annual minimum disability benefit.

If the member delays initiating his or her retirement pension benefit beyond normal retirement age, he or she will be eligible for pension increases under the post-normal retirement age option, which actuarially increases accrued pension credits.

Medical coverage through the Board continued during disability ends at age 65. Therefore, if the member is eligible for disability benefits after age 65, he or she will be responsible for the cost of coverage.

Workers' compensation

A member may be eligible for disability benefits even if the disability is work related and the member is protected by a workers' compensation policy. The benefit payable by the Benefits Plan is reduced by the full amount of any workers' compensation award. If the member receives a workers' compensation award that is greater than the plan's disability benefit, the member still receives the annual minimum disability benefit. If the workers' compensation is a lump-sum payment, the disability benefit is offset on a prorated installment basis over the period that the lump-sum benefit was projected to cover.

Additional sources

Other sources that may offset disability benefits provided by the plan include

- group or individual disability benefits financed by the employer (unless they cover the portion of effective salary in excess of the maximum covered salary under disability coverage);
- compensation, judgment, or settlement paid by any motor vehicle coverage (including uninsured/underinsured coverage);
- payments made by any other third party as a result of the disability (e.g., a settlement from a medical malpractice case or other traumatic event that caused your disability); and
- veterans' and other governmental programs.

Supplemental disability benefits

Members with an effective salary above the maximum disability benefits basis can replace up to 60 percent of their salary that is above the maximum salary (for pension participation purposes) with optional supplemental disability benefits. Effective salaries are rounded down to the nearest \$10,000 to determine the maximum amount for which the member is eligible to enroll. This supplemental coverage is available in increments of \$10,000 of protected income.

Disability benefit increases

Each year the Board determines if it can recommend a disability benefit increase to the Board of Directors. Such increases are generally tied to the cost of living. If the Directors approve an increase, all recipients of disability benefits in effect on December 31 of the year preceding the approval receive an increase.

The current minimum and maximum disability benefits bases, as well as the applicable median salaries, are available on pensions.org.

If a member has personally contributed to the Retirement Savings Plan before becoming disabled, withdrawing those funds without incurring an early withdrawal penalty may be possible.

Members are **not** permitted to do any employment-related activities during the 90-day waiting period. This includes, but is not limited to, moderating session; responding to emails and phone calls; and leading worship.

APPLYING FOR DISABILITY BENEFITS

Eligible members may apply for disability benefits if a physician has stated that they are unable to work for more than 90 days while recovering from an illness or injury. Members must apply within 12 months after the date the disability occurred (unless shown that an earlier filing was not possible).

The application process begins when a member calls the Board and participates in an intake interview with a Disability Specialist. The Board then opens a claim with Lincoln Financial, the Board's disability medical case manager, which sends the member a form for the attending physician, a form to grant authorization to obtain and release medical records, and forms for the member to complete. Members should review the forms carefully and call Lincoln Financial at 800-210-0268 with questions. The completed forms may be faxed to Lincoln Financial at 603-334-0401 or mail them to

Lincoln Financial
P.O. Box 7206
London, KY 40742-7206

The Board will send the member a Disability Information Packet, which can also be downloaded from pensions.org, but members should not submit the forms until they have participated in an intake interview with the Board.

Members with questions may call the Board at 800-773-7752 (800-PRESPLAN). The completed forms from the packet may be mailed, emailed, or faxed to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market St.
Philadelphia, PA 19103-3298
Fax: 215-587-6215
Email: memberservices@pensions.org

If a member is physically or mentally unable to complete the forms, a power of attorney or authorization form must be included or on file with the Board or Lincoln Financial so the designee can act on the member's behalf.

Lincoln Financial will send the member a letter that acknowledges receipt of the forms and contact the physician to obtain the objective medical evidence needed to determine eligibility for disability benefits. Members are encouraged to follow up with their physicians to ensure they provide the information Lincoln Financial requires in a timely manner.

If the Board certifies the member as disabled under the Benefits Plan based on Lincoln Financial's recommendation, the disability benefit becomes payable on the first day after a 90-day waiting period or the day after the member's salary or severance terminates, whichever occurs last. The member will receive the first check within two weeks after the disabled status is approved. If the Board approves disability benefits before the 90-day waiting period ends, the member will receive the first check around the 91st day of disability.

If a member is covered by the disability provisions, but does not apply for the benefit at the onset of disability, he or she may still apply if fewer than 12 months have elapsed.

DURATION OF DISABILITY INCOME BENEFITS

Members continue to receive a disability income benefit as long as they are disabled but not beyond the earliest of

- returning to work;
- failing to continue meeting the plan's definition of disabled;
- attaining age 65 (unless the member became disabled after age 62);
- dying; or
- meeting the maximum periods listed below if disability benefits began on or after reaching age 62.

If a member becomes disabled at age 62 or older, the benefit is payable for these maximum periods.

Disability duration age 62 and older	
Age	Duration
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	1.75 years
67	1.5 years
68	1.25 years
69 or older	1 year

Benefits coverage and cost during disability

Enrollment for pension and death benefits offered through the Board continues if coverage was in effect when the member became disabled.

- If enrolled at disability, pension credit accrual continues until a member's disability status ends or the member reaches age 65, whichever occurs first.
- If medical coverage was in effect, it continues for the member until he or she turns 65 and for any eligible family members who were enrolled at the time for the lesser of three years or until the member turns 65.

During disability, the member continues to pay the contribution imposed by his or her most recent employer toward medical coverage offered through the Board. If enrolled for dental and vision eyewear coverage when disability begins, the member can maintain that coverage by continuing to pay the cost. There is no contribution needed for supplemental death benefits or supplemental disability benefits in effect when disability begins.

Disability benefits are not payable if dues are in arrears. Benefits offered through the Board that may continue while a member receives disability income benefits are described more fully in the Benefits Plan document available on pensions.org.

Employment relationships do not need to be terminated or dissolved once the disability is approved. The Disability team will work with the member and employer to facilitate a smooth return to work.

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Payment-related information

ELECTRONIC FUNDS TRANSFER

The Board requires members to have their monthly benefit checks electronically deposited into their accounts to avoid any interruption of mailed payments that might be caused by a natural disaster. The Authorization for Direct Deposit may be completed online through Benefits Connect, the Board's secure benefits website.

Taxes

Disability benefits are taxable under federal income tax laws and some state tax laws. Disabled members must complete the Tax Withholding Election form indicating the amount of federal tax they want withheld from their disability benefits, even if they do not want federal tax withheld. To obtain this form, members should visit pensions.org or call the Board.

Housing allowance designation

Under the federal tax code, disabled ministers of the Word and Sacrament may exclude all or a portion of their disability benefit from the gross income they report on their federal income tax return as a housing allowance to the extent that it is used for housing-related expenses (housing, utilities, maintenance, and repairs). The allowance may not exceed the fair rental value of the home (furnished and including utilities).

Ministers must maintain financial records that document and support the income excluded for a housing allowance. They will receive a 1099-R form from the Board at the end of each calendar year.

Medicare

Medicare covers some people younger than age 65 with disabilities. Medicare Part A benefits are provided at no cost, but Medicare Part B benefits have a monthly premium cost that is deducted directly from a monthly Social Security benefit. If the member applies for disability benefits and is approved, and if the member's medical coverage is provided by the Benefits Plan, in most cases the plan requires members to enroll for Medicare Part B benefits, with the Board reimbursing the cost of coverage from the member's monthly disability benefit unless the member is part of a member couple or has primary medical coverage through a spouse. To verify enrollment and set up reimbursement, the Board must receive a copy of the member's Medicare card.

Overpayments

Occasionally a member may receive a payment greater than is allowed by the plan provisions, e.g., from Social Security initiation, workers' compensation, or a partial return to work. When an overpayment is made, the member must refund the amount to the disability fund. If the member is unable to repay the full amount as a lump sum, he or she may sign a repayment agreement that allows for repayment over a limited time to be determined by the Board. This monthly amount would be withheld from the member's monthly disability benefit.

If the member does not repay the amount due or submit an acceptable repayment agreement, disability benefits will be suspended until the entire overpayment is collected. If a member has a question about an overpayment, he or she should contact the Board's Disability team immediately. Any remaining balance due to the Board upon the member's death will be deducted from the member's death benefits.

Coordination of benefits with the pension plan

Disability benefits through the Board, including monthly disability payments, member medical benefits, death and supplemental death benefits, accrual of pension credits, vision eyewear coverage, and dental benefits (if applicable) will continue up to age 65 as long as the Board deems the member disabled. If the disability benefits were initiated after the member reached age 62, they are terminated according to the disability duration table (see *Duration of Disability Income Benefits*).

Vested members disabled before age 62

The Board sends members the retirement application packet as they approach the Pension Plan's normal retirement age. Disability benefits end on the last day of the month in which the member turns 65. In order to ensure a continuous stream of income, members must submit a completed application at least eight weeks before the termination of disability benefits. To help members prepare for the transition from disability to retirement, the Board provides members with an estimate of their retirement pension benefit when they reach age 64. Members can also review a current estimate on Benefits Connect, the Board's secure benefits website.

Non-vested disabled members

Members who do not have vested pension credits will receive their last monthly disability benefit on or about the first day of the month in which they reach age 65. No future benefits will be payable from the Benefits Plan after that date.

Vested members disabled on or after age 62 but before age 65

To ensure they are taking full advantage of their benefits, members are encouraged to elect to begin receiving their retirement pension when they reach the plan's normal retirement age of 65. At normal retirement age, the accrual of pension credits terminates and disability benefits are reduced by the full amount of members' retirement pension benefits (including experience apportionments for which they may become eligible).

If a member is eligible and enrolled for Medicare Part A and Part B, he or she can enroll in healthcare coverage through the Medicare Supplement Plan. If the member is not eligible for Medicare, he or she may enroll in the Medical Continuation Program. Eligible family members may be eligible to enroll for healthcare or other benefits coverage as described in the Benefits Plan.

Once the member has reached the maximum duration as outlined in the disability duration table (see *Duration of Disability Income Benefits*), his or her disability income benefits end. Eligibility for, duration of, and cost (if any) for other Board-provided benefits coverage are described in the Benefits Plan.

If the member opts to delay the initiation of retirement pension benefits, the disability benefit is still reduced by the estimated amount of the pension benefit, and pension credit accrual ends (actuarial credit for a delayed retirement is provided).

Vested members disabled after the plan's normal retirement age

To ensure they are taking full advantage of their benefits, members are encouraged to elect to begin receiving their retirement pension on the effective date of their disability because they are not eligible to accrue pension credits during disability and disability benefits are reduced by the full amount of members' retirement pension benefits (including experience apportionments for which they may become eligible).

If a member is eligible and enrolled for Medicare Part A and Part B, he or she may subscribe for healthcare coverage through the Medicare Supplement Plan. If the member is not eligible for Medicare, the member may subscribe for the Medical Continuation Program. Eligible family members may be able to enroll for healthcare or other benefits coverage as described in the Benefits Plan.

Once the member has reached the maximum duration as outlined in the disability duration table (see *Duration of Disability Income Benefits*), his or her disability benefits end. Eligibility for, duration of, and cost (if any) for other benefits coverage are described in the Benefits Plan.

If the member opts to delay the initiation of retirement pension benefits, the disability benefit is still reduced by the estimated amount of the pension benefit and Board-provided pension credit accrual ends (actuarial credit for a delayed retirement is provided).

EMPLOYMENT DURING DISABILITY

The Benefits Plan allows for limited employment during disability; members may earn up to 40 percent of their former effective salary while continuing to receive their full disability benefit (time limits may apply). If their salary and other compensation exceed this 40 percent limit, their disability benefit is reduced by the amount of salary and compensation that exceeds the 40 percent.

These employment arrangements are designed to assist the member with returning to work. With approval by a treatment provider and then the Board, a member may engage in a trial work period and/or rehabilitative employment .

Allowable employment

There are two types of employment a member may engage in while on disability. A **trial work period** is a short-term arrangement that facilitates a member's reemployment upon termination from disability status. Disability benefits terminate when the member returns to regular employment.

If efforts to return to work are not successful because the member is unable to regain the capacity to return to his or her former level of functionality due to a permanent or long-term disabling medical condition, the plan does allow for **partial return to work** during disability. A partial return to work may be possible if the member can perform some form of limited work. The treating physician and the Board's medical counsel must confirm that the work is therapeutic and/or beneficial to the wellness of the member. There is no limitation to the duration of partial return to work; however, there are earning and hourly limitations.

Vocational rehabilitation

Approval for disability benefits initially depends on the member's inability to perform the duties of his or her occupation. Lincoln Financial also determines if, when considering the medical condition, the member is likely to return to his or her former occupation. In doing so, Lincoln Financial may conduct an employability assessment.

An employability assessment helps to establish the ability to work and identify other occupations for which the member is fitted by education, training, and/or experience. If appropriate, a vocational rehabilitation specialist works with the member as he or she progresses. If the physicians feel that the member's transition to full-time employment should be gradual, Lincoln Financial considers this a trial work period, so disability coverage may supplement the member's earnings for a limited period of time. Where appropriate, the Board will approve trial work periods or other retraining programs recommended by Lincoln Financial.

If the member is physically or mentally able to perform in an occupation based on education, training, or experience after the initial 24 months of disability, disability benefits terminate.

The Board reserves the right to suspend or terminate benefits if a member refuses to cooperate in good faith with employability assessments or vocational rehabilitation programs.

Independent medical evaluations

In some cases, the Board or Lincoln Financial arranges for the disabled member to see an independent medical evaluator (at no expense to the member). The member is notified of the date, time, and location of the appointment. If the member cannot attend the appointment, he or she must notify the Board or Lincoln Financial within one week of receiving the notification so it can be rescheduled. If the member fails to attend a scheduled appointment, the disability benefit may be suspended until the independent evaluation takes place.

Pre-approval requirement

A Disability Specialist at the Board must approve in advance any employment a member undertakes while receiving disability benefits. The member must provide the Board with the total hours to be worked, the duties of the position, and the salary, and must report all salary payments, manse or housing allowances, and other earned income. The primary treating physician must approve the hours and duties, cite any restrictions that apply, and provide the date he or she expects the member to return to full-time employment.

Members must also submit copies of their W-2 forms annually. W-2s are not issued for supply preaching, so members must submit copies of their pay stubs quarterly, as well as their Form 1099 or 1040 submitted to the IRS for the preceding year.

Ongoing review process

Disability benefits are approved for a limited period. The Board reserves the right to require and review evidence of continuing disability from time to time throughout the duration of the disability.

Generally, disability benefits are reviewed every three to six months during the initial 24 months of approved disability status. Lincoln Financial will contact the member about the review process before the approved period expires. At that time, the member and healthcare providers will be required to provide updated information so ongoing eligibility for disability benefits can be established. If the member or physicians fail to return all of the forms completed appropriately to Lincoln Financial before the approval period expires, benefits may be suspended.

A member's disability status will be reviewed prior to the expiration of the first 24-month period to determine whether the disability meets the broader definition of disability that applies after the first 24 months.

3

Disability benefits suspension and termination

If a member fails to meet the responsibilities of receiving a disability benefit, the Board reserves the right to suspend that member's disability benefit if he or she fails to

- apply for SSDI or all SSDI appeals when requested to do so;
- remain under appropriate available treatment as defined in the Benefits Plan;
- follow the reasonable medical advice of physicians;
- participate in recommended vocational rehabilitation;
- notify the Board immediately of any return to work;
- repay an overpayment or set up an acceptable repayment agreement; or
- provide documentation requested by the Board or its vendor partners that is reasonably required to administer the Death and Disability Plan.

The Board also reserves the right to suspend or terminate benefits if the member is or becomes incarcerated upon conviction of a felony.

The Board reserves the right to terminate a member's disability benefit (including medical, death, supplemental death, and pension) because the member is no longer disabled, returns to work, dies, does not comply with the provisions of the plan, retires, reaches normal retirement age, reaches the maximum disability duration, or dies (survivors may keep the disability benefit payable for the month of the member's death).

Disabled status ends

When the Board determines a member is no longer disabled, his or her disability benefit is terminated. During the first 24 months, this determination can be based on the member being capable of returning to his or her own occupation. After the initial 24 months, disability benefits end when a member is capable to work in an occupation suited by education, training, or experience.

Return to work

Members must report any employment while receiving a disability benefit to the Board. All employment should be rehabilitative in nature, including any trial work period, and approved in advance.

If the member has recovered from the condition and has been released to return to work by the physician, he or she must notify the Board of the expected return-to-work date, at which time disability benefits will terminate. Other benefits through the Board will also terminate at that time unless the member returns to employment with an employer that participates in the Benefits Plan. If benefits are paid beyond the return-to-work date, those benefits must be returned to Board.

Death

Plan benefits terminate when the member dies. The survivors may keep the disability benefit payable for the month of the member's death.

Noncompliance with plan provisions

The Benefits Plan outlines members' responsibilities in receiving a disability benefit. If the member fails to meet these responsibilities, the disability benefit may be suspended or terminated. Examples include failing to remain under the proper and adequate care of a physician, or to cooperate with the Board's request for information or an independent medical evaluation. Members whose benefit is suspended due to noncompliance are given the opportunity to comply for reinstatement of benefits. However, if the mandated requirements are not met within the specified time, all plan benefits are terminated.

4 Appeals

If a disability claim is denied or disability benefits are terminated, the member has the right to appeal. The Board offers two levels of appeal. The first appeal should be directed to Lincoln Financial within 180 days of when the member receives the decision. The final appeal should be submitted to the Appeals Board Secretary at the Board of Pensions within 60 days of receipt of the first appeal decision.

All appeals must be in writing and include the reasons for disagreeing with the decision and any supporting information. Lincoln Financial and the Board try to respond within 60 days, but it may take longer if additional information is required.

First-level appeal

Lincoln Financial
P.O. Box 7206
London, KY 40742-7206
Fax: 603-334-0401

Final appeal

Appeals Board Secretary
The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market St.
Philadelphia, PA 19103-3298
Fax: 215-587-6215



Contact information

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market St.
Philadelphia, PA 19103-3298

Monday-Friday (except holidays)
8:30 a.m. - 5 p.m. ET

Toll-free: 800-773-7752 (800-PRESPLAN)
TTY: 877-522-7948
Main number: 215-587-7200
Fax: 215-587-6215
Website: pensions.org

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PO Box 7206
London, KY 40742-7206

Monday-Friday (except holidays)
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