The Long-Term Disability Plan provides a monthly income — financial protection — if you are sick or injured and unable to work.

HOW IT WORKS

If you are disabled, disability benefits from the Long-Term Disability Plan can provide a monthly income for you and your family.

Definition of Disability

The plan defines disability as being unable to perform your regular work duties because you are sick or injured, and, after 24 consecutive months of that disability, being unable to perform any type of work that fits your education, training or experience. Lincoln Financial, the Board’s business partner for plan administration, must certify all disabilities.

WHEN BENEFITS BEGIN

Once you apply for benefits, if your disability is approved, payments begin after you are disabled and out of work for 90 consecutive days, or when any severance payments from your employer end, whichever is later.

Pre-existing exclusion

The Long-Term Disability Plan has a 12-month pre-existing exclusion. This means if you become disabled during the first 12 months that your coverage is effective and the disability is due to a condition that was diagnosed or treated (including taking any medication) during the 12 months immediately before coverage started, no long-term disability benefits will be payable.

AMOUNT OF BENEFITS

Generally, your monthly disability benefit equals up to 60 percent of your salary (up to $285,000) when you become disabled.

Disability benefits will be reduced by disability payments you receive from other sources, such as workers’ compensation and Social Security.

The minimum monthly benefit you will receive from the plan is $50. Because your employer pays the full cost of coverage, any Long-Term Disability Plan benefits received are taxable when they are paid to you.

WHEN BENEFITS END

Disability benefits end when you are no longer disabled (as determined by Lincoln Financial), or if you do not comply with plan requirements, reach the maximum disability eligibility age, or return to work.

Ongoing review process

Generally, Lincoln Financial reviews disability benefits every three to six months during the first 24 months of your disability and will ask for documents that verify your continued disability. In some cases, Lincoln Financial may arrange for you to see an independent medical evaluator (at no expense to you) to certify that you continue to be disabled.

To continue receiving benefits, you must undergo required evaluations, follow prescribed medical treatment, participate in case reviews and vocational rehabilitation, and provide requested documentation.

OTHER BENEFITS DURING DISABILITY

Most benefits through the Board end when you begin receiving benefits through the Long-Term Disability Plan. If you have medical coverage through the Board, you may be able to continue that coverage for a limited time if you pay the cost.
APPLYING FOR BENEFITS

You may apply for Long-Term Disability Plan benefits if you are unable to work for more than 90 consecutive days while recovering from an illness or injury as long as a physician certifies your disability.

If you are receiving Temporary Disability Plan benefits through Lincoln Financial, a representative from Lincoln will begin your application process for long-term disability benefits as you approach your 90th day of disability.

Otherwise, to start the application process, call Lincoln Financial at 888-970-2487 or log in to MyLincolnPortal.com and select Report a New Claim. The first time you log in, you will need to register using the code: BOARDPEN.

ENROLLMENT

Your employer will enroll you; you do not need to take any action.

COST/CONTRIBUTIONS

Your employer will pay the full cost of the Long-Term Disability Plan; you may not contribute. Because the cost is paid by your employer, benefits are taxable to you.

LEARN MORE

For more information about the Long-Term Disability Plan benefits, visit pensions.org/benefitsguidance. If you have questions, call the Board at 800-773-7752 (800-PRESPLAN).