



# BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN

## *GENERAL COMMITTEE OF ADJUSTMENT – Canadian National/Wisconsin Central Ltd - Fox Valley & Western Ltd*

1110 Gertrude Street Unit A  
Kaukauna, WI 54130  
PHONE: 920-462-4509  
FAX: 920-462-4511  
Email: [jreynoldsblet@newbc.rr.com](mailto:jreynoldsblet@newbc.rr.com)

February 28, 2014

Dear Brothers & Sisters,

I am pleased to inform you that we will be renewing our group insurance plan with The Hartford and ALL members are guaranteed approved for coverage during the open-enrollment which will run from March 1, 2014 to March 31, 2014.

It seems the overall opinion is that The Hartford and Cornerstone have been beneficial and the policy has delivered as promised, which is apparent by the claims history. The following lists the total claims paid out (as of 2/1/2014) by The Hartford to our members over the past two years for each line of coverage:

Life Insurance and AD&D:  
Paid= \$500,000  
Premium Waiver Reserves= \$320,000  
Total Incurred= \$820,000

Short Term Disability:  
Paid= \$1,108,753

Long Term Disability:  
Paid= \$344,659  
Reserves= \$1,804,268  
Total Incurred= \$2,148,927

Total of all claims (paid and reserves) incurred = \$4,077,680

Total Premium Paid= \$764,237

Over 70 individuals have received benefits from this plan over the past twenty months which works out to 1 of every 6 members that are participating. I believe the above statistics speak to the overwhelming need for this type of coverage for individuals in our profession.

Since this type of comprehensive coverage is not available to most railroaders on an individual basis, I am pleased that our union can continue to offer it to our members.

As you will notice in the enclosed enrollment kit there are increases to the monthly costs of both the Short Term and Long Term disability plans. The life insurance policy remains unchanged and will renew exactly the same as our former policy. Also, STD has gone from a 1/8 waiting period to a 4/8 waiting period AND both STD and LTD now have an "option B" which all members may elect. Option B is designed to give members options to keep their costs down while still maintaining a substantial STD and LTD benefit.

The following highlights each of the available benefits on the renewal policy:

The Voluntary STD coverage offered to you provides the following income protection:

- Weekly STD Benefit Amount: Option A and Option B both will pay 60% of weekly income.
- Both Option A and Option B have NO offset (stackable) until 100% of pre-disability earnings are attained
- Option A Starts paying on DAY 4 if you are injured, and DAY 8 if you can't work due to sickness.
- Option B Starts Paying on Day 15 if you are injured, and Day 15 if you can't work due to sickness.
- Both Option A and Option B STD benefits pay for a maximum of 13 weeks.
- NO Pre-Existing Condition Limitations: Both Option A and Option B cover All pre-existing conditions!

The Voluntary LTD coverage offered to you provides the following income protection:

- Monthly LTD Benefit Amount: Option A pays 60% of your monthly income up to \$5,000 per month. Benefit is offset (reduced) by RRB and contract benefits. Option A pays once a month until retirement age or until you can return to work. Option B pays \$2500 per month for 5 years. This benefit (option B) does not offset.
- There is a 90-day waiting period (STD covers the first 90 days)
- Pre-Existing Conditions: Pre-existing conditions are not covered if they cause you to file a long term disability claim during the first year of the policy unless the issue is resolved and there has been no treatment for the condition during the prior six months of filing the claim. After one year on the policy pre-existing conditions are covered.
- Under the "no loss-no gain" provisions of the policy, all currently participating members who have been on the plan for one year or longer, have already satisfied the one-year pre-existing condition limitation if they elect to continue participating on the renewal plan.

Voluntary Group Life Insurance and AD&D from The Hartford offers:

- Flexibility. You may apply for coverage for yourself in increments of \$10,000, to a maximum of \$500,000.

- Pre-Approved Coverage Amounts. You can apply for coverage up to the amount of \$300,000 without answering any medical questions and without taking a paramedical exam.
- Accidental Death and Dismemberment (AD&D) Insurance Coverage. In the event you are killed in an accident or injured in a covered loss, you may qualify for an AD&D benefit equal to the amount of Additional Life Insurance coverage in effect. Essentially, this doubles your life insurance election if death is caused by an accident. So, if you elect \$300,000 of life insurance and you are killed in an accident your beneficiary would receive \$600,000.
- Dependent Coverage: Your spouse and dependent children (15 days to 19 years old, or 25 if a full time student) can be insured on this plan as well. Your spouse can elect up to 50% of whatever you elect but is only guaranteed up to \$50,000 of life insurance and AD&D with no medical underwriting. If you would like to elect more than \$50,000 for your spouse you can do so, but he or she would be subject to medical underwriting to include a personal health application and possibly a physical exam. Children are covered at an elected amount of \$10,000 or \$20,000 of Life insurance and AD&D.
- No Pre-Existing Condition Limitations: All pre-existing conditions are covered!

All members who wish to participate in the renewal policy are required to complete new enrollment forms, regardless if you are currently participating. You can complete your enrollment conveniently by doing any of the following:

1. Complete your enrollment forms online at [www.RailroadDisability.com](http://www.RailroadDisability.com) and click on the "enroll here" icon at the bottom of the homepage under the column for the WCGCA.
2. Call Cornerstone at (815) 477.7287 and have your application taken over the phone.
3. Complete the enclosed enrollment paperwork and mail them in the enclosed postage paid envelope or fax them to (847) 580.4937.

Your income and health are two of the most important assets you have. As a railroad employee, without access to worker's compensation insurance, and a high risk of on-the-job injury, you are more vulnerable than most working Americans. This plan gives you the ability to protect your income if you cannot work as a result of any health related issue. I encourage you to learn about the plan so you can make an educated decision on whether or not it's right for you.

During the open enrollment period you cannot be declined. Complete and return the enclosed enrollment forms by March 31, 2014 to be insured on April 1, 2014 when the policy goes effective.

There are open-enrollment meetings scheduled over the month of March in convenient locations. Please refer to the enclosed "Open-Enrollment Meetings" notice to find the location near you. Also, Cornerstone Assurance Group will be conducting online Webinars throughout the month of March so members can learn about the renewal plan and get questions answered. Please visit [www.railroaddisability.com](http://www.railroaddisability.com) to see the webinar schedule.

All information about our renewal policy is located at the bottom of the homepage under the header WCGCA.

If you have questions about the plan or would like assistance completing your enrollment forms please feel free to contact any of the following individuals.

**Cornerstone Assurance Group**

**Andrew Haley (President) - 847.815.4173**

[ahaley@csagr.com](mailto:ahaley@csagr.com)

**Edward Haley (National Director) - 847.815.2168**

[ehaley@csagr.com](mailto:ehaley@csagr.com)

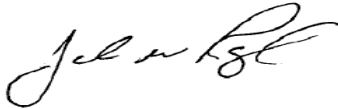
**Chris Colton (Benefits Advisor) - 847.533.5140**

[ccolton@csagr.com](mailto:ccolton@csagr.com)

**Terri Maturno (Customer Service Representative) - 815.477.7287**

[tmaturno@csagr.com](mailto:tmaturno@csagr.com)

Fraternally,



John W. Reynolds

General Chairman – CN/WC, BLET

# BENEFIT HIGHLIGHTS ILLUSTRATION



## Canadian National - Wisconsin Central General Committee of Adjustment

Group Plan Benefits  
Life, AD&D, STD, LTD

Railroad Retirement can fall short of giving you complete income protection.

**This plan helps protect you and your family from loss of income due to:**

- **Injury**
- **Illness**
- **Death**
- **Dismemberment**

**Open Enrollment ends on 3/31/2014**

**New Coverage begins on 4/1/2014**

This presentation is not a contract or policy of insurance. It contains general information and intended to explain some of the major features of the coverage provided by the group policy and certificate. The specific terms of your group policy and certificate will govern any claim for benefits you may make. Visit [www.rrb.gov](http://www.rrb.gov) for specific information regarding RRB disability benefits.

# Group Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D)

## The Hartford Life and AD&D Benefits

- Guaranteed Issue amounts up to **\$300,000**
  - Member can elect limits of \$10,000 to \$500,000
- Includes equal amount of AD&D (Double Indemnity)
- No pre-existing condition limitations
- Premium rate is banded in 5 year increments
- Can add spouse and children to policy
  - Spouse is guaranteed issue **\$50,000**
  - Spouse can apply for up to 50% of what member elects
  - Children are guaranteed issue **\$10,000**

# Short Term Disability - STD

## The Hartford STD Option A

- Pays **60%** of income Per Week
- No Waiting Period for Injury. Starts Paying on **DAY 4** for injury
- Starts Paying **DAY 8** for sickness
- Pays for 13 weeks
- No pre-existing condition limitations
- No offsets until **100%** of pre-disability earnings are attained

## The Hartford STD Option B

- Pays **60%** of income Per Week
- No Waiting Period for Injury. Starts Paying on **DAY 15** for injury
- Starts Paying **DAY 15** for sickness
- Pays for 11 weeks
- No pre-existing condition limitations
- No offsets until **100%** of pre-disability earnings are attained

\*The Hartford covers you on and off of the job (24hr Coverage)

# Long Term Disability - LTD

## The Hartford LTD Option A

- **Pays 60% of Monthly Earnings** Per Month
- 90 Day Waiting Period (STD lasts 91 days)
- **Pays until nominal age of retirement.**
  - Age 66 for persons born between 1942 and 1960
  - Age 67 for persons born after 1960
- Benefit is offset (reduced) by RRB & Contract Benefits
- Pre-existing conditions are covered after 12 months
- All members are eligible for Hartford Long Term Disability regardless of years of service

## The Hartford LTD Option B

- Pays **\$2,500 per month** for up to **5 Years**
- 90 Day Waiting Period (STD lasts 91 days)
- No offsets until **100%** of pre-disability earnings are attained
- Pre-existing conditions are covered after 12 months
- All members are eligible for Hartford Long Term Disability regardless of years of service

**Note:** RRB requires 240 months of service to qualify for Occupational Long Term Disability benefits – The GCA LTD has no service months requirement

**IMPORTANT:** By contacting the RRB you can find out what your current Occupational Disability Annuity or Full Disability Annuity amount would be. Call RRB at (877) 772-5772



# Eligibility Requirements

## Are you eligible?

- All working members of the union are eligible
- Trainmen and Conductors are eligible to participate regardless of Engineer status
- Must be working when the policy goes into effect
- Non working members who are out because of injury, illness or loss of job status (discipline, furlough, etc.) are covered the day they go back to work, if they enroll during open enrollment. Non working members who do not enroll during open enrollment are treated as new members when they return to work.
- New members get their own 30 day open enrollment
  - Covered on the 31<sup>st</sup> day

Need help with enrollment?

Please call Andrew Haley at 847-815-4173

Cornerstone Assurance Group

[www.railroaddisability.com](http://www.railroaddisability.com)

Phone: 815-477-7287

Fax: 815-477-3608

## **6 Important facts to consider when entering your income on the disability enrollment forms....**

The following information will help you select the appropriate income to report for your disability benefit. Please note, choosing your annual income is not an exact science. You simply are expected to use the “best guess” as to what your annual income will be over the next twelve months. You will also be able to adjust your income once per year on the anniversary date of the policy. The following is a list of 6 important facts to consider when selecting your income and how it relates to your disability income benefits:

- 1. You must choose the same income for both Short Term Disability (STD) and Long Term Disability (LTD)**
- 2. Every year The Hartford will allow you to adjust your income to keep your benefits and costs in-line with your current earnings**
- 3. The Hartford does NOT verify earnings on short term disability claims. They will pay you based on what earnings were listed on your enrollment forms.**
- 4. The Hartford DOES verify income on long term disability claims. They may require you to submit two years of W-2's, or up to three months of your most recent pay stubs. The Hartford understands that your income from year to year can change dramatically so they will accept most recent pay stubs if that is a better indication of your earnings at the time your claim is filed.**
- 5. The maximum STD income you can be insured for is \$130,000, so if your income exceeds \$130,000 please use \$130,000 as your income.**
- 6. The maximum LTD income you can be insured for is \$100,000, so if your income exceeds \$100,000 please use \$100,000 as your income.**

# Canadian National - Wisconsin Central General Committee of Adjustment

## The Hartford Short Term Disability Monthly Cost Chart

### Short Term Disability - Option A

First determine your approximate annual earnings then find your corresponding Age group to determine your MONTHLY cost.

STD Benefit pays **60% of your weekly earnings** starting on **Day 4** for injury and **Day 8** for sickness. **Pays for 13 weeks**

Short Term Disability Benefits are received tax free and are paid weekly (See Weekly Benefit column below)

**\*\*NO Pre-Existing Condition Limitations!\*\*** **\*\*Stackable with all other STD plans!\*\***

Earnings	Weekly Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$55,000.00	<b>\$634.62</b>	\$27.29	\$27.29	\$38.71	\$38.71	\$46.96	\$4,696.15	\$66.00	\$66.00	\$96.46	\$96.46
\$60,000.00	<b>\$692.31</b>	\$29.77	\$29.77	\$42.23	\$42.23	\$51.23	\$5,123.08	\$72.00	\$72.00	\$105.23	\$105.23
\$65,000.00	<b>\$750.00</b>	\$32.25	\$32.25	\$45.75	\$45.75	\$55.50	\$5,550.00	\$78.00	\$78.00	\$114.00	\$114.00
\$70,000.00	<b>\$807.69</b>	\$34.73	\$34.73	\$49.27	\$49.27	\$59.77	\$5,976.92	\$84.00	\$84.00	\$122.77	\$122.77
\$75,000.00	<b>\$865.38</b>	\$37.21	\$37.21	\$52.79	\$52.79	\$64.04	\$6,403.85	\$90.00	\$90.00	\$131.54	\$131.54
\$80,000.00	<b>\$923.08</b>	\$39.69	\$39.69	\$56.31	\$56.31	\$68.31	\$6,830.77	\$96.00	\$96.00	\$140.31	\$140.31
\$85,000.00	<b>\$980.77</b>	\$42.17	\$42.17	\$59.83	\$59.83	\$72.58	\$7,257.69	\$102.00	\$102.00	\$149.08	\$149.08
\$90,000.00	<b>\$1,038.46</b>	\$44.65	\$44.65	\$63.35	\$63.35	\$76.85	\$7,684.62	\$108.00	\$108.00	\$157.85	\$157.85
\$95,000.00	<b>\$1,096.15</b>	\$47.13	\$47.13	\$66.87	\$66.87	\$81.12	\$8,111.54	\$114.00	\$114.00	\$166.62	\$166.62
\$100,000.00	<b>\$1,153.85</b>	\$49.62	\$49.62	\$70.38	\$70.38	\$85.38	\$8,538.46	\$120.00	\$120.00	\$175.38	\$175.38

### Short Term Disability - Option B

First determine your approximate annual earnings then find your corresponding Age group to determine your MONTHLY cost.

STD Benefit pays **60% of your weekly earnings** starting on **Day 15** for injury and **Day 15** for sickness. **Pays for 11 weeks**

Short Term Disability Benefits are received tax free and are paid weekly (See Weekly Benefit column below)

**\*\*NO Pre-Existing Condition Limitations!\*\*** **\*\*Stackable with all other STD plans!\*\***

Earnings	Weekly Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$55,000.00	<b>\$634.62</b>	\$22.21	\$22.21	\$27.29	\$27.29	\$38.71	\$38.71	\$55.21	\$55.21	\$82.50	\$82.50
\$60,000.00	<b>\$692.31</b>	\$24.23	\$24.23	\$29.77	\$29.77	\$42.23	\$42.23	\$60.23	\$60.23	\$90.00	\$90.00
\$65,000.00	<b>\$750.00</b>	\$26.25	\$26.25	\$32.25	\$32.25	\$45.75	\$45.75	\$65.25	\$65.25	\$97.50	\$97.50
\$70,000.00	<b>\$807.69</b>	\$28.27	\$28.27	\$34.73	\$34.73	\$49.27	\$49.27	\$70.27	\$70.27	\$105.00	\$105.00
\$75,000.00	<b>\$865.38</b>	\$30.29	\$30.29	\$37.21	\$37.21	\$52.79	\$52.79	\$75.29	\$75.29	\$112.50	\$112.50
\$80,000.00	<b>\$923.08</b>	\$32.31	\$32.31	\$39.69	\$39.69	\$56.31	\$56.31	\$80.31	\$80.31	\$120.00	\$120.00
\$85,000.00	<b>\$980.77</b>	\$34.33	\$34.33	\$42.17	\$42.17	\$59.83	\$59.83	\$85.33	\$85.33	\$127.50	\$127.50
\$90,000.00	<b>\$1,038.46</b>	\$36.35	\$36.35	\$44.65	\$44.65	\$63.35	\$63.35	\$90.35	\$90.35	\$135.00	\$135.00
\$95,000.00	<b>\$1,096.15</b>	\$38.37	\$38.37	\$47.13	\$47.13	\$66.87	\$66.87	\$95.37	\$95.37	\$142.50	\$142.50
\$100,000.00	<b>\$1,153.85</b>	\$40.38	\$40.38	\$49.62	\$49.62	\$70.38	\$70.38	\$100.38	\$100.38	\$150.00	\$150.00

## The Hartford Long Term Disability Monthly Cost Chart

### Long Term Disability - Option A

First determine your approximate annual earnings then find your corresponding Age group to determine your MONTHLY cost.

LTD Benefit ensures **60% of your monthly earnings** after a 90 day waiting period and pays until you can return to work or reach age 66 to 67

Long Term Disability Benefits are received tax free and are paid monthly (see monthly benefit column below)

**One Year Pre-Existing Condition Limitation (Pre-Existing Conditions ARE covered after one year on the plan!)**

Earnings	Monthly Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$55,000.00	<b>\$2,750.00</b>	\$13.75	\$13.75	\$13.75	\$30.25	\$30.25	\$30.25	\$49.50	\$49.50	\$49.50	\$49.50
\$60,000.00	<b>\$3,000.00</b>	\$15.00	\$15.00	\$15.00	\$33.00	\$33.00	\$33.00	\$54.00	\$54.00	\$54.00	\$54.00
\$65,000.00	<b>\$3,250.00</b>	\$16.25	\$16.25	\$16.25	\$35.75	\$35.75	\$35.75	\$58.50	\$58.50	\$58.50	\$58.50
\$70,000.00	<b>\$3,500.00</b>	\$17.50	\$17.50	\$17.50	\$38.50	\$38.50	\$38.50	\$63.00	\$63.00	\$63.00	\$63.00
\$75,000.00	<b>\$3,750.00</b>	\$18.75	\$18.75	\$18.75	\$41.25	\$41.25	\$41.25	\$67.50	\$67.50	\$67.50	\$67.50
\$80,000.00	<b>\$4,000.00</b>	\$20.00	\$20.00	\$20.00	\$44.00	\$44.00	\$44.00	\$72.00	\$72.00	\$72.00	\$72.00
\$85,000.00	<b>\$4,250.00</b>	\$21.25	\$21.25	\$21.25	\$46.75	\$46.75	\$46.75	\$76.50	\$76.50	\$76.50	\$76.50
\$90,000.00	<b>\$4,500.00</b>	\$22.50	\$22.50	\$22.50	\$49.50	\$49.50	\$49.50	\$81.00	\$81.00	\$81.00	\$81.00
\$95,000.00	<b>\$4,750.00</b>	\$23.75	\$23.75	\$23.75	\$52.25	\$52.25	\$52.25	\$85.50	\$85.50	\$85.50	\$85.50
\$100,000.00	<b>\$5,000.00</b>	\$25.00	\$25.00	\$25.00	\$55.00	\$55.00	\$55.00	\$90.00	\$90.00	\$90.00	\$90.00

**Benefit is Offset (reduced) by RRB and Contract Benefits**

### Long Term Disability - Option B

First determine your approximate annual earnings then find your corresponding Age group to determine your MONTHLY cost.

LTD Benefit pays \$2,500 per month for up to 5 years

Long Term Disability Benefits are received tax free and are paid monthly (see monthly benefit column below)

**One Year Pre-Existing Condition Limitation (Pre-Existing Conditions ARE covered after one year on the plan!)**

Option B	Monthly Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
	<b>\$2,500.00</b>	\$15.00	\$15.00	\$15.00	\$35.00	\$35.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00

## The Hartford Member and Spouse Life Insurance and AD&D Monthly Cost Chart

Coverage can be elected in increments of \$10,000 up to \$500,000 (spouse is eligible for 50% of whatever the member elects)

Includes an equal amount of AD&D (double indemnity if death is caused in an accident)

Member is guaranteed approved up to \$300,000 and Spouse is guaranteed approved up to \$50,000

**\*\*\*IMPORTANT\*\*\*** Spouse rates are determined at the members age

**\*\*NO Pre-Existing Condition Limitations!\*\***

Coverage	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000.00	\$0.35	\$0.35	\$0.35	\$0.55	\$0.80	\$1.30	\$2.15	\$3.55	\$4.70	\$7.40
\$10,000.00	\$0.70	\$0.70	\$0.70	\$1.10	\$1.60	\$2.60	\$4.30	\$7.10	\$9.40	\$14.80
\$25,000.00	\$1.75	\$1.75	\$1.75	\$2.75	\$4.00	\$6.50	\$10.75	\$17.75	\$23.50	\$37.00
<b>\$50,000.00</b>	<b>\$3.50</b>	<b>\$3.50</b>	<b>\$3.50</b>	<b>\$5.50</b>	<b>\$8.00</b>	<b>\$13.00</b>	<b>\$21.50</b>	<b>\$35.50</b>	<b>\$47.00</b>	<b>\$74.00</b>
\$100,000.00	\$7.00	\$7.00	\$7.00	\$11.00	\$16.00	\$26.00	\$43.00	\$71.00	\$94.00	\$148.00
\$150,000.00	\$10.50	\$10.50	\$10.50	\$16.50	\$24.00	\$39.00	\$64.50	\$106.50	\$141.00	\$222.00
\$200,000.00	\$14.00	\$14.00	\$14.00	\$22.00	\$32.00	\$52.00	\$86.00	\$142.00	\$188.00	\$296.00
\$250,000.00	\$17.50	\$17.50	\$17.50	\$27.50	\$40.00	\$65.00	\$107.50	\$177.50	\$235.00	\$370.00
<b>\$300,000.00</b>	<b>\$21.00</b>	<b>\$21.00</b>	<b>\$21.00</b>	<b>\$33.00</b>	<b>\$48.00</b>	<b>\$78.00</b>	<b>\$129.00</b>	<b>\$213.00</b>	<b>\$282.00</b>	<b>\$444.00</b>
\$350,000.00	\$24.50	\$24.50	\$24.50	\$38.50	\$56.00	\$91.00	\$150.50	\$248.50	\$329.00	\$518.00
\$400,000.00	\$28.00	\$28.00	\$28.00	\$44.00	\$64.00	\$104.00	\$172.00	\$284.00	\$376.00	\$592.00
\$450,000.00	\$31.50	\$31.50	\$31.50	\$49.50	\$72.00	\$117.00	\$193.50	\$319.50	\$423.00	\$666.00
\$500,000.00	\$35.00	\$35.00	\$35.00	\$55.00	\$80.00	\$130.00	\$215.00	\$355.00	\$470.00	\$740.00

**If death is due to an accident AD&D coverage doubles your life insurance amount.**

\*\*\*You can determine the cost of any amount of coverage by adding the amounts together. For example, to figure out the cost for \$175,000 you simply add the cost for \$150,000 to the cost for \$25,000 for the total monthly cost.

### Children Life Insurance and AD&D

**One flat rate of \$1.05 per month covers ALL your dependent children for \$10,000 of life and AD&D coverage**

Coverage is for your dependent children between the ages of 15 days and 19 years (25 if a full time student)

# e-Enrollment

## (Easy as 1, 2, 3)

You can discard this entire packet by using the secure e-Enrollment site to complete and submit your forms. It's easy, fast and you receive instant confirmation that your forms have been received!

1. **VISIT** [railroaddisability.com](http://railroaddisability.com)
2. **CLICK** on the CN-WC GCA secure enrollment link at the bottom of the homepage and complete your enrollment forms.
3. **SUBMIT** your completed forms and receive a confirmation email that your forms have been received!!

**e-Enrollment makes it easy to choose your elections and complete your enrollment forms. Early enrollment is encouraged.**

**Regardless of enrollment date, your first premium payment (for changes or new enrollees) is not due until April 2014.**

# Canadian National - Wisconsin Central General Committee of Adjustment

Member Voluntary Benefits Enrollment Form - Coverage provided by The Hartford

Please **sign, date and return** this form to **Cornerstone Assurance Group by 3/31/2013.**

**You may fax forms to: 815-425-5349**

## Information About You

Employee Name:		Annual Income:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:		Mobile Phone:	
Email:		Date of Birth:	Date of Hire:
Position:	Union Local #:	SSN:	Hours Worked Per Week:

## Dependent Information

If more than 6 child(ren), attach additional sheet.

Spouse Name:		Gender:	Spouse Date of Birth:	Date of Marriage	
		<input type="checkbox"/> M <input type="checkbox"/> F			
Child Name:	Gender:	Date of Birth:	Child Name:	Gender:	Date of Birth:
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	

## Make Your Insurance Elections

Please make your insurance elections on pages 2, 3 and 4. Coverage options include Short Term Disability, Long Term Disability and Life Insurance which includes Accidental Death & Dismemberment. If you have any questions regarding this coverage please call:

Office: 815-477-7287

### Short Term Disability Options - All benefits are Non-Taxable

#### Voluntary Short Term Disability Insurance - Option A

This benefit begins on the **4th day of injury and 8th day of sickness** and can continue for a period of 13 weeks. It provides income protection to replace up to **60% of your salary** to a maximum weekly benefit of \$1,500.

**Note: This benefit does not offset until 100% of your pre-disability earnings are attained.**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Rate	\$0.43	\$0.43	\$0.61	\$0.61	\$0.74	\$0.74	\$1.04	\$1.04	\$1.52	\$1.52	\$1.52

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Your Annual Income}}{\text{Maximum} = \$130,000} \div 52 = \frac{\text{Your Weekly Income}}{\text{Income}} \times 60\% = \frac{\text{Weekly Benefit}}{\text{Max} = \$1,500} \div 10 = \text{Rate} \times \text{Rate} = \text{Monthly Cost}$$

- I elect to **purchase** short term disability coverage **option A**.
- I **decline** to purchase short term disability coverage **option A**.

#### Voluntary Short Term Disability Insurance - Option B

This benefit begins on the **15th day of injury and 15th day of sickness** and can continue for a period of 11 weeks. It provides income protection to replace up to **60% of your salary** to a maximum weekly benefit of \$1,500.

**Note: This benefit does not offset until 100% of your pre-disability earnings are attained.**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Rate	\$0.35	\$0.35	\$0.43	\$0.43	\$0.61	\$0.61	\$0.87	\$0.87	\$1.30	\$1.30	\$1.30

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Your Annual Income}}{\text{Maximum} = \$130,000} \div 52 = \frac{\text{Your Weekly Income}}{\text{Income}} \times 60\% = \frac{\text{Weekly Benefit}}{\text{Max} = \$1,500} \div 10 = \text{Rate} \times \text{Rate} = \text{Monthly Cost}$$

- I elect to **purchase** short term disability coverage **option B**.
- I **decline** to purchase short term disability coverage **option B**.



## Long Term Disability Options - All benefits are Non-Taxable

### Voluntary Long Term Disability Insurance - Option A

This benefits starts paying after an elimination period of 90 days. This plan provides you with income protection to replace up to 60% of your salary, to a maximum monthly benefit of \$5,000. **Note: Long Term Disability is offset by Railroad Retirement Board benefits and contract benefits.**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Rate	\$0.30	\$0.30	\$0.30	\$0.66	\$0.66	\$0.66	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Your Annual Income}}{\text{Maximum} = \$100,000} \div 12 = \frac{\text{Your Monthly Income}}{\text{Income}} \div 100 = \frac{\text{Rate}}{\text{Rate}} \times \frac{\text{Monthly Cost}}{\text{Monthly Cost}} =$$

I elect to **purchase** long term disability coverage **Option A**.

I **decline** to purchase long term disability coverage **Option A**.

### Voluntary LongTerm Disability Insurance – Option B

This benefits starts paying after an elimination period of 90 days. This plan provides you with income protection in the amount of **\$2,500 per month for 5 years**. **Note: This benefit does not offset.**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Rate	\$0.36	\$0.36	\$0.36	\$0.84	\$0.84	\$0.84	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80

To calculate your monthly cost, please use the following formula(s):

$$\frac{\$2,500}{\text{Your Monthly Benefit}} \div 60 = \frac{41.66}{\text{Rate}} \times \frac{\text{Monthly Cost}}{\text{Monthly Cost}} =$$

I elect to **purchase** long term disability coverage **Option B**.

I **decline** to purchase long term disability coverage **Option B**.

## Life Insurance Options - All benefits are Non-Taxable

### Member Voluntary Life and AD&D Insurance

You can purchase voluntary life and AD&D insurance in increments of \$10,000. The maximum amount you can purchase cannot be more than \$500,000. If you elect an amount that exceeds the guaranteed issue amount of \$300,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. Your cost may change when you move into a new age category.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Rate	\$0.07	\$0.07	\$0.07	\$0.11	\$0.16	\$0.26	\$0.43	\$0.71	\$0.94	\$1.48	\$2.57

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life and AD\&D Benefit Amount}}{\text{Life and AD\&D Benefit Amount}} \div \$1,000 = \frac{\text{Rate}}{\text{Rate}} \times \frac{\text{Monthly Cost}}{\text{Monthly Cost}} = \$$$

I elect to **purchase** \$\_\_\_\_\_ of life and AD&D coverage.

I **decline** to purchase life and AD&D coverage.

**Spouse & Dependent Life Insurance Options - All benefits are Non-Taxable**

**Spouse Voluntary Life and AD&D Insurance**

If you purchase voluntary life and AD&D insurance, you can purchase spouse voluntary life and AD&D insurance in increments of \$5,000. The maximum amount you can purchase cannot be more than the lesser of \$50,000 or 50% of your supplemental/voluntary life insurance coverage.

To calculate your monthly cost, please use the following formula(s): **Rate based on Member's age**

$$\frac{\text{Life and AD\&D Benefit Amount}}{\div \$1,000} = \text{Rate} \times \text{same as above} = \$ \text{Monthly Cost}$$

- I elect to **purchase** \$\_\_\_\_\_ of life and AD&D coverage.
- I **decline** to purchase life and AD&D coverage.

**Child(ren) Voluntary Life and AD&D Insurance**

If you purchase voluntary life and AD&D insurance, you can purchase child(ren) voluntary life and AD&D insurance for your dependent child(ren) at least 15 days but not yet age 19 years (or age 25 years if a full time student).

- I elect to **purchase \$10,000** of life and AD&D coverage at a monthly cost of **\$1.05** (cost is for all covered children).
- I **decline** to purchase life and AD&D coverage.

**Beneficiary Designation**

You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

**PRIMARY BENEFICIARY**

Primary Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:
Primary Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:
Primary Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:
Primary Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:

**CONTINGENT BENEFICIARY**

Contingent Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:
Contingent Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:
Contingent Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:
Contingent Beneficiary Name:	Phone Number:	Date of Birth:	Relationship:	Percentage:

The beneficiary for insurance on the lives of your dependents will automatically be you, if surviving. Otherwise, the beneficiary will be subject to policy provisions. A beneficiary for employee life or accidental death insurance may be changed upon written request.

**Confirmation**

I acknowledge that I have been given the opportunity to enroll in the insurance coverage offered by my employer. I understand and agree that if I decline coverage now, but later decide to enroll, I may be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to my employer can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy. If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit(s) reduce at a specified age(s) stated in the policy. If I have disability income coverage with The Hartford, I understand and agree that the maximum duration of benefits payable will be limited to a specified period which may start at a specified age and that a claim for benefits may not be approved for a pre-existing condition.

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

