

Semi-Annual Premium Per \$100 Monthly Benefit

Premiums are based on your age when entering the plan and change as each new age bracket is reached. Monthly Income Benefits are available from \$500 to \$10,000. You may select amounts in multiples of \$100. Rates listed are based on qualifying period.

How To Calculate Your Premium

1. Find the rate based on your age, preferred plan and qualifying period.
2. Multiply by the number of \$100 units you want (from 5 to 85).
Example: A member age 38 with Plan B, a monthly benefit of \$3,000, a three-month qualifying period and COLA costs:

$$(4.75 + .25) \times 30 = \$150.00 \text{ semi-annually}$$

Send no money now. You will be billed when your application is approved.

Sponsored By

Virginia State Bar

Underwritten/Insured By

Union Security Insurance Company
(an Assurant Company)

Marketed By

Virginia State Bar Members'
Insurance Center

Administered By

Benefit Coordinators Corporation

For More Information

877-214-5239 or
bspicknall@vsbmic.com

Brief Description

This brochure provides a brief description of coverage under the Master Group policy (Group Insurance Form GP-81) issued to the Virginia State Bar. See your Certificate of Insurance for more complete details.

Limitations and exclusions apply.

7/06

Plan A Rates: Benefits Payable Up To 2 Years

Age Category	One Month	Two Months	Three Months	Six Months	One Year
Under 30	\$ 4.30	\$ 3.45	\$ 3.05	\$ 2.25	\$ 1.60
30-39	\$ 5.00	\$ 4.10	\$ 3.65	\$ 2.65	\$ 2.20
40-49	\$ 9.25	\$ 7.70	\$ 6.80	\$ 5.00	\$ 4.20
50-59	\$ 10.25	\$ 7.90	\$ 7.20	\$ 5.40	\$ 4.70
60-69	\$ 14.70	\$ 13.00	\$ 12.05	\$ 9.15	\$ 6.85

Plan B Rates: Benefits Payable Up To 5 Years

Age Category	One Month	Two Months	Three Months	Six Months	One Year	COLA Add-On
Under 30	\$ 5.20	\$ 4.35	\$ 3.95	\$ 3.15	\$ 2.65	\$.20
30-39	\$ 6.10	\$ 5.25	\$ 4.75	\$ 3.80	\$ 3.25	\$.25
40-49	\$ 11.50	\$ 9.95	\$ 9.05	\$ 7.30	\$ 6.35	\$.45
50-59	\$ 12.05	\$ 10.75	\$ 10.05	\$ 8.15	\$ 7.10	\$.80
60-62	\$ 22.90	\$ 19.95	\$ 18.95	\$ 15.35	\$ 10.00	\$.70
63-69*	\$ 14.70	\$ 13.00	\$ 12.05	\$ 9.15	\$ 5.95	N/A

*At Age 63, benefits are payable up to a maximum of 2 years.

Plan C Rates: Benefits Payable Up To Age 65

Age Category	One Month	Two Months	Three Months	Six Months	One Year	COLA Add-On
Under 30	\$ 7.00	\$ 6.10	\$ 5.50	\$ 4.65	\$ 3.70	\$.60
30-39	\$ 7.95	\$ 7.00	\$ 6.35	\$ 5.35	\$ 4.20	\$.95
40-49	\$ 15.10	\$ 13.05	\$ 12.10	\$ 10.20	\$ 7.95	\$ 1.55
50-59	\$ 18.40	\$ 16.10	\$ 15.35	\$ 13.45	\$ 10.50	\$ 2.20
60-62	\$ 22.90	\$ 19.95	\$ 18.95	\$ 15.85	\$ 12.05	\$.70
63-69	\$ 14.70	\$ 13.00	\$ 12.05	\$ 9.15	\$ 7.05	N/A

*At Age 63, benefits are payable up to a maximum of 2 years. Renewal rates only.
If disability begins at age 65 or older, your Monthly Benefits will be payable for 12 months or to age 70, whichever occurs first.



VIRGINIA STATE BAR MEMBERS' INSURANCE CENTER

An affiliate of Dominion Benefits and endorsed by the Virginia State Bar

Disability Income Plan

to Protect Your Income
in the Event of
Sickness or Injury



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Important to You

Your earning capacity as an attorney is likely your most important asset. You have spent more time, money and effort than most others to reach your present position. Should you be unable to practice due to sickness or accident, your losses could be staggering. Hospital and medical expenses are one problem, but your inability to work and consequent loss of income could impact your financial security. The Virginia State Bar Disability Income Plan responds to this vital protection need with benefits of up to \$10,000 a month.

Monthly Income Benefits

You may elect a benefit amount that is a multiple of \$100, subject to a minimum coverage amount of \$500 and a maximum coverage amount of \$10,000. However, benefits provided under this policy, when combined with all other disability insurance issued or applied for, cannot exceed two-thirds of your monthly earnings.* Your benefit amount is also subject to the Monthly Payment Limit provision.

**For lawyers who are not partners, monthly earnings are defined as a 3 year average of the insured's monthly rate of earnings (excluding commissions). Partnership earnings are defined as an average of the prior 3 years Schedule K-1 Partnership Return of Income form 1065, excluding amounts derived from return of capital, interest, or dividends.*

Benefit Duration

Plan A: Payments for up to 2 Years

Plan B: Payments for up to 5 Years*

Plan C: Payments for up to Age 65*

**At age 63, payments are for up to 2 years. If disability begins at age 65 or later, your Monthly Benefits are payable for 12 months or to age 70, whichever occurs first.*

Qualifying Period Before Benefits Begin

Qualifying Period means the length of time during a period of disability that you must be disabled before benefits are payable. You may select a 1-Month, 2-Month, 3-Month, 6-Month or 12-Month qualifying period.

Monthly Payment Limit

If this plan's benefit amount, together with income or benefits from other sources, is more than 70% of your pre-disability monthly earnings, the excess is subtracted from the benefits otherwise payable. Sources of income or benefits that are considered in determining the 70% Monthly Payment Limit include gainful employment and disability and retirement from Social Security, as well as benefits from other group disability or retirement plans.

Cost of Living Adjustment Option

If you choose a five year or to age 65 benefit duration, you may elect to add a cost of living adjustment (COLA) provision to your policy. When disabled and receiving benefits, the COLA provision allows the net benefit to increase annually by the lesser of 5% or the Social Security cost of living increase. The COLA determination date is each anniversary following the date benefits commenced. The COLA increases end on the fifth COLA determination date.

Payment of Disability Benefits – “Own Occupation” Definition

Benefits are paid if you are disabled by a covered sickness or accident. Disability means the inability to perform the material duties of your regular occupation or employment while under the regular care of a licensed physician.

Partial Disability Benefits

If you are working and are not disabled, you may qualify for a partial disability benefit during any period of time you are incapable of earning 80% of your pre-disability monthly earnings due to injury or sickness.

Benefit for Alcoholism, Drug Addiction, Mental and Nervous Disabilities

Limited benefits are payable for disability caused by nervous or mental diseases or disorders, alcoholism, drug addiction or chemical dependency.

Waiver of Premium Benefit

Once you are continuously disabled for the duration of the Qualifying Period, no further premiums are required until you return to active, full-time work.

Survivor Benefit

If you die when you are receiving (or are entitled to receive) disability benefits, a survivor benefit equal to your net monthly Long Term Disability benefit will be paid to your spouse on the first day of the month following the date of your death and the first day of each of the next five months. If your spouse is not living, the benefit will be payable to your dependent child(ren). If no person is living who is entitled to the Survivor Benefit, the benefit will be paid to your estate.

Right to Renew

Your disability coverage is renewable to age 70 provided the Master Group policy is in force. Earlier termination can only occur if you (1) fail to pay a premium, (2) retire or stop working (except for a covered disability), or (3) no longer meet the eligibility requirements.

Eligibility

You must be a member in good standing of the Virginia State Bar and be actively engaged full time (at least 30 hours per week) in the duties of your profession. You must have been actively engaged full time in the duties of your profession for at least 90 consecutive days before mailing your application, and you may not apply for initial coverage or an increased amount if you are age 60 or older. Members in the armed forces on full-time active duty are not eligible.

Exclusions

No benefits are payable for that portion of any period of disability when the disabled person is confined in a penal or correctional institution as a result of a conviction for a criminal or other public offense. No benefits are payable for any disability caused by:

- (1) Any act of war, whether declared or undeclared,
- (2) Intentionally self-inflicted injury of any kind while sane or insane,
- (3) Participation in the commission of an assault or felony,
- (4) Normal pregnancy or childbirth. Complications of pregnancy are covered as any other illness,
- (5) Full-time, active duty in any armed forces.



Effective Date of Coverage

Your Disability Income Plan will take effect on the first day of the month following the acceptance of your application, providing you are actively engaged full time in the duties of your profession. Otherwise, coverage will take effect when you resume such work on a full-time basis.

Guarantee of Satisfaction

Take up to 30 days to review your Certificate of Insurance. If not completely satisfied, you are under no obligation. If you wish to be covered, simply mail your premium check by the date shown.

How To Apply

Complete the application. Be sure to indicate your choice of:

- Monthly Benefit
- Benefit Duration (Plan)
- Qualifying Period
- COLA – if you wish to elect (available only under Plan B and Plan C)

**Disability Income Plan to Protect Your Income
in the Event of Sickness or Injury**