



Dear TWU Member,

The ability to earn an income is our greatest asset – an asset so valuable, we ought to insure it.

Transport Workers Union of America (TWU) is offering Long-term Disability insurance from The Hartford to help ensure that if the unexpected happens, you and/or your family can have a financial safety net to fall back on. And because this coverage is available at a group rate, it costs less than you might think. You can have your payments automatically deducted from your paycheck. That means no bills and no checks to write.

Did you know that over 90% of disabling accidents and injuries happen outside the workplace and therefore are not covered by worker’s compensation?¹ When you consider that a disabling injury occurs every one second, it’s protection you won’t want to be without.²

The information in this package can help you decide whether coverage is right for you. Take the time to read it carefully and consider your options.

How do you enroll?

New hire coverage will take effect on May 1, 2010. Coverage is automatic; you don’t need to complete an enrollment form. Members who have been recalled more than two years after lay off will also be treated as new hires and will automatically be enrolled for coverage.

If you wish to decline coverage you must complete and return the enclosed “Long-term Disability Benefits Opt-Out Form” to your Local Union Representative. **If you don’t decline coverage by April 9, 2010, your coverage will begin and payroll deductions will start as of May 1, 2010.**

If you decline coverage now, but later elect it, you’ll be considered a “late entrant”. Late entrants must show evidence of insurability by completing a Personal Health Application. You may be responsible for physical exams or other associated costs if they’re required. If you’re a late entrant you must be approved by The Hartford to receive coverage.

¹ National Safety Council, *Injury Facts*, 2008 edition.

² Council for Disability Awareness. *The 2008 CDA Long-Term Disability Claims Review*. Available: http://www.disabilitycanhappen.org/surveys/CDA_LTD_Claims_Survey_2008.asp. September 25, 2009.

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Income Protection Benefits

Transport Workers Union of America Long-Term Disability Benefits Opt Out Form

Information About You

Name:	Employee ID Number:
Home Address:	Date of Birth:
City: State: Zip:	Home Phone Number:
Local Union Number:	Date of Hire:

Instructions

Please enter all required information clearly so that there will be no question as to your meaning.

- **Step 1:** Please **check** the box declining coverage (if you choose not to be enrolled).
- **Step 2:** Please **sign, date and return** this form to your Local Union Representative by 4/9/2010.

Voluntary Long Term Disability Insurance

You have the opportunity to opt out of Voluntary Long Term Disability Insurance. Voluntary Long Term Disability Insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been disabled for a predetermined waiting period, known as the elimination period. If you choose not to be enrolled in this coverage, you must decline coverage otherwise you will automatically be enrolled for and have premiums deducted for this coverage.

For rate and cost information, please refer to the rate sheet provided with this form.

I **decline** enrollment in Long Term Disability coverage.

Confirmation

I acknowledge that I have been given the opportunity to opt out of the Disability insurance coverage described in the Benefit Fact Sheets and offered through Transport Workers Union of America.

I understand and agree that if I decline coverage now, but later decide to enroll, I will 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.

Signed _____ Date _____

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Income Protection

Voluntary Long Term Disability Insurance

Benefit Fact Sheet for:	
Transport Workers Union of America – New Hires	
Eligibility	<p>You are eligible for coverage if you are an active full time or part time Member of TWU of America, AFL-CIO and employed by American Airlines or Allied Fueling.</p> <p>Active full time Members must work at least 30 hours per week on a regularly scheduled basis. Active part time Members must work at least 20 hours per week on a regularly scheduled basis.</p>
Coverage Effective Date	Coverage goes into effect subject to the terms and conditions of the policy. If you were hired in the past year, after the last new hire enrollment period, your coverage will take effect on May 1, 2010. Coverage is automatic, you do not need to complete an enrollment form. You must be Actively at Work with your employer on the day your coverage takes effect.
Opt Out Period and Late Entrants	<p>If you do not opt out of this coverage during the opt out period of March 1, 2010 through April 9, 2010 you will automatically be enrolled for and have premiums deducted for this coverage. If you choose not to be enrolled in this coverage, you must decline coverage by returning the opt out form.</p> <p>If you decline coverage now but later elect it you will be considered a "late entrant". Late entrants must show evidence of insurability by completing a Personal Health Application. You may be responsible for physical exams or other associated costs if they are required. You must be approved by The Hartford to receive coverage.</p>
Recalled Members	Members who are recalled more than two years from original lay off date will be treated as new hires for benefits purposes. Members recalled less than two years from original lay off date will resume any benefits in place prior to lay off. Those recalled within two years who did not previously have LTD coverage will be considered late entrants.
Benefit Percentage & Maximum Monthly Benefit	<p>Full Time Members: You may purchase coverage that pays you a benefit of the lesser of 50% of your Earnings or 70% with Offsets, to a maximum monthly benefit of \$4,000 per month. This plan includes a minimum benefit of the greater of: 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits or \$100 per month.</p> <p>Part Time Members: You may purchase coverage that pays you a benefit of 50% of your Earnings or to a maximum monthly benefit of \$500 per month. This plan includes a minimum benefit of the greater of: 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits or \$100 per month.</p>
Other Income Benefits	<p>Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, including but not limited to:</p> <ul style="list-style-type: none"> • Social Security Disability Insurance (please see next section for exceptions) • Worker's Compensation • Other employer-based Insurance coverage you may have • Unemployment benefits • Settlements or judgments for income loss • Retirement benefits that TWU fully or partially pays for (such as a pension plan.)
Elimination Period	You must be disabled for 180 days before benefits may be payable.

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Definition of Earnings	Earnings are defined as Base Monthly Earnings.
Deferred LTD Benefit	The Deferred LTD Benefit accrues credits, similar to a pension benefit, when you are disabled and receiving benefits under the Long Term Disability plan. This benefit is payable if you have accrued credit whether or not you remain employed. Please refer to the policy booklet for complete details.
Other Income Benefits	Your benefit payments will not be reduced by certain kinds of other income, including but not limited to: <ul style="list-style-type: none"> • Retirement benefits if you were already receiving them before you became disabled • Retirement benefits that are funded by your after-tax contributions • The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement. • Your personal savings, investments, IRAs or Keoghs • Profit-sharing • Most individual disability policies • Social Security increases
Benefit Duration	For as long as you remain disabled, or until you reach your Social Security Normal Retirement Age (as stated in the 1983 revision of the United States Social Security Act.), whichever is sooner. If your disability occurs at age 65 or above, your payments may be reduced.
Definition of Disability	Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less than your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 80% or less than your pre-disability earnings.
Survivor Income Benefit	The Survivor Income Benefit pays a 3 months, lump sum benefit to your surviving spouse (or your children in equal shares if there is no surviving spouse) if you die while receiving LTD benefits. If there are no survivors, no benefit will be paid.
Mental Illness, Alcoholism and Substance Abuse	<ul style="list-style-type: none"> • You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all such disabilities during your lifetime. • Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.
Pre-Existing Conditions	Your Insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if: <ul style="list-style-type: none"> • You have not received treatment for your condition for the length of time specified in the contract before the effective date of your Insurance, or • You have been insured under this coverage for length of time specified in the contract prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or • You have already satisfied the pre-existing condition requirement of your previous insurer.

Limitations and Exclusions

Benefits are not payable for disabilities resulting from any of the following; war or act of war (declared or not) or, the commission or attempt to commit a felony. In addition, your plan may exclude a disability caused or contributed to by an intentionally self-inflicted injury. Benefits are not payable if you are not under the regular care of a physician.

This Benefit Fact Sheet explains the general purposes of the Insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of Insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.

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Income Protection Benefits

Transport Workers Union of America Long Term Disability Benefit Cost Sheet

Instructions

- **Step 1:** Please locate your group description.
- **Step 2:** Use the rates and costs provided to estimate your Monthly or Weekly Long Term Disability cost.

GROUP 1 DESCRIPTION: Full time members at AA except Flight Dispatchers who are not eligible for the disability pension ("not eligible" means under age 50 or less than 15 years of credited experience)

GROUP 1 RATE: \$0.56 per \$100 Monthly Covered Earnings for first \$1,250 of earnings plus \$1.16 per \$100 Monthly Covered Earnings above \$1,250

GROUP 1 SAMPLE COSTS

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$11.83	\$21.50	\$31.17	\$40.83	\$50.50
WEEKLY COST	\$2.73	\$4.96	\$7.19	\$9.42	\$11.65

GROUP 2 DESCRIPTION: Full time members at AA except Flight Dispatchers who are eligible for the disability pension ("eligible" means at least age 50 with at least 15 years of credited experience)

GROUP 2 RATE: \$3.52 per employee per month for first \$1,250 of earnings plus \$0.59 per \$100 Monthly Covered Earnings above \$1,250

GROUP 2 SAMPLE COSTS

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$5.98	\$10.90	\$15.81	\$20.73	\$25.65
WEEKLY COST	\$1.38	\$2.51	\$3.65	\$4.78	\$5.92

GROUP 3 DESCRIPTION: Full time AA Flight Dispatchers

GROUP 3 RATE: \$0.47 per \$100 Monthly Covered Earnings for employees under age 50, and \$0.38 per \$100 Monthly Covered Earnings for employees age 50 and above

GROUP 3 SAMPLE COSTS – Under age 50

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$7.83	\$11.75	\$15.67	\$19.58	\$23.50
WEEKLY COST	\$1.81	\$2.71	\$3.62	\$4.52	\$5.42

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GROUP 3 SAMPLE COSTS – Age 50 and above

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$6.33	\$9.50	\$12.67	\$15.83	\$19.00
WEEKLY COST	\$1.46	\$2.19	\$2.92	\$3.65	\$4.38

GROUP 4 DESCRIPTION: All Part time AA Members

GROUP 4 RATE: \$3.56 per employee per month

GROUP 4 SAMPLE COSTS

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56
WEEKLY COST	\$0.82	\$0.82	\$0.82	\$0.82	\$0.82

GROUP 5 DESCRIPTION: Full time at Allied Fueling (not eligible for the deferred LTD payment benefit)

GROUP 5 RATE: \$0.28 per \$100 Monthly Covered Earnings for first \$1,250 of earnings plus \$0.59 per \$100 Monthly Covered Earnings above \$1,250

GROUP 5 SAMPLE COSTS

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$5.96	\$10.88	\$15.79	\$20.71	\$25.63
WEEKLY COST	\$1.38	\$2.51	\$3.64	\$4.78	\$5.91

GROUP 6 DESCRIPTION: Full time American Eagle Members

GROUP 6 RATE: \$0.40 per \$100 Monthly Covered Earnings

GROUP 6 SAMPLE COSTS

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$6.67	\$10.00	\$13.33	\$16.67	\$20.00
WEEKLY COST	\$1.54	\$2.31	\$3.08	\$3.85	\$4.62

GROUP 7 DESCRIPTION: Part time American Eagle Flight Dispatchers

GROUP 7 RATE: \$2.97 per employee per month

GROUP 7 SAMPLE COSTS

ANNUAL INCOME	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
MONTHLY COST	\$2.97	\$2.97	\$2.97	\$2.97	\$2.97
WEEKLY COST	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69

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