

# Disability Insurance Plan



Endorsed by  
**MEMBER  
BENEFITS**  
**wysut**  
Working to Benefit You

## NYSUT MEMBER BENEFITS HAS PARTNERED WITH METLIFE TO OFFER YOU A RANGE OF DISABILITY PLANS. YOU CAN CHOOSE THE BENEFIT AMOUNT AND WAITING PERIOD THAT IS RIGHT FOR YOU

### NYSUT Member Benefits Trust-endorsed Disability Plan

You've probably insured your car, your home and your life, so now is the time to insure your salary with Disability Insurance. We don't want you to lose your income if you suddenly had to stop working due to an accident or illness. Disability Insurance will ensure you still receive part of your salary, so you can continue paying your bills and providing for your family. Plus, you'll also be able to take advantage of rehabilitation programs with financial incentives.

*This Disability Insurance can help you protect your income with a Short-Term, Long-Term or 5-Year Disability Plan.*

You can customize your own plan. You choose from varying benefit amounts and waiting periods to suit your personal income protection needs, as outlined in this brochure.

The plan also provides an accidental death and dismemberment benefit, which includes a hospital confinement benefit and travel assistance benefit. Take a minute to see how Disability Insurance can help you.

This information is only a brief description of the principal provisions and features of the plan. The complete terms and conditions are set forth in the Certificate of Insurance issued by MetLife.

## ARE YOU ELIGIBLE?

You may apply for this coverage if:

- You are a member of NYSUT.
- You are age 65 or under.
- You work 20 or more hours weekly.

Lawful spouses or domestic partners of NYSUT members, retiree members and Associate Members of NYSUT are not eligible for this plan.

## CREATE YOUR OWN PLAN IN THREE EASY STEPS

Create a plan that best suits your needs. Start by examining whether you presently have disability coverage and the benefits you would need if a disabling illness or injury strikes. Consider factors such as the type of income protection benefits, if any, your employer offers; the amount of sick leave you've accrued; your age; your years to retirement; and the amount of money you have in savings.

### STEP 1. Choose Your Benefit Duration.

You may select among three plans:

- **Long-Term Plan:** If you do not already have coverage for longer periods of disability – 5, 10, 15 years or longer – you probably need the kind of income protection offered by the Long-Term Plan.
- **5-Year Plan:** If you're looking for affordable coverage and are several years away from retiring, you may want to consider the 5-Year Plan.
- **Short-Term Plan:** If you are looking for short-term coverage to cover sick leave or are nearing retirement, you may need the short-term, 12-month disability plan.

Plan	Start of Total Disability	Maximum Benefit Period
Long-Term	Prior to age 64	To age 65
	Age 64 or over	12 months
5-Year	Prior to age 64	60 months
	Age 64 or over	12 months
Short-Term	Prior to age 64	12 months
	Age 64 or over	12 months

Unless otherwise indicated, information in this brochure applies to all plans.

### STEP 2. Choose Your Benefit Amount.

You may apply for \$500 to \$5,000 per month (in \$50 monthly benefit units), not to exceed 60 percent of your gross monthly earnings. You can increase your coverage amount in the future if your salary increases, but you will need to reapply for additional benefits. Benefits under the Member Benefits endorsed Disability Insurance Plan may be tax-free under current tax law if premium is paid with after-tax dollars. Please consult and discuss this with your tax advisor.

If you become totally disabled while insured, the plan will pay the monthly benefit amount you are issued, starting the first day following completion of the waiting period you selected (see STEP 3). If you remain totally disabled, the plan will continue to pay the monthly benefit, not to exceed the maximum benefit period, subject to the coordination of benefits provision described later.

**STEP 3. Choose Your Waiting Period.**

The waiting period, also known as the elimination period, is the amount of time you must be totally disabled due to a covered sickness or injury before benefits will begin to be paid. The waiting period begins on the first day you are totally disabled.

You may select a waiting period of 60, 90, 120, 150 or 180 calendar days. The longer the waiting period, the lower your premium payments will be.

**EXPLANATION OF DISABILITY INSURANCE PLAN BENEFITS**

**Coordination of Loss of Income Benefits**

We will reduce your disability benefit by the amount of all other income benefits you receive that includes but is not limited to Social Security, workers' compensation, and any income received for disability under a group insurance policy, such as benefits for loss of time from work due to disability installment payments for permanent total disability. More reductions may apply. Please review your certificate for full details.

**Minimum Benefit Guarantee**

\$500 subject to the Overpayments and Rehabilitation Incentive subsections of this certificate.

**Effective Date of Insurance**

The insurance takes effect on the date shown on the Certificate of Insurance sent to you, if you are actively at work, provided we have approved your application and subject to your payment of the required premium. If you are not actively at work on that date, the insurance will take effect on the date you are actively at work, as long as it is within three months of the Certificate effective date and you are still eligible for coverage. If your insurance is scheduled to take effect on a non-working day, your Active Work status will be based on whether you were Actively at Work on the last working day before the scheduled Effective Date of your insurance.

**Definition of Total Disability**

"Total Disability" means you can't perform the duties of your regular occupation during the first 24 months for the Long-Term and 5-Year Plans, following completion of the waiting period you have chosen. After 24 months, your disability must prevent you from engaging in any occupation for which you are reasonably suited. For the Short-Term Plan, "Total Disability" means you can't perform the duties of your regular occupation during the first 12 months. For all three plans, you must be receiving medical care from a physician during total disability.

**Voluntary Accidental Death & Dismemberment (VAD&D)**

This Disability Insurance provides an accidental death & dismemberment benefit at no additional cost.

Principal Sum . . . . . \$25,000

**Hospital Confinement Benefit**

The VAD&D benefit includes a hospital confinement benefit. If hospital confinement occurs within 12 months of an accidental injury, benefits paid are up to \$250 maximum per month. Benefits will begin on the 5th day of confinement and will continue for a maximum of 12 months. Please refer to the VAD&D portion of your Disability Certificate for coverage details.

**Travel Assistance Benefit**

The VAD&D benefit includes a travel assistance benefit. Travel Assistance gives you access to medical, travel, and concierge services - 24 hours a day, 365 days a year when traveling internationally or domestically. Please refer to the Travel Assistance brochure for more information.

**Waiver of Premium**

If you become totally disabled and are receiving monthly benefits from your plan, future premiums will be waived. The waiver of premium will stop when you are no longer eligible to receive a monthly benefit for the period of total or partial disability.

**Disability Due to Mental Disorders Limitation**

The plan limits monthly benefits for mental disorders to a Maximum benefit period of 12 months.

**Termination of Disability Benefits**

Disability benefits will stop on the earliest of: the date you are no longer totally disabled or partially disabled; the date of your death; or the end of the maximum benefit period for total or partial disability or for mental disorders.

**Termination of Insurance**

The Covered Person's insurance will terminate on the earliest of the following dates: 1.) The date the Group Policy terminates; 2.) The date on which the Covered Person retires or ceases to be actively engaged in his or her occupation for remuneration or profit, except by reason of Total Disability as defined; 3.) The date on which the Covered Person ceases to be a member of a class of Eligible Persons; 4.) The date on which the Covered Person attains the Age Limit of 66 years of age; or 5.) The end of the grace period following the last day of the period for which a premium payment is made. Any unearned premium paid beyond a termination date will be promptly refunded on a prorated basis.

**30-Day Free Look**

When you become insured, you will be sent a schedule of benefits summarizing your insurance coverage and how to obtain your Certificate of Insurance. If you are not completely satisfied with the terms of your Certificate, you may contact Association Member Benefits Advisors (AMBA) toll-free at 888-386-9788, without claim within 30 days. Your coverage will be void from the start and you will receive a full refund—no questions asked!

## PREMIUM PAYMENT OPTIONS AND RATES

You may select from the following convenient payment options:

- Payroll deduction.\*Note: You can gain a discount on premiums of up to 20 percent if you select the payroll deduction option for the Long-Term or 5-Year Plan!
- Pre-authorized check draft.
- Direct bill on an annual, semi-annual or quarterly basis.

Rates for these payment options are outlined on the following charts. Charts 1 and 2 outline information for the Long-Term Plan; Charts 3 and 4 provide information for the 5-Year Plan; and Charts 5 and 6 provide information on the Short-Term Plan.

## HOW TO CALCULATE YOUR PREMIUMS

Complete Steps 1 through 3, (on previous pages), then:

- Determine the number of \$50 monthly benefit units (as described in Step 2) that your plan will provide.
- Multiply this amount by the monthly premium contribution per unit, based on your age and the waiting period you selected.

**Example:** You are age 35 and will use the payroll deduction option. You've selected the Long-Term Plan (see Chart 1), a \$2,000 monthly benefit and a 90-day waiting period. Check Chart I for the applicable rates based on your selections.

Rate/\$50 monthly benefit	x	# of \$50 units	=	Monthly Premium
\$.60 (from chart I)	x	40 units	=	\$24

**If you select the Pre-Authorized Check Plan (ACH) instead of the Payroll Deduction Option...** obtain your information from Chart 2. Multiply \$.75 by the 40 units, for a monthly premium of \$30.

**If you elect to pay semi-annually...** multiply this \$30 monthly rate, as calculated above, by six months, for a semi-annual premium of \$180.

Premiums are based on your age at the time coverage becomes effective, and they increase on the premium due date on or after you reach a higher age bracket.

\* Payroll deduction is available in local associations that have made the necessary arrangements for payroll deductions of Member Benefits-endorsed programs.

## LONG-TERM PLAN — TO AGE 65

Monthly Premiums Per \$50 Monthly Benefit From \$500 to \$5,000, not to exceed 60 percent of gross monthly earnings.  
Rates Shown Per Waiting Period

Chart 1 — Payroll Deduction Option					
Age	60-Day	90-Day	120-Day	150-Day	180-Day
18–39	\$ 0.64	\$ 0.60	\$ 0.56	\$ 0.52	\$ 0.48
40–49	1.08	1.00	0.96	0.88	0.84
50–59	1.64	1.44	1.40	1.28	1.24
60–65	1.84	1.60	1.48	1.40	1.28

Chart 2 — Direct Bill Option					
Age	60-Day	90-Day	120-Day	150-Day	180-Day
18–39	\$ 0.80	\$ 0.75	\$ 0.70	\$ 0.65	\$ 0.60
40–49	1.35	1.25	1.20	1.10	1.05
50–59	2.05	1.80	1.75	1.60	1.55
60–65	2.30	2.00	1.85	1.75	1.60

## 5-YEAR PLAN

Monthly Premiums Per \$50 Monthly Benefit From \$500 to \$5,000, not to exceed 60 percent of gross monthly earnings.  
Rates Shown Per Waiting Period

Chart 3 — Payroll Deduction Option					
Age	60-Day	90-Day	120-Day	150-Day	180-Day
18–39	\$ 0.56	\$ 0.40	\$ 0.37	\$ 0.32	\$ 0.30
40–49	0.90	0.80	0.76	0.69	0.68
50–59	1.40	1.32	1.29	1.26	1.21
60–65	1.84	1.60	1.48	1.40	1.28

Chart 4 — Direct Bill Option					
Age	60-Day	90-Day	120-Day	150-Day	180-Day
18–39	\$ 0.60	\$ 0.47	\$ 0.44	\$ 0.41	\$ 0.36
40–49	1.02	0.94	0.90	0.83	0.79
50–59	1.64	1.53	1.46	1.39	1.34
60–65	2.30	2.00	1.85	1.75	1.60

## SHORT-TERM PLAN — 12 MONTHS

Monthly Premiums Per \$50 Monthly Benefit From \$500 to \$5,000, not to exceed 60 percent of gross monthly earnings.  
Rates Shown Per Waiting Period

Chart 5 — Payroll Deduction Option					
Age	60-Day	90-Day	120-Day	150-Day	180-Day
18–39	\$ 0.30	\$ 0.20	\$ 0.20	\$ 0.15	\$ 0.15
40–49	0.45	0.35	0.30	0.25	0.25
50–59	0.60	0.50	0.50	0.45	0.40
60–65	1.15	1.00	0.90	0.85	0.75

Chart 6 — Direct Bill Option					
Age	60-Day	90-Day	120-Day	150-Day	180-Day
18–39	\$ 0.30	\$ 0.20	\$ 0.20	\$ 0.15	\$ 0.15
40–49	0.45	0.35	0.30	0.25	0.25
50–59	0.65	0.55	0.50	0.45	0.40
60–65	1.20	1.05	0.95	0.90	0.80

## ADDITIONAL DISABILITY PLAN DETAILS

The MetLife Disability Plan includes services to help you get back to work. The services can include:

### Nurse Consultant or Case Manager Services

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

### Vocational Analysis

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

### Job Modifications/Accommodations

Recommending adjustments (e.g., redesign of work station tools) that enable you to return to your previous job or a similar one.

### Retraining

Development programs to help you return to your previous job or educate you for a new one.

### Financial Incentives

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

### The Services of Social Security Specialists

Once you are approved for Long-Term Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

### How is disability defined under this plan?

Generally, you are considered disabled and eligible for Long-Term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment, complying with the requirements of treatment and you are unable to earn more than 60% of your pre-disability earnings at your own occupation for any employer in your local economy.

### When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Disability is chosen by you when you enroll. You may choose 60, 90, 120, 150 or 180 calendar days. Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance.

### Can I receive benefits if I return to work part-time?

Yes, as long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

### Are there any exclusions or limitations to my coverage?

Yes. The following limitations and exclusions apply.

### Limited Disability Benefits

#### For Disability Due to Alcohol, Drug or Substance Abuse or Addiction

If you are Disabled due to alcohol, drug, or substance abuse or addiction, we will limit your Disability benefits to one period of Disability during your lifetime. During your Disability, we require you to participate in an alcohol, drug or substance abuse or addiction recovery program recommended by a Physician.

We will end Disability benefit payments at the earliest of:

- the date you receive 24 months of Disability benefit payments;
- the date you cease or refuse to participate in the recovery program referred to above; or
- the date you complete such recovery program.

#### For Disability Due To Mental and Nervous Disorders or Diseases; Neuromuscular, Musculoskeletal or Soft Tissue Disorders, Chronic Fatigue Syndrome and Related Conditions, or Fibromyalgia

If you are Disabled due to one or more of the following medical conditions described below, we will limit your Disability benefits to a lifetime maximum equal to the lesser of:

24 months; or  
the Maximum Benefit Period.

Subject to the Administration of Limited Disability Benefits for Disability Due to Mental and Nervous Disorders or Diseases, Neuromuscular, Musculoskeletal, or Soft Tissue Disorders, Chronic Fatigue Syndrome and Related Conditions, or Fibromyalgia provision set forth below:

Your Disability benefits will be limited as stated above for:

1. Mental or Nervous Disorder or Disease that results from any cause, except for:  
Neurocognitive Disorders;  
Schizophrenia; or  
Bipolar I Disorder.

2. Neuromuscular, Musculoskeletal or Soft Tissue disorders including, but not limited to, any disease or disorder of or injury to the spine or extremities and their surrounding soft tissue; sprains or strains of joints or their adjacent muscles, Carpel Tunnel Syndrome or other Repetitive Motion Disorders, unless the Disability has objective evidence of:
  - Myelopathies;
  - Myopathies;
  - Connective Tissue Disorder or Disease;
  - Tumors of the spine, bone or soft tissue;
  - Spinal Vascular Malformations; or
  - Spinal Cord Damage;
3. Chronic Fatigue Syndrome and Related Disorders;
4. Fibromyalgia.

### **Administration of Limited Disability Benefits for Disability due to Mental and Nervous Disorders or Diseases, Neuromuscular, Musculoskeletal, or Soft Tissue Disorders, Chronic Fatigue Syndrome and Related Conditions, or Fibromyalgia**

If no exception above applies, and you are Disabled as a result of:

- more than one injury or Sickness for which Disability benefits are payable under this certificate, each of which are subject to the provisions of the Limited Disability Benefits section, the benefit limitation periods will run concurrently for all such conditions.
- one or more injuries or Sicknesses for which a Disability benefit is payable under this certificate, one or more of which is subject to the provisions of the Limited Disability Benefits section, your Disability benefits will terminate at the end of the limitation period shown above, unless We receive Proof that You are Disabled at the end of such limitation period due to one or more of the exceptions to the limitation shown above, or to a Sickness or injury not subject to the limitations in Limited Disability Benefits.

### **Defined Terms Used in Limited Disability Benefits**

**Bipolar I Disorder** means a psychiatric disorder diagnosed in accordance with the diagnostic criteria for Bipolar I Disorder set forth in the most recent edition of the DSM as of the date of your Disability. Supporting documentation must include evidence that you experienced at least one full manic episode. The following conditions, as determined using the diagnostic criteria for such conditions set forth in the most recent edition of the DSM as of the date of your Disability, are not considered Bipolar I Disorder for purposes of this exclusion:

- Bipolar II disorder;
- Cyclothymic disorder;
- Substance induced bipolar disorder;
- Bipolar disorder associated with a known general medical condition;
- Other specified bipolar disorder; or
- Unspecified bipolar disorder.

### **Carpel Tunnel Syndrome**

means an entrapment median neuropathy, which causes pain, numbness, and other symptoms in the distribution of the median nerve due to its compression at the wrist.

### **Chronic Fatigue Syndrome**

means the clinically evaluated, unexplained persistent or relapsing chronic fatigue that is not substantially alleviated by rest. The diagnosis must be established following the Centers for Disease Control current clinical criteria as of the date of your Disability.

### **Connective Tissue Disorder or Disease**

means any of a group of diseases affecting the connective tissues of the body. These conditions include, but are not limited to, rheumatoid arthritis, Marfan syndrome, systemic lupus erythematosus, scleroderma, Ehlers-Danlos syndrome or polymyositis.

The diagnosis must be established using American College of Rheumatology current clinical criteria as of the date of your Disability.

### **Fibromyalgia**

means a medical condition evidenced by widespread soft tissue pain. The diagnosis must be established following the American College of Rheumatology current clinical criteria as of the date of your Disability.

### **Mental or Nervous Disorder or Disease**

means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM") as of the date of your Disability.

### **Musculoskeletal**

means the bones, joints, joint capsules, cartilage, or adjacent tendons, ligaments or muscles.

### **Myelopathies**

means disease of the spinal cord supported by objective clinical findings of spinal cord pathology.

### **Myopathies**

means diseases of muscle fibers, supported by pathological findings on biopsy or electromyography (EMG).

### **Neurocognitive Disorder**

means a condition that meets the diagnostic criteria for neurocognitive disorders set forth in the most recent edition of the DSM as of the date of your Disability, and the cognitive deficits that relate to the Disability are not attributable to another Mental or Nervous Disorder or Disease. Neurocognitive disorders include, but are not limited to, conditions such as Alzheimer's disease and other forms of dementia, and Traumatic Brain Injury.

### **Neuromuscular**

means the peripheral motor nerves and the muscles that such nerves supply.

### Related Disorders

means conditions that are similar to Chronic Fatigue Syndrome in that the symptoms associated with the condition are comparable. These conditions include, but are not limited to, the following:

- Chronic Fatigue Immunodeficiency Syndrome;
- Post Viral Syndrome; and
- Epstein-Barr virus infection.

The diagnosis must be established following the Centers for Disease Control current clinical criteria as of the date of your Disability.

**Repetitive Motion Disorders** means muscular conditions that result from repeated motions performed in the course of normal work or daily activities and affecting upper or lower extremities.

**Schizophrenia** means a chronic psychiatric disorder diagnosed in accordance with the diagnostic criteria for Schizophrenia set forth in the most recent edition of the DSM as of the date of your Disability.

**Self-Reported Condition** means the symptoms and other manifestations of your condition that are not objectively verifiable using tests, procedures and clinical examinations that are standardly accepted in the practice of medicine. Self-Reported Conditions include, but are not limited to, conditions such as migraine and other types of headaches, symptoms of pain, fatigue, stiffness, soreness, ringing in ears, dizziness or vertigo, numbness, impaired concentration, and loss of energy.

**Seropositive Arthritis** means an inflammatory disease of the joints supported by clinical findings of arthritis plus positive serological tests for connective tissue disease.

**Soft Tissue** means the muscle, fat, fibrous tissues, and blood vessels, which connect, support, or surround the bony structures and organs of the body.

**Spinal** means components of the bony spine or spinal cord.

**Spinal Cord Damage** means injury or disease of the spinal cord with resultant paralysis.

**Spinal Vascular Malformations** means abnormal development of blood vessels within the spinal cord.

**Tumor(s)** means abnormal growths which may be malignant or benign.

### Disability Income Insurance Exclusions:

We will not pay for any Disability caused or contributed to by:

1. War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
2. Your active participation in a riot;
3. Intentionally self-inflicted injury;
4. Attempted suicide; or
5. Commission of or attempt to commit a felony.

We will not pay Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

1. Cosmetic surgery or treatment primarily to change appearance;
2. Sex-change surgery;
3. Reversal of sterilization;
4. Liposuction;
5. Visual correction surgery; and
6. In vitro fertilization, embryo transfer procedure or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a Sickness.

### Voluntary Accidental Death & Dismemberment Exclusions:

We will not pay benefits under this section for any loss caused or contributed to by

1. Physical or mental illness or the diagnosis or treatment of such illness;
2. Infection, other than infection occurring in an external accidental wound or from food poisoning;
3. Suicide or attempted suicide;
4. Intentionally self-inflicted injury;
5. Service in the armed forces of any country or international authority.

However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;

6. Any incident related to: (a) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; (b) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in (c) flight; (d) parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self preservation; (e) travel in an aircraft or device used for testing or experimental purposes, by or for any military authority or for travel or designed for travel beyond the earth's atmosphere;
7. Committing or attempting to commit a felony;
8. The voluntary intake or use by any means of any drug, medication or sedative, unless it is taken or used as prescribed by a Physician or an "over the counter" drug, medication or sedative taken as directed; alcohol in combination with any drug, medication, or sedative or poison, gas, or fumes;
9. War, whether declared or undeclared; or act of war, insurrection, rebellion or active participation in a riot.

\* Additional limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance or contact your benefits administrator with any questions.

## HOW DO I APPLY FOR COVERAGE

Go to [www.nysutmbteinsurance.com](http://www.nysutmbteinsurance.com), select “Insurance Plans,” and then “Disability Insurance” for the Disability Application.

### Underwritten by:

Metropolitan Life Insurance Company  
200 Park Avenue  
New York, NY 10166

### Administered by:

AMBA Administrators, Inc.  
P.O. Box 9186  
Des Moines, IA 50306-8838

In CA d/b/a Association Member Benefits & Insurance Agency.  
CA Insurance License #0196562  
AR Insurance License #100114462

### About Our Role and Compensation

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

The MetLife Disability Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 5% of gross premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

## QUESTIONS? CALL US!

A licensed representative will be happy to assist you with any questions you may have. Call AMBA toll-free at 888-386-9788, weekdays from 9 a.m. to 9 p.m. or Saturdays from 9 a.m. to 2 p.m. (EST). You may also visit the website at [www.nysutmbteinsurance.com](http://www.nysutmbteinsurance.com). Email: [customerservice.service@mercerc.com](mailto:customerservice.service@mercerc.com)





[metlife.com](https://www.metlife.com)

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The Plan Brochure provides only a brief overview of the Disability plans. A more complete description of the benefits provisions, conditions, limitations and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern. Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Contact the plan administrator AMBA Administrators, Inc. for complete costs and details.

Metropolitan Life Insurance Company | 200 Park Avenue, | New York, NY 10166  
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