Dear New City of Chicago Employee:

The City of Chicago is committed to offering a benefits package that continues to meet its employees’ changing benefit needs. Long Term Disability insurance is a valuable and important component of the benefits package. This coverage is issued by The Prudential Insurance Company of America (Prudential). For over 95 years, Prudential has provided group life insurance plans that help protect families’ financial security and peace of mind.

You may purchase Voluntary Long Term Disability coverage as a new hire without needing to answer any medical questions when enrolling within 31 days following your date of hire. These benefits also become effective on the first day of the month following your date of hire.

If you decide to enroll in the Voluntary Long Term Disability plan after 31 days, you will be required to provide proof of good health satisfactory to Prudential.

We appreciate the opportunity to serve you. If you have any questions or would like more information, please contact our Customer Service Office at 1-800-778-3827. We are available Monday through Friday between 7:00 a.m. and 5:00 p.m., Central time. If you are using a telecommunications device for the hearing impaired (TDD), please call 1-800-496-1214, Monday through Friday between 7:00 a.m. and 5:00 p.m., Central time. One of our customer service representatives will be glad to help you.

Sincerely,

Record Keeping Services
GROUP INSURANCE

Long Term Disability Insurance

Issued by The Prudential Insurance Company of America

City of Chicago
All Eligible Employees
Help Protect Your Most Valuable Asset—Your Paycheck

While nearly everyone has auto and homeowner insurance, many people probably have not insured their most valuable asset—their paycheck.

If you stopped receiving a paycheck, would you and your family be able to keep up with the mortgage or rent, pay any auto loans or credit card bills, even afford everyday necessities?

If you’re like most people, you wouldn’t be able to meet your financial obligations if you were disabled and unable to work for an extended period of time.

Now you have an opportunity to enroll in The Prudential Insurance Company of America’s disability insurance plan that will help you safeguard your lifestyle and provide you and your family with peace of mind.

Advantages of participating in our program include...

✓ **Partial Income Replacement** Benefits provide partial income replacement when you are unable to work due to a sickness or injury.

✓ **Assistance and Support for Your Return to Work Efforts**
  
  • Rehabilitation Program—Benefits may include vocational evaluation, job placement services, resume preparation, retraining for a new occupation, and assistance with relocation. We have enhanced our current program to include additional benefits.
  
  • Work Site Modification—The Prudential Insurance Company of America will work to find a modification that is likely to help you remain at work or return to work. We may reimburse your employer or make contributions towards its cost. This provision may vary by state. See your plan booklet for details.
  
  • Benefits While Working—The Prudential Insurance Company of America encourages you to stay at work or return to work when it’s appropriate, and may pay benefits if you are working while disabled.

✓ **Economical Group Rates**—The Prudential Insurance Company of America’s plan is available to you at group rates, which are typically lower than individual rates.

✓ **Convenient Payroll Deduction**—Your premium contributions are deducted from your paycheck, so there’s no check writing or mail delays.

✓ **Benefits Are Not Subject to Income Tax**—When the cost of insurance is paid with after-tax dollars, benefits are not subject to federal income tax under IRC Section 104.

*Please review the information in this kit so you can make an informed decision about participating in this program.*
Your monthly LTD benefits will be 60% of your monthly earnings, up to the maximum of $10,000.

**New Hires:** Proof of good health satisfactory to The Prudential Insurance Company of America is not required if enrolling when first eligible.

**Current Employees who waived or were denied coverage in the past:** Proof of good health satisfactory to The Prudential Insurance Company of America is required.

You are considered disabled when, because of injury or sickness, you are unable to perform the material and substantial duties of your regular occupation, you are under the regular care of a doctor, and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness.

The LTD benefit amount will be reduced by deductible sources of income. Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers’ compensation, and other sources are deductible sources of income.

The minimum monthly benefit is $100.

Your monthly benefit will not be reduced, during the first 12 months of disability payments, as long as your earnings plus the gross disability benefit does not exceed 100% of pre-disability monthly earnings.

The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.

A disability due to a pre-existing condition that begins within the first 12 months of the effective date of coverage is excluded from coverage. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures or prescribed drugs or medicines, or followed treatment recommendations during the 90 days prior to your effective date of coverage.

Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities primarily based on self-reported symptoms are limited to 36 months of benefits during your lifetime. Examples of self-reported symptoms include headache, pain, fatigue, stiffness, soreness, ringing in the ears, dizziness, numbness, and loss of energy. Disabilities due to mental illness and disabilities which are primarily based on self-reported symptoms have a combined limited pay period during your lifetime.

You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Our rehabilitation specialists work with doctors and other specialists to help you return to work. Benefits may be payable for vocational evaluation and retraining for a new occupation. If you are no longer able to perform your occupation, we may help you with job placement services, resume preparation and relocation services.
♦ You may be eligible to receive additional rehabilitation payments for up to six months while you are receiving Voluntary LTD benefits under the plan while you are participating in an approved rehabilitation program.

- **Enhanced Vocational Rehabilitation Benefit:** An additional monthly benefit equal to 5% of the monthly benefit payment.
- **Spouse and Elder Care Benefit:** An additional $500 per month for up to six months to help cover the cost of care for chronically ill or disabled spouses, or certain family members and you are participating in a vocational rehabilitation program approved by Prudential.
- **Day Care Benefit:** An additional $500 per month for up to six months per eligible child to help cover the cost of day care expenses.

Your Long Term Disability coverage also includes the following additional benefits:

♦ An additional Catastrophic Disability benefit is paid when you experience the loss of two or more activities of daily living or are determined to be cognitively impaired. The benefit is an additional 20% of pre-disability earnings to a $5,000 maximum per month for 180 days and is not be reduced by any other sources of income.

♦ The survivor benefit is 3 times your gross disability payment, in the event of your death and it is payable to your spouse or children under age 25.

♦ You do not have to pay premiums, while you are collecting disability benefits.

♦ You may be eligible to convert your disability plan to the Prudential Conversion Trust Plan, if your employment ends for reasons other than retirement. You must have been covered for LTD for at least 12 consecutive months, not be disabled, and be less than age 70.

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Provisions may vary by state. Refer to the plan booklet for details.
## Long Term Disability*

*(Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)*

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Cost of Insurance (Rates per $100 of Monthly Covered Payroll)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.09</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.11</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.14</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.19</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.29</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.44</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.60</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.67</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.82</td>
</tr>
<tr>
<td>70+</td>
<td>$1.51</td>
</tr>
</tbody>
</table>

*This is optional coverage and the entire cost of coverage is employee paid.*

Cost of insurance for coverage, which is deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change.

## How Much Does This Insurance Cost?

### Long Term Disability

Follow this worksheet to determine your monthly cost of insurance. Refer to the above Rate Sheet to find the monthly rate per $100 of monthly covered payroll based on your age.

1. Indicate your monthly earnings.  
2. If your monthly earnings are greater than the maximum monthly covered earnings of $16,667, indicate $16,667. Otherwise, indicate the amount from Step 1.  
3. Multiply the amount in Step 2 by the rate for your age from the chart above and divide by 100 to obtain your Total LTD Monthly Cost.
About The Prudential Insurance Company of America

Prudential’s famous Rock logo has been one of America’s best-known icons. It’s a symbol of the strength and trust that millions of Americans have placed in us to help them meet their most important financial goals.

The Prudential Insurance Company of America is one of the leading providers of group insurance in the United States. Our resources, financial strength, and stability allow us to honor long-term commitments to employers and employees alike.

Enroll today for this valuable coverage!

For additional information, contact Prudential’s Record Keeping Services at 1-800-778-3827.

To enroll, simply complete the Enrollment Form, which is located at the end of this booklet.

**Important - Mail completed Enrollment Form to:**
Prudential, P.O. Box 13676, Philadelphia, PA 19176

After the date your insurance becomes effective, you will receive a confirmation of coverage letter.

Disability coverage is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Disability Support: 1-800-842-1718. Prudential and the Rock logo are registered service marks of The Prudential Insurance Company of America. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.

0180444-00006-00
Enrollment Form – City of Chicago

General Information (Employee)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Effective Date of Coverage (for office use only) __/__/__

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Social Security No. ______ – ______ – _______

Marital Status
- Single
- Divorced
- Married
- Widowed

Date of Birth
Month Day Year
_____/_____/_____

Date Employed
Month Day Year
_____/_____/_____

Your Annual Earnings
$________________

(For Prudential Use Only)
Control # 44004

Long Term Disability

☐ I wish to enroll for the Long Term Disability insurance coverage.

☐ No Long Term Disability insurance coverage chosen.

I authorize my employer to deduct contributions for the cost of the plan from my earnings.

I understand that in the event I desire such insurance at a later date, I will be required to furnish medical evidence of insurability at my own expense, and the insurance company will have the right to refuse my request.

Important: Mail completed Enrollment Form to:
Prudential, P.O. Box 13676
Philadelphia, PA 19176

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

Disability coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Disability Support 1-800-842-1718. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

Prudential

Enrollment Form – City of Chicago

Employee General Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Acceptance or Waiver of Coverage

☐ I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the monthly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

☐ I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.

FOR RESIDENTS OF ALL STATES EXCEPT DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, UTAH, VERMONT, VIRGINIA AND WASHINGTON; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

Employee Signature ________________________________ Date (Month, Day, Year) ____________________

Important: Mail completed Enrollment Form to:
Prudential, P.O. Box 13676
Philadelphia, PA 19176