

The Choice for Long Term Disability Coverage



AND



Cigna Global Health Benefits

VOLUNTARY GROUP DISABILITY INSURANCE

Additional Insurance Protection

Additional Services Provided

Worldwide



AFSPA



Income



Protection



American Foreign Service Protective Association has selected **Cigna Global Health Benefits** to provide a voluntary group disability insurance program for members residing both internationally and in the USA. This program offers two options for disability insurance:

- **Option 1** is a Benefit for 2 years, after a 30 day elimination period.
- **Option 2** is a Benefit for 5 years, after a 30 day elimination period.

Both options include additional insurance coverage and additional services listed below:

Coverage Includes:

Disability

12 month own occupation is included.

Maternity Coverage

Regular Delivery or Delivery with Complications as prescribed by a Physician: "Medically Necessary".

Survivor Benefits

3 months of benefits for your beneficiary.

War & Terrorism Coverage

Included.

Waiver of Premium

Premium waived when benefits are payable.

Additional Services:

Benefits Paid

In over 132 currencies and can be delivered via Electronic Transfer, Wire Transfer or Check.

International Service Centers

Available 24/7/365 with the infrastructure and experience to provide assistance worldwide.

USA: Expert In-House Disability Resources

1,200+ professionals in claims offices in the USA. Plus access to 1,100 nurses and 500 doctors, representing more than 40 clinical specialties, 35+ vocational professionals, 80+ health professionals.

Top 4 Reasons to Consider the AFSPA Disability Plan

1. If you have a partial disability, you will not qualify for FERS disability retirement benefits.

In a recent study done by a federal employee association, over 70% of the disability cases were partial or residual. (1) Therefore, the federal employee did not qualify for federal disability retirement benefits under FERS.

2. Disability retirement benefits under FERS are taxable. (2)

The benefit amount under AFSPA's Plan is not taxable (3), providing a greater net income replacement ratio for when you need it most.

3. New federal employees must complete at least 18 months of service to be eligible for FERS disability retirement benefits.(4)

4. To be eligible for FERS disability retirement benefits, the disability must be expected to last at least one year. (4)

Source material

1 Annual Statistical Report on the Social Security Disability Insurance Program, 2012

2 IRS.gov, January 2014

3 IRS Publication 907

4 www.opm.gov/retirement-services/fers-information/types-of-retirement/, August 4, 2014

ELIGIBILITY

You must be a member of the **American Foreign Service Protective Association**. Membership is open to:

- All Foreign Service personnel and direct hire employees of the Department of State; Department of Defense; Agency for International Development; Foreign Commercial Service; Foreign Agricultural Service; Department of Homeland Security; Central Intelligence Agency; National Security Agency; Office of Director of National Intelligence and Peace Corps staff and volunteers. Executive Branch civilian employees assigned overseas or to U.S. possessions and territories; and the direct hire domestic employee assigned to support those activities. Executive Branch includes all Federal civilian employees except those working for the Legislative (Congress) or Judicial (Courts) Branches of the Federal government.
- Active full-time employees working a minimum of 30 hours per week.
Contact us either via e-mail at disability@AFSPA.org or via phone at 202-833-4910 regarding your eligibility for AFSPA membership.

AVAILABLE BENEFITS

Benefit Amount: You may apply for a benefit amount of **60%** of your salary, to a maximum of **\$5,000** USD per month less any other in-force disability benefits.

Maximum Benefit Period: The plan provides **24** months or **60** months of benefits, depending on your election.

Elimination Period: The policy Elimination Period is **30** days. This is the amount of time before benefits begin, if you become disabled.

POLICY SPECIFICS

Disability Accident and Sickness: Monthly benefits will be payable upon completion of the Elimination Period for the period of disability, but not longer than the policy monthly Benefit Period.

Own Occupation Coverage: During the first **12 months** of disability, benefits are based upon your inability to perform the essential and substantial duties of your own occupation.

Any Occupation Coverage: After the first **12 months** of your disability, you must be unable to work in any occupation based upon your education, training and experience.

Partial Disability: A disability in which you are able to perform one or more, but not all material and substantial duties of an occupation full or part time; or you are able to perform all material and substantial duties part time.

Waiver of Premium: Premium payments are waived during any period for which benefits are payable. If coverage is to be continued, premium payments may be resumed following a period during which they were waived.

Covered Earnings Definition: Member's base monthly gross wage or salary as reported by the member, excluding bonuses, commissions, overtime pay or extra compensation.

ADDITIONAL FEATURES

- **Maternity Benefits:** Full coverage
- **War & Terrorism:** Covered
- **Survivor Benefit:** 3 Months
- **Mental Illness Limitation:** 24 months

EXCLUSIONS

Pre-Existing Condition: 3/6/12 Rule: If you are treated for a medical condition 3 months prior to your effective date, it will not be covered unless you are treatment free for 6 months after your effective date of coverage or after you have been insured and still active at work for 12 months.

Disability that occurs as a result of the following: Bodily Injury or Sickness caused or contributed to by service in the armed forces of any country or international authority; intentionally self-inflicted injury or attempted suicide; taking illegal or non-prescribed drugs; alcohol; injury sustained while engaged in illegal activity; piloting any aircraft unless specifically covered by the policy.

WHEN COVERAGE BEGINS

All periods of insurance begin at 12:01 a. m. Local Standard Time on the first of the month following your approval of coverage and your direct debit has been activated.

WHEN COVERAGE ENDS

Coverage will end when one of the following occurs: (1) on the date the insured dies; (2) on the date you request to end coverage; (3) on the Termination Date shown in the Schedule; (4) at the end of the period for which the premium is paid; or (5) the date the Insured ceases to be employed.

COORDINATION OF BENEFITS

Any benefit hereunder is payable secondary to any other valid and collectible disability benefit in-force at the time of claim and the maximum total combined benefit of all in-force disability policies shall not exceed 60% of the Insured Person's average monthly earned taxable income for the twelve (12) consecutive months immediately prior to any claim, at the time of claim, or the amount stated in the Schedule, whichever is less.

Schedule of Premiums

Option 1			
Benefit Period: 2 years			
Elimination Period: 30 Days			
Monthly Benefit Rate – Per \$100 (\$5,000 USD maximum)			
Rate \$1.25 per \$100 USD			
Monthly Benefit	Rate	Monthly Premium	Annual Premium
\$3,000	\$1.25 x 30	\$37.50	\$450.00
\$3,500	\$1.25 x 35	\$43.75	\$525.00
\$4,000	\$1.25 x 40	\$50.00	\$600.00
\$4,500	\$1.25 x 45	\$56.25	\$675.00
\$5,000	\$1.25 x 50	\$62.50	\$750.00

Option 2			
Benefit Period: 5 years			
Elimination Period: 30 Days			
Monthly Benefit Rate – Per \$100 (\$5,000 USD maximum)			
Rate \$1.65 per \$100 USD			
Monthly Benefit	Rate	Monthly Premium	Annual Premium
\$3,000	\$1.65 x 30	\$49.50	\$594.00
\$3,500	\$1.65 x 35	\$57.75	\$693.00
\$4,000	\$1.65 x 40	\$66.00	\$792.00
\$4,500	\$1.65 x 45	\$74.25	\$891.00
\$5,000	\$1.65 x 50	\$82.50	\$990.00

HOW TO Enroll

Enroll by completing the attached enrollment form and mail it to the address below or via fax at 202-775-9082.

AFSPA
1620 L Street, NW
Suite 800
Washington, DC 20036-5629
Attn: Disability Insurance Department

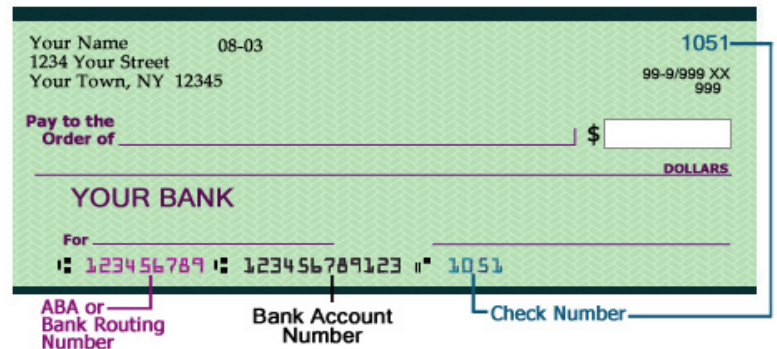
For additional information, you may contact us via phone at 202-833-4910 or via e-mail at disability@AFSPA.org.

NOTE: Monthly premiums are to be paid via DIRECT DEBIT only. Please do not send any premium payment with the enrollment form. You will be notified by e-mail when the direct debit has been activated.

DIRECT DEBIT

Note: Premiums must be paid by electronic debit from your bank account. We do not accept premium payments by any other method. Deductions will be on a monthly basis from your bank account.

To set up direct debit please fill out the information below. You will need to know your Routing Number (ABA) and your Account Number. See image below for clarification.



The image shows a check with the following information highlighted:

- ABA or Bank Routing Number:** 123456789
- Bank Account Number:** 123456789123
- Check Number:** 1051

Depository Name: _____
Branch: _____
City: _____
State: _____
Zip: _____
Routing Number: _____
Account Number: _____

Important! Please verify your bank information (above) and make necessary corrections. Incorrect information will result in delays in processing your direct deposit request with AFSPA.

Account Type
Checking: _____
Savings: _____
Account Holder SSN: _____
Joint Acct Holder SSN: _____
You must mail or fax a copy of this direct debit form with your completed enrollment form to 202-775-9082.

NOTE: We cannot activate your direct debit and disability insurance until we receive all required forms.

Voluntary Group Disability Insurance Enrollment Form

Member Information	
Name	
First:	Middle: Last:
Address:	
Street:	City:
State/Province:	Country:
Zip/Postal Code:	
Date of Birth:	Social Security No:
Phone Number:	Cell Phone:
E-mail:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employment	
Agency Name:	
Occupation:	
Annual Salary:	
Current Work Location:	
Major Duties:	

Coverage Requested	
<input type="checkbox"/> Option 1 [2 year Benefit, 30 Day Elimination Period] Monthly Benefit Request: _____ (60% of salary, up to \$5,000 USD)	
<input type="checkbox"/> Option 2 [5 year Benefit, 30 Day Elimination Period] Monthly Benefit Request: _____ (60% of salary, up to \$5,000 USD)	
Signature: _____ Date: _____	

Disclaimer: This is not the insurance contract. This overview is intended to provide only a general description of certain type of insurance and other services and is not intended to describe the full terms and conditions applicable to any particular insurance policy or service program. It is recommended that a potential purchaser examine, in detail, any insurance policies or other applicable agreements to be certain of the precise terms, conditions and coverage provided under the programs described in the overview. Policy provisions will prevail if there is a conflict between the policy and this brochure.

Send completed forms to: **AFSPA**
 1620 L St., NW, Suite 800
 Washington, DC 20036-5629
 Fax: 1-202-775-9082



To provide unparalleled service that our unique, worldwide membership requires, AFSPA manages a comprehensive set of health insurance benefits and related programs promoting the welfare of our members who support U.S. foreign affairs and related missions. For more information on these programs, visit www.AFSPA.org or call us at 202-833-4910.

GROUP DENTAL INSURANCE:

AFSPA offers four dental plans to meet our member's needs. Two are Dental Health Maintenance Organizations (DHMO's) available for our stateside members. One plan is exclusively for the Mid-Atlantic area and the other offers nationwide coverage. The Mid-Atlantic plan offers a separate orthodontic benefit to members who need that specific coverage. These DHMO's do not require claim forms and the member pays reduced fees for procedures without waiting periods. Members must use a participating dentist in the network for these services to be covered.

We Also offer a Dental Preferred Provider Organization (DPPO) plan that can be used anywhere in the world. Waiting period applies only to Orthodontia. Coinsurance rates are the same, whether you use an in-network or an out-of-network provider.

Our international dental plan provides worldwide coverage. However, it pays at a higher coinsurance rate when services are rendered outside the U.S. than in the U.S. Overseas services are not subject to a fee schedule or out-of-network penalties.

MEMBERS OF HOUSEHOLD INSURANCE:

AFSPA offers several medical plans for Members of Household, which include domestic partners, parents and dependent children over age 26 who do not qualify for coverage under the Federal Employees Health Benefits Program. These policies offer a choice of deductibles and medical coverages. Separate coverage applies for treatment received inside the U.S. and Canada.

GROUP TERM LIFE INSURANCE:

Coverage is available up to \$600,000. This policy can be purchased as your main source of protection or to supplement any existing coverage. It includes benefits for loss due to acts of war or terrorism. There are no exclusions. Members can keep this policy in the event they leave government service. Family coverage is available also.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE:

This plan provides protection up to \$600,000 against accidental injuries or death anywhere in the world. It includes a Home Alteration and Vehicle Modification Benefit of 10% of the principal amount or \$10,000. The policy includes benefits for loss due to acts of terrorism.

IMMEDIATE BENEFIT PLAN:

AFSPA offers a term life insurance plan that is available to employees of selected agencies to cover immediate expenses, such as mortgage payments, funeral expenses and final medical costs upon the death of a loved one.

- A benefit of \$15,000 (\$7,500 at age 70) paid to the beneficiary, generally within two business days upon AFSPA's receipt of notification of employee's death.
- No medical questions to answer when enrolling during a qualifying event (new hire, open enrollment period, or first overseas assignment).

Coverage provided by Cigna Corporation 900 Cottage Road Bloomfield CT 06002
Ratings: A.M. Best A, Fitch A+, S&P AA-, Moody's A

LONG TERM CARE PLANNING:

AFSPA has been sponsoring long term care plans since 1990 as we believe strongly that this coverage can be a very important part of an individual's portfolio. One plan does not fit all, so as long term care products have evolved, we enhanced our long term care offerings. Our broker, Signature Financial Partners LLC, assists members with finding a long term care plan that best suits their needs.

TAX CONSULTATION SERVICES:

Beers, Hamerman, Cohen & Burger, P.C., offers services from a group of five CPA tax accountants with at least 10 years of accounting experience. They offer:

- A complimentary 20-minute consultation to AFSPA members and retirees who have tax questions.
- A 10% discount on standard hourly rates.
- A dedicated secure e-mail address for members to ask their questions. Prior to services being rendered, they will issue a letter of understanding.

FINANCIAL PLANNING:

AFSPA recognizes the importance of financial planning for the future. There is not a magic formula or set of criteria that works for all members. We offer several financial planning options with knowledgeable advisors to help navigate the overwhelming amount of information pertaining to planning for the future. Knowledge/education is the key to financial planning.

TRAVEL ASSISTANCE SERVICES:

This plan offers emergency medical evacuation, on-the-spot emergency medical payments, worldwide medical referrals, medical monitoring, prescriptions replacement assistance and repatriation of remains benefits. Annual and per trip coverage is available. As a member of AFSPA, you will receive a 10% discount.

LEGAL SERVICES:

To help our members find the appropriate representation and advice, AFSPA has arranged for several Washington, D.C. metropolitan area law firms to provide advice on wills, power of attorney, family law, real estate transactions, taxes, personal injury and business planning at a discounted rate.