County of Los Angeles

Long-Term Disability and Survivor Benefit Plan



County of Los Angeles
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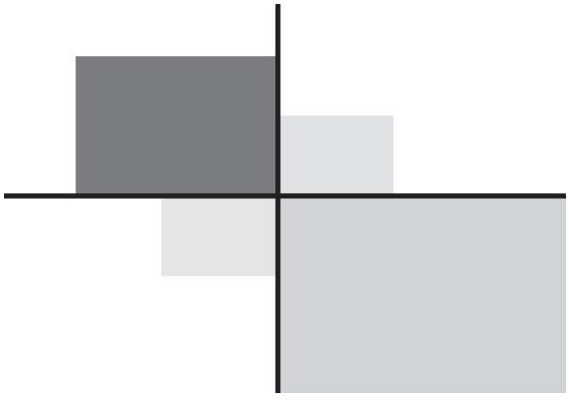
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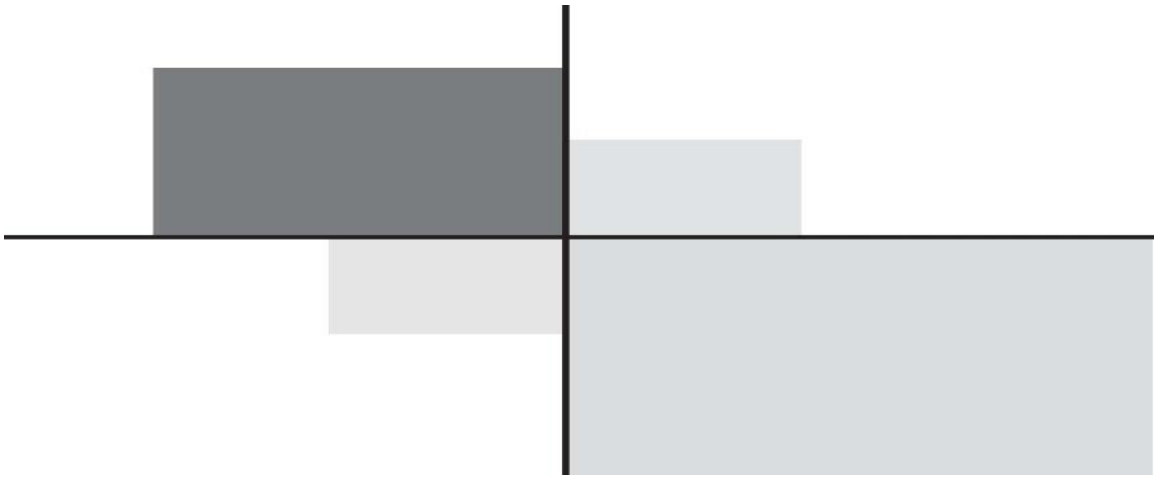
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INTRODUCTION

The County of Los Angeles' (County) Long-Term Disability (LTD) Plan offers a monthly income replacement benefit if you become disabled and are unable to work. Benefits begin to accrue after you complete a six-month Waiting Period. The Survivor Benefit (SB) Plan offers an eligible survivor with an income replacement benefit in the event of your death. Sedgwick Claims Management Services (Sedgwick) is the County's Third Party Administrator (TPA) utilized to provide claim administration services for LTD and SB claims and monitored by the Department of Human Resources Employee Benefits Division, Return-to-Work and Disability Management section (Disability Management).

This booklet describes your responsibilities and the eligibility requirements for the County's LTD Plan. A review of the benefit structure is included, as well as an explanation of the LTD Plan terminology, and the detailed steps you must follow to file a claim for benefits. Several examples and answers to frequently asked questions are included in this booklet to help you understand the claim process.

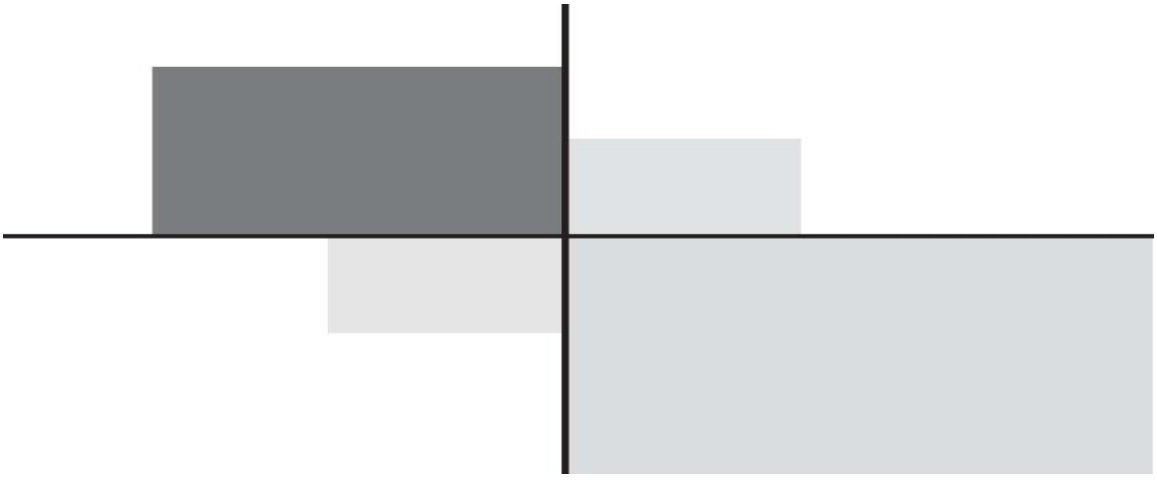
We recommend that you review this booklet and retain it for future reference. If you have questions, please contact the Return-to-Work Coordinator in your department.



HOW TO FILE A LONG-TERM DISABILITY BENEFIT CLAIM

Prior to the end of a six-month waiting period, Sedgwick may have received sufficient information from the County; i.e., dates of work absence and a current address on file, to send you an LTD notification. This LTD notification will instruct you to call Sedgwick at the number listed under Step 1 on the next page, and request an LTD application. This call may be placed at any time, even if a notification is not received.

Application: You must complete the Employee Statement and your physician must complete the Attending Physician's Statement (APS). Submit your LTD application to Sedgwick as soon as possible, but no later than one year from your first day of absence due to your disability. (Sedgwick and/or Disability Management will determine your disability start date.) If your application is received late, a penalty will occur. This penalty consists of no LTD benefits for the number of days your application is received beyond one year. If your application is received more than 30 months from the first day of approved disability, your claim will be denied without a review. To timely qualify for LTD benefits, you must file within one year of disability, regardless if your disability is due to an industrial or non-industrial injury/illness, and whether or not you are receiving other disability benefits.



Step 1: Mail or fax your completed claim application to:

Sedgwick CMS
P.O. Box 14648
Lexington, KY 40512-4648
Phone: (800) 786-8600
Fax: (855) 800-5116

Your claim is not complete, and you will not receive LTD disability benefits, until both you and your physician have submitted the requested information to Sedgwick.

Sedgwick will review your information and render a decision on your claim. If approved, you and the Return-to-Work (RTW) Coordinator for your department will receive a notice of approval from Sedgwick. If denied, Sedgwick will mail you a notice of denial, which states the reason for the denial.

Sedgwick may also require additional supporting documentation, or that you attend an Independent Medical Examination (IME) to verify your disability. If this happens, you will receive a notice from Sedgwick that will include information on how you can assist them to expedite your claim review.

Step 2: The LTD Plan requires you to provide Sedgwick with proof of having applied for disability benefits under the Federal Social Security Act (FSSA), regardless of whether or not you are eligible to receive FSSA benefits, within 30 days of filing your application for LTD benefits.

Additional information regarding the FSSA is available at www.socialsecurity.gov (See also the LTD Questions and Answers starting on page 17.)

DEFINITIONS

This LTD Plan uses the following terminology. The words will appear with initial capital letters when used in this booklet.

"Basic Monthly Compensation" is your average monthly base rate of pay for the position or positions you held during the 12 months immediately preceding the Waiting Period. It does not include overtime pay, any lump-sum payment of unused accumulated overtime, vacation, holiday time, sick leave benefits, or compensation from two or more positions you concurrently hold.

"Basic Monthly Benefit" is the percentage of compensation paid to you for an approved LTD claim. This percentage varies per County health plan as follows:

Choices, Options, and Flex: Your LTD benefit is calculated by multiplying your Basic Monthly Compensation amount by 60%.

MegaFlex: When you enroll in your annual MegaFlex benefits, you may select the 40% or 60% Basic Monthly Compensation option. MegaFlex participants in Retirement Plan E, who have completed five or more years of continuous service with the County, are entitled to a core LTD coverage equal to 40% of the employee's Basic Monthly Compensation, or may elect 60% LTD coverage at the employee's expense.

Example: If your Basic Monthly Compensation is $4,000, then your LTD benefit would be calculated by multiplying your Basic Monthly Compensation ($4,000) by 60% ($4,000 x 60% = $2,400). This would result in a Basic Monthly Benefit of $2,400*.

*** LTD benefits are taxed as ordinary income in the year you receive them.**

"Cost-of-Living Adjustment" is an annual cost-of-living adjustment which is applied to your benefit, following your completion of 24 months of benefit eligibility, as long as you continue to be entitled to receive benefits under the LTD Plan. The adjustment shall equal the annual percentage increase in the cost-of-living, as measured by the Bureau of Labor Statistics Consumer Price Index for All Urban Consumers for the Los Angeles/Riverside/Orange County Metropolitan Area for the preceding January 1st. Note: a cost-of-living increase cannot be greater than 2%.

"Disability" during the Waiting Period (first six months of disability), and during the first 24 months of benefit eligibility, means the complete inability to perform the duties of your County position. An employee not fit for duty per the County's Occupational Health Program may be eligible for LTD.

"Eligible Employee" is a permanent employee who Sedgwick has approved as disabled. An Eligible Employee for LTD benefits varies by cafeteria plan, as follows:

- **Choices, Options, and Flex:** 1) You are disabled as a direct result of: a) an industrial injury/illness that is accepted by a county's Workers' Compensation (WC) TPA; b) an injury or illness that arises from, and in the course of, active military service during a military leave; **or** 2) have completed five years of service with the County, and be disabled from a non-industrial injury/illness. "Safety" retirement members in these health plans cannot receive LTD.

- **MegaFlex:** You must have elected the 40% or 60% LTD benefit during the MegaFlex Annual Benefit Enrollment, prior to January 1st of the year that a disability is incurred. "Safety" retirement members in this health plan may purchase and receive LTD benefits.

"Employee" is a permanent employee of the County who is a General Member of the contributory retirement plans A, B, C, D, or G with the Los Angeles County Employees Retirement Association (LACERA). General Member does not include a Safety Retirement member (unless the Safety retirement member is a MegaFlex participant).

"Health Care Practitioner" is your personal treating physician who will provide the medical information necessary to process your claim.

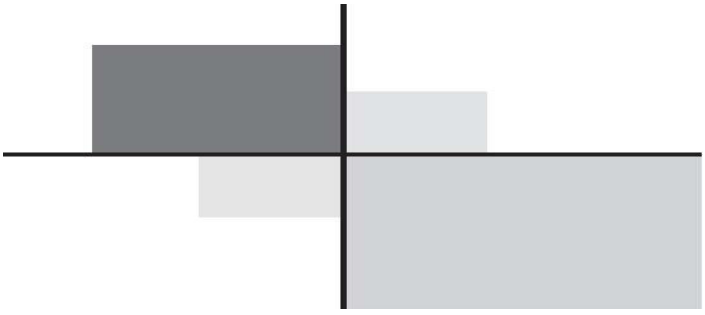
A Health Care Practitioner may be:

- Doctor of Medicine (M.D.)
- Doctor of Osteopathy (D.O.)
- Clinical Psychologist
- Chiropractor
- Podiatrist

Your Health Care Practitioner must be licensed in the State where he/she is practicing, and must be practicing within the scope of his/her license.

"Maximum Period of Benefit Eligibility" is the maximum period of time that LTD benefits are payable. LTD benefits generally stop when you are no longer disabled or when you reach age 65, whichever occurs first. However, if you are age 62 or older when your LTD Waiting Period begins, you may receive benefits for the period shown in the following schedule:

Age 62:	3 1/2 years maximum benefit duration
Age 63:	3 years maximum benefit duration
Age 64:	2 1/2 years maximum benefit duration
Age 65:	2 years maximum benefit duration
Age 66:	1 3/4 years maximum benefit duration
Age 67:	1 1/2 years maximum benefit duration
Age 68:	1 1/4 years maximum benefit duration
Age 69 and over:	1 year maximum benefit duration



"Recurrent Disability" is the continuation of a previous disability. If, within six consecutive months of an LTD claim, 1) you return to work full-time and then become disabled again due to the same cause, disability benefit payments will be resumed without the need for you to satisfy a new Waiting Period; 2) you have not returned to work full-time in a permanent full-time position, and your current disability (same, different, or related disability) has been reviewed and approved by Sedgwick, benefits under the original LTD claim may resume.

Example: You injured your back, subsequently filed for LTD, and were approved to receive LTD benefits after completing a six-month waiting period. You then recover from your injury and return to work full-time in your regular County position. After a month of working in your regular position with the County your back condition worsens, and you are unable to continue working. You would not need to satisfy a new Waiting Period, as you returned to work for less than six consecutive months, and your second disability was due to the same cause as your first disability.

"Retirement Plans A, B, C, D, or G" are the contributory non-safety retirement plans established by the County, pursuant to the County Employees Retirement Law of 1937. If you are in one of these Retirement Plans, are totally disabled according to Social Security guidelines before completing two years of disability (plus the six month Waiting Period), and wish to continue to receive LTD benefits, you must file for retirement. If you are not receiving retirement benefits after being approved for LTD for 24 months, your LTD will be terminated or suspended and no benefits will be paid for this period of time. Disability Management may wave this deadline if they approve you to have an extenuating circumstance.

"Retirement Plan E" is the noncontributory retirement plan for General Members of Los Angeles County Employees Retirement Association (LACERA), effective July 1, 1981. If you are a member of this retirement Plan, and retire while receiving LTD benefits, your LTD claim will terminate.

"Total Disability" means that after 24 months of LTD eligibility (plus the six month Waiting Period), you must be disabled within the meaning of the FSSA, and be eligible to receive or are receiving benefits under the FSSA.

Note: If you were hired by the County before April 1, 1986 and you lack enough quarters to qualify for Social Security Disability Benefits, Sedgwick will determine your benefit eligibility in accordance with FSSA standards. If you were hired after April 1, 1986 you pay into Medicare (by paying HIT, Health Insurance Tax, in your County paycheck.) Sedgwick will ask you to apply for early Medicare, because in order to be eligible for early Medicare, the Social Security Administration must determine you meet their standard of total disability.

"Waiting Period" generally means a period of six consecutive months in which you are disabled, beginning with the first day you are absent from work due to a disability. Following are situations in which the Waiting Period may be affected:

1. If you are satisfying the Waiting Period, return to work, and become disabled again, your second absence will be considered a continuation of your first absence. Your disability must be due to the same or a related condition as your first absence and your return to work cannot exceed an aggregate of 29 calendar days.

Example:
You are disabled because of a back injury, and after satisfying one month of your Waiting Period, you recover and attempt to return to work. After three weeks, your condition deteriorates and you must stop work again. As you did not return to work for more than 29 calendar days, and your second absence is due to the same condition as your first absence, your Waiting Period will continue as though you had not returned to work.

2. If you are satisfying the Waiting Period, return to work, and become disabled again due to a separate and unrelated cause, your second absence will be considered a "new" disability and the Waiting Period will begin again.

Example:
You are disabled due to a back injury, but you recover and return to work before completing your Waiting Period. After two weeks of work, you suffer a heart attack. The heart attack qualifies as a new disability, subject to a new Waiting Period, because the heart attack was separate and unrelated to your back injury.

3. If you are satisfying the Waiting Period, return to work, and become disabled again, your second absence will be considered a "new" disability and the Waiting Period will begin again if you returned to work for more than an aggregate of 29 calendar days.

Example:
You become disabled due to a back injury, and after satisfying one month of your Waiting Period, you recover and attempt to return to work. After two weeks, your condition deteriorates causing you to stop work. Following six weeks of intensive physical therapy, you attempt to return to work again. However, you once again are forced to stop working after only five weeks due to a further deterioration of your back. You would be required to satisfy an entirely new Waiting Period because you returned to work for more than an aggregate of 29 calendar days.

PARTIAL RETURN TO WORK

If you are able to return to your County position on a part-time basis while disabled, you may receive a reduced LTD benefit. Your LTD benefit is reduced by 70% of any salary, compensation, or income you earn from your part-time work. You must notify Sedgwick before returning to work, or your LTD benefits will terminate.

Example: An employee had a base salary of $4,000 a month, and therefore, when the employee became disabled, they had a 60% LTD benefit that equaled $2,400 ($4,000 x 60% = $2,400). The doctor and the employee's department accommodated part-time work with a set schedule and the employee was to work 8:00 a.m. to 12:00 p.m. (½ day) every work day for a month, to equal $2,000 (½ of $4,000). The current LTD benefit of $2,400 was reduced by 70% of the work earnings ($2,000) to equal the new LTD benefit amount.

Hence, $2,000 x 70% = $1,400. This was deducted from the original LTD benefit amount, $2,400 - $1,400, to equal the new LTD benefit amount of $1,000. In this example, the employee would receive $2,000 in earnings from the department, and a partial return to work LTD benefit of $1,000 paid by Sedgwick, to earn a total of $3,000. Both incomes will have State and Federal taxes deducted.



EXCLUSIONS AND LIMITATIONS

LTD benefits are not paid if:

- You retire from Retirement Plan E while receiving LTD benefits.
- Your disability is due to an intentionally self-inflicted injury.
- Your disability arises from your participation in the commission of a felony.
- You cease to be under the care of a physician or cease to receive appropriate treatment for your disability.
- You fail to cooperate with Sedgwick or Disability Management:
    - You fail to follow the required claim submission process.
    - You fail to attend an Independent Medical Examination (IME) requested by Sedgwick.
    - You fail to apply for other disability benefits you may be entitled to which would be deducted from your LTD benefit.
    - You fail to apply for any and all retirement benefits you are eligible to receive if Sedgwick approves your LTD beyond 24 months.
    - You fail to cooperate with a medical release.
    - You fail to cooperate with any rehabilitation effort, including the refusal of an offer of alternate County employment that is consistent with your work restrictions and appropriate to your training, experience, and abilities.
- You cease to be disabled.
- Your FSSA benefits are denied or terminated at any time after 24 consecutive months of LTD benefit eligibility.
- You are absent from work for six or more months before the start of your disability, unless the absence is for an approved non-medical leave.
- You are ineligible for benefits under the FSSA for any reason other than not being insured, after 24 months of eligibility for LTD payments.
- Your disability is due to a mental or nervous disorder, drug addiction, or alcoholism (unless you are enrolled in a planned program supervised by a licensed physician).
- Your Total Disability is not justified by prevailing medical evidence.

COORDINATION WITH OTHER DISABILITY BENEFITS

If you are receiving other government income replacement benefits or outside employment income during your disability, i.e. workers' compensation, your County LTD benefit will be coordinated with these other benefits. Coordinated means your LTD benefits will be reduced on a dollar-for-dollar basis.

Other Benefits or Income, payable monthly or in a lump sum, include:

- 50% of any other salary, compensation, or income you receive from any other employer.
- Benefits you receive from any Federal, State, county, municipal, or other government agency.
- Any temporary disability benefits or vocational rehabilitation maintenance allowance you receive under the State of California Workers' Compensation law.
- Benefits you receive under the Federal Railroad Retirement Act.
- Benefits you receive under any other workers' compensation law.
- Benefits you receive under any employer's liability law.
- Benefits you receive under the FSSA on the basis of your wage record and/or self-employment income. Any cost-of-living adjustments that increase these FSSA benefits do not reduce your LTD benefit.
- Benefits you receive under LACERA Retirement Plans A-D & G.
- **LTD benefits will terminate if you retire as a LACERA Retirement Plan E member.**

If you receive any of these other income replacement benefits in a lump sum, your monthly LTD benefit payment is suspended until the accrued amount equals the amount of such lump sum payment.

***Example**:*

1. If you are injured on the job, and
2. You earn $3,000 per month.
3. Your monthly LTD benefit is $1,800 ($3,000 x 60% = $1,800).
4. You receive a lump sum of $10,800 in workers' compensation temporary disability benefits.
5. Your LTD benefit would be suspended for six months ($1,800 x 6 = $10,800).

LTD BENEFITS SUBSTITUTED WITH COMPENSATION TIME (Time on-the-books)

The amount of any salary you receive from the County, including vacation pay, holiday pay, and sick pay (100%, 65%, or 50%), etc., will substitute LTD benefits on a day-for-day basis, and NOT dollar-for-dollar.

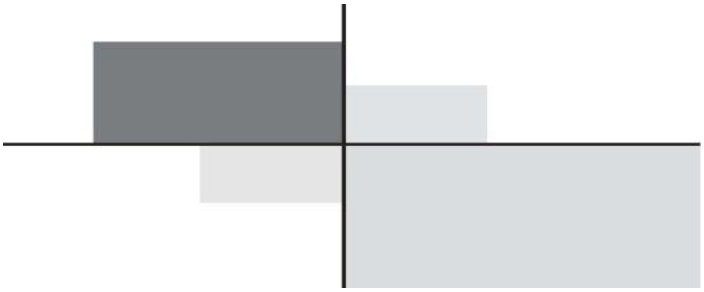
OVERPAYMENTS AND UNDERPAYMENTS

OVERPAYMENTS

It is important that you contact Sedgwick prior to cashing the check from "other" non-LTD benefits you receive. You may incur an overpayment if you receive other disability benefits or income while receiving LTD benefits. Sedgwick will calculate the overpayment and negotiate a repayment plan with you.

UNDERPAYMENTS

If your LTD benefit is less than it should be, please immediately contact Sedgwick. Sedgwick will review your claim, and adjust your benefit if warranted.



MEDICAL COVERAGE PROTECTION (LTD HEALTH INSURANCE)

To continue your County-sponsored medical insurance while you are receiving LTD benefits, you must pay the monthly medical insurance premiums until your LTD application is approved and you start receiving LTD benefits. LTD Health Insurance benefits will apply only if your County medical coverage is current.

The LTD Health Insurance program is provided by the Department of Human Resources (DHR), Employee Benefits Division. If you have any questions about LTD Health Insurance, please contact DHR directly at (213) 388-9982.

APPEALING A DENIED OR TERMINATED CLAIM

You may appeal the denial, cessation, or cancellation of your LTD claim and/or LTD Plan benefits by filing a written notice of appeal within 60 calendar days of the date of your denial letter. You should include all pertinent medical documentation in support of your claim appeal.

Sedgwick will review your appeal and supporting documents and notify you in writing of its decision. If you disagree with Sedgwick's appeal decision, you may request a formal LTD Hearing in writing. This is to be sent to Sedgwick within 60 calendar days of the date of the letter stating Sedgwick's appeal decision.

Send your notice of appeal or hearing request to:

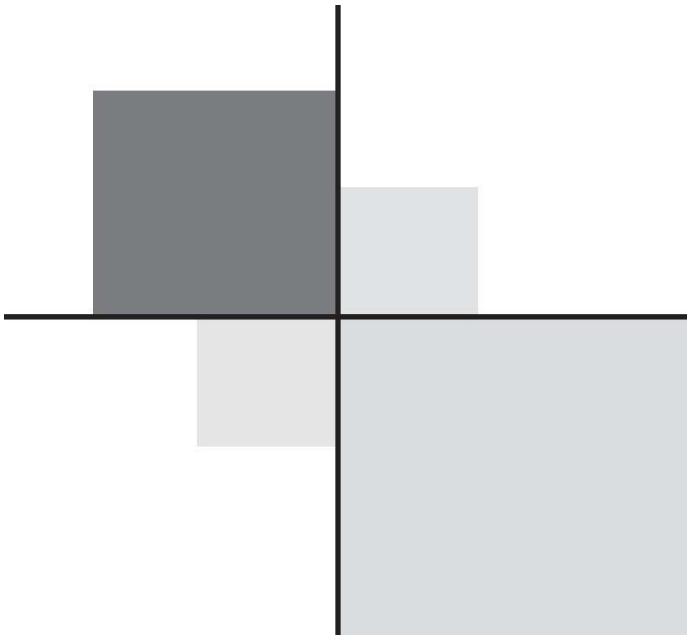
Sedgwick CMS
P.O. Box 14648
Lexington, KY 40512-4648
Phone: (800) 786-8600
Fax: (855) 800-5116

SURVIVOR BENEFITS
(NON-MEGAFLEX ONLY)

For a surviving spouse or a domestic partner (certified prior to the LTD qualifying period, pursuant to section 298.5 of the California Family Code) to receive SB, you must have received LTD benefits upon your spouse's or partner's death, or be entitled to receive LTD benefits if your spouse/partner was totally disabled immediately preceding their death. The SB is a monthly benefit equal to 55% of an LTD benefit, and is paid throughout a survivor's lifetime.

If you do not have a surviving spouse or domestic partner, the SB will be paid to your children until they reach age 18. Your children include stepchildren or adopted children. A stepchild is a child who was dependent on you for support and maintenance before your death.

The SB is divided equally among the number of eligible surviving children, and terminates upon your children's death, marriage, or at age 18, whichever occurs first. If your surviving child remains unmarried and is regularly and appropriately enrolled as a full-time student in an accredited school, the SB will remain payable through age 21.



QUESTIONS AND ANSWERS

Q. How long does it take to process my claim?

A. The average period to process your claim application is two months. We recommend you file your application without delay. Sedgwick may help obtain the required information from your department and your Health Care Practitioner.

Q. How is my LTD benefit calculated?

A. The LTD monthly benefit is 40% or 60% depending on the benefit option you elected as a MegaFlex participant, or if you are not a MegaFlex participant, 60% of your average Basic Monthly Compensation received during the 12 months preceding your first day of disability. For example, if you became disabled on June 1, 2009, your LTD benefit would be based on an average of your Basic Monthly Compensation earned from June 1, 2008 through May 31, 2009. The average is multiplied by your LTD monthly benefit percentage to determine your monthly compensation.

Q. How long are LTD benefits paid?

A. After the six-month waiting period, benefits may last for up to two years, as long as you remain disabled from performing the duties of your County job. If you remain disabled after two years and meet the disability requirements of the Federal Social Security Act, you may qualify for LTD benefits up to age 65. If you start the LTD Waiting Period at age 62 or older, your LTD benefits will be paid in accordance with a pre-established schedule (see page 7).

Q. Why does Sedgwick require me to file for Federal Social Security Administration Disability to apply for LTD benefits?

A. You must meet the FSSA criteria for disability to receive LTD benefits beyond the initial two-year eligibility period. If you have paid into Medicare, and approved under their FSSA program, you may qualify for LTD benefits up to age 65.

Q. Why am I paid one month in arrears?

A. The LTD Plan provides that your LTD benefits are reduced by income you receive from your employer on a day-for-day basis (page 14). Your LTD benefits are paid at the end of each month for benefits due from the previous month to allow Sedgwick to calculate any offsets, and reduce overpayments.

Warning: You are required to report to your employer and Sedgwick any money that you earned for work during the time covered by benefit payments under the County LTD Plan. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

Q. If I have questions about my LTD payment, who should I call?

A. Call Sedgwick at (800) 786-8600 if you have any questions about your LTD payment.

Q. Will I receive my monthly County benefit allowance and benefits while I am receiving LTD?

A. You do not receive your full County monthly benefit allowance while you are receiving LTD benefit payments. Please refer to page 15 of this booklet for contact information regarding the LTD Health Insurance benefit.

Q. What is the difference between "LTD" benefits and "LTD Health" benefits?

A. "LTD" benefits pay a percentage of your County salary if you become ill or disabled while working as a County employee, and you meet LTD eligibility requirements, you file timely, and your disability is approved by Sedgwick. "LTD Health" benefits may pay a percentage of your medical premium (core benefit is 75%) after you become eligible for LTD benefits. For questions regarding LTD Health premiums, please refer to page 15 of this booklet for contact information regarding the LTD Health Insurance benefit.

Q. What do I do if I am unable to obtain timely information from my Health Care Practitioner?

A. Once your Health Care Practitioner submits the initial Attending Physician's Statement (APS) form, Sedgwick will request any medical record required to process your claim directly from your Health Care Practitioner. If Sedgwick is unsuccessful in obtaining this information, Sedgwick may request your assistance. However, it is your responsibility to obtain the information required to process your claim; otherwise, your claim cannot be approved.

Q. Why are there so many forms to complete when filing for an LTD claim?

A. To determine if you are disabled, Sedgwick must obtain and review specific information related to your job duties, functional capacity, and more. These generally include, but are not necessarily limited to the following forms:

- Daily Activities Questionnaire (DAQ) – The DAQ elicits information about your ability to perform household chores, hobbies, and social interaction. This information assists Sedgwick to better assess how your disability affects your day-to-day activities. (This form may be sent to you at various times during the LTD process.)

- Job History Questionnaire – A Job History Questionnaire is sent in the initial LTD claim packet.

- Attending Physician's Statement (APS) – Your Health Care Practitioner completes this form to provide Sedgwick with the required medical information to support your disability.

Q. Why does Sedgwick need medical records?

A. Your disability must be supported by objective medical evidence before your application can be approved. If the information provided by your Health Care Practitioner does not completely support your disability, Sedgwick will request a copy of your medical records to verify your disability.

Q. What is Sedgwick's Transitional Return-to-Work Program?

A. Sedgwick's Transitional Return-to-Work (TRTW) Program is designed to allow you to return to work for a reasonable and acceptable amount of time, with modified duties and/or modified hours, until you recover from your injury or illness and are able to return to a full-time permanent position. Modifications are based on your Health Care Practitioner's assessment of your work capacity. If your Health Care Practitioner approves a TRTW, Sedgwick will consult with your department's RTW Coordinator to seek an alternative or modified job for you based on your restrictions. **Please note:** Your diagnosis and other private health information is not disclosed to your department. Sedgwick's TRTW Coordinator will remain in contact with you to ensure that your transition back to work is successful. Participation in the TRTW program is mandatory and requires your cooperation. Refusal to accept transitional work will result in a loss of LTD benefits.



PLEASE NOTE:

- This booklet provides summary information only concerning the LTD Plan.

- The LTD Plan is governed by the terms and conditions of the applicable provisions of the *Los Angeles County Code*.

- In the event of any conflicts or inconsistencies between this booklet and the provisions of the *Los Angeles County Code*, the *Los Angeles County Code* shall prevail.

A copy of this booklet is available online at:

http://hr.lacounty.gov/subsites/RTW/rtw_default.htm

Prepared By:
County of Los Angeles
Chief Executive Office
Risk Management Branch

Revised by:
County of Los Angeles
Department of Human Resources
Disability Management Unit

If you have questions concerning this booklet, please contact Disability Management at (213) 738-2143.