

**ADDENDUM
ATTACHMENT I
VOLUNTARY LONG-TERM DISABILITY RESPONSE FORM**

SCHEDULE OF BENEFITS	SUGGESTED
Eligibility	All active, Full-time Employees working a minimum of 30 hours per week
Benefit	60% weekly earnings
Benefit Monthly Maximum	\$5,000
Elimination Period	180 Days
Definition of Disability	24 Months
Benefit Duration	SSNRA
Limitations:	
Mental Illness	24 months
Alcohol / Substance Abuse	24 months
Self-reported Symptoms	None
Pre-Existing Conditions	3 / 12
MONTHLY PREMIUM	
Rate / \$100 of Covered Payroll	
Rate Guarantee Proposed	