

Disability Application Process Pension Plan of the Christian Church

Pension Plan disability benefits assist Pension Plan Members who, due to medical diagnoses, are unable to work. The disability benefit under the Pension Plan is not unemployment insurance, nor is it a “bridge” to retirement. Disability benefits serve to assist Members in regaining health and returning to work, if possible. This document provides information about the application and review process for Pension Plan disability benefits. This document provides only a summary of the rules that apply, and in the event of a conflict with the plan document for the Pension Plan, the plan document will control.

General Information

A Member of the Pension Plan is eligible for disability benefits when **all** of the following criteria are met:

1. The Member is in active status (*e.g.* dues under the Pension Plan are current);
2. The Member is unable to perform the material duties of his or her normal occupation as a direct result of injury or physical or mental disorder;
3. The Member is no longer working (medical or other similar leave, paid or unpaid);
4. The disability is medically verified by the third-party administrator (currently Liberty Mutual); and
5. The Member has satisfied an elimination period of 60 consecutive days of disability.

A Member is not eligible for disability benefits if:

- Full Pension Plan dues were not paid during the entire 12-month period immediately preceding the date of disability.
- The disability is a result of intentionally self-inflicted injuries, participation in riot, war (declared or undeclared) or participation in a crime under state or federal law for which the Member was convicted or plead *nolo contendere*.
- The occupation, job or work of the Member requires him or her to maintain a professional or occupational license or certification, and prior to the date of disability, the Member loses the professional or occupational license, or, if Member is a minister, loses standing or recognition as a minister.

Liberty Mutual is the third-party administrator for disability claims under the Pension Plan.

- Members do NOT have long term disability insurance through Liberty Mutual. The Pension Fund has contracted with Liberty Mutual to administer the disability benefits provided under the Pension Plan.
- Liberty Mutual has a team of physicians who make the initial determination of disability and then periodically reviews claims to ensure that disabled Members are receiving appropriate treatment.

- If and when Members are able to return to work, Liberty Mutual also provides vocational rehabilitation services.

Disability Intake Process

The Member must initiate the disability claim. No matter how well-meaning, an employer cannot apply for disability benefits on behalf of its employees.

Step 1—Member gathers information for the Intake Interview

Prior to contacting the Pension Fund, the Member (or the Member's Power of Attorney (POA)) should have the following information ready:

- Last day worked, which is either the actual last day worked or a date in the immediate future that is anticipated to be the last day worked (*e.g.*, a minister whose last day worked will be Easter Sunday) prior to the leave of absence
- Date of most recent hospital admission and release, if applicable
- Physician's name and phone number

Step 2—Intake Interview

The Member (or the Member's POA) should contact the Pension Fund (866-495-7322 toll free or 317-634-4504) and ask to speak with Teresa Hagan or, in her absence, Eugene Fisher, for an Intake Interview. If the POA intends to represent the Member during the Intake Interview, the Member or POA should send the Pension Fund a copy of the court papers granting the POA prior to the Intake Interview. The Member or POA will be asked a few questions such as the last day worked, whether the disability is due to illness or injury, date of recent hospitalization, and physician's name and phone number. The Pension Fund will then electronically submit the Intake Interview information to Liberty Mutual.

Step 3—Liberty Mutual begins claim process

The Member will receive a call from a Liberty Mutual case manager within 3 business days. Case managers usually initiate contact within 24 hours of claim submission. From this point on, the Member will communicate with the Liberty Mutual case manager regarding his or her disability.

Liberty Mutual will provide the Member with the following two forms which must be completed and returned to Liberty Mutual:

- Authorization to Obtain and Release Information
- Attending Physician's Statement

Upon receipt of these forms, Liberty Mutual will contact the Member's physician for medical information.

Step 4—Member’s employer provides information

The Member's employer must provide the Pension Fund with —

- A job description for the Member
- A letter confirming the Member’s last day worked

The Pension Fund will provide this information to Liberty Mutual.

Step 5—Evaluation of the claim

Liberty Mutual’s team of physicians will review and evaluate the claim. If additional information is needed, Liberty Mutual will contact the Member. Liberty Mutual will notify the Member in writing if the claim is approved or denied. If a claim is denied, the denial letter will outline the basis for the denial and the applicable procedures for appealing the denial.

Step 6 – Disability benefits begin

If the claim is approved by Liberty Mutual, the Pension Fund will set up disability benefits to begin effective with the 61st day of disability; provided, however, that disability benefits will not be paid for any period that precedes the date on which the Member applies for disability benefits by more than six months.

Periodic Review

Liberty Mutual periodically reviews disability claims to ensure that the Member remains eligible for disability benefits and is receiving appropriate medical care. Depending on the medical diagnosis, reviews may occur every 3 months, 6 months or 12 months. However, each Member receiving disability benefits under the Pension Plan will have a review no less frequently than every 12 months. The review will require proof of continuing disability and a statement of the amount and source of earnings, if any.

Disability benefits may be suspended if, after several attempts, Liberty Mutual is not able to obtain updated medical information from the Member for the periodic review. Once the requested medical information is provided, disability benefits will be resumed if the Member remains eligible to receive them.

Disability Benefits Payable

The following rules apply with respect to the payment of disability benefits:

- Disability benefits are paid by the Pension Fund, not by Liberty Mutual.
- For the first 12 months that disability benefits are paid, the disability benefit is 60% of the Member's pre-disability salary up to \$70,000. Accordingly, the maximum disability benefit is \$42,000 per year.
- After the first 12 months that disability benefits are paid, the disability benefit is 40% of the Member's pre-disability salary up to \$70,000. Accordingly, the maximum disability benefit is \$28,000 per year.

- Disability benefits may be reduced if the Member did not begin participation in the Pension Plan when first eligible.
- Pension Plan disability benefits do not coordinate with Social Security disability benefits, so a Member may qualify to receive both.
- After 24 months of receiving a disability benefit under the Pension Plan, a Member remains eligible for disability benefits only if he or she is unable to perform the material duties of any occupation, job or work for which the Member is or could reasonably become suited by education, training or experience.
- Each year, beginning with the third year of receiving a disability benefit, the disability benefit will be increased to reflect a cost of living adjustment (COLA). Special apportionments are not credited to disability benefits.
- During the period that disability benefits are paid to a Member, dues under the Pension Plan are waived for that Member, and the Member's pension credits under the Pension Plan continue to increase as if full dues were being paid on the Member's pre-disability salary (up to \$70,000).

Working While Receiving Disability Benefits

Members must stop working in order to be eligible for disability benefits. The following exceptions apply to the extent that a Member partially recovers and returns to work after disability benefits begin:

- Disability benefits will continue so long as the Member is unable due to his or her disability to work more than 8 hours a week.
- If the Member is able to work more than 8 hours a week but less than 32 hours a week, the Pension Fund may, in its sole discretion, continue the Member's disability benefit at a reduced percentage. For example, if the Member is able to work 20 hours per week, the Pension Fund may continue to pay 50% of the disability benefits. If a Member is able to work 32 or more hours per week, disability benefits will terminate.

Claims Procedures

If Liberty Mutual denies a Member's claim for disability benefits under the Pension Plan, the Member has 180 days to file a written appeal of the denial with Liberty Mutual. The appeal should be made to:

Liberty Life Assurance Company of Boston
 Attention: (Name of Case Manager)
 Group Benefits Disability Claims
 P.O. Box 7206
 London KY 40742-7206

The appeal should state the reasons why the claim should not have been denied, medical documentation indicating disability, and any other information to support the claim.

The Member will be notified of Liberty Mutual's decision on appeal within 45 days of the date the appeal is received. If special circumstances cause a delay in the decision, the Member will be notified of Liberty Mutual's decision within 90 days of the date the appeal is received.

If the Member's claim is denied on appeal, the Member may file a second appeal with Liberty Mutual within 30 days of the date the denial letter is received. The second appeal must be in writing and should be made to:

Liberty Life Assurance Company of Boston
Attention: (Name of Appeals Coordinator)
Appeal Review Unit
P.O. Box 7213
London, KY 40742-7213

The second appeal should state the reasons why the claim should not have been denied, medical documentation indicating disability, and any other information to support the claim. The second appeal will be reviewed by a different and entirely independent reviewer from the reviewer who conducted the first appeal. The Member will be notified of Liberty Mutual's decision within 45 days after the appeal is received. The decision on appeal will be final and binding.

Termination of Disability Benefits

Disability benefits will terminate at the earliest of any of the following events:

- The Member is no longer disabled;
- The Member fails to provide information to Liberty Mutual needed to establish continuing disability;
- The Member attains age 65 if disability benefits began before age 61 (effective April 1, 2015, if disability benefits began before age 62);
- The Member has received disability benefits for 48 months if the disability benefits began at age 61 or later and began before April 1, 2015;
- The Member began disability benefits at age 62 or older and benefits began on or after April 1, 2015, according to the following:

Age at which Disability Benefits Begin	Number of Years of Disability Benefits
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	1.75 years
67	1.5 years
68	1.25 years
69 or older	1 year

- The Member elects to begin receiving a pension under the Pension Plan in lieu of disability benefits.

Contact the Pension Fund

A Member should contact the Pension Fund in any of the following events:

- If the Liberty Mutual case manager is not responsive;
- With questions regarding disability benefits; or
- With questions about working while receiving disability benefits.