National Rural Electric Cooperative Association

A Touchstone Energy® Cooperative

# NRECA Long Term Disability Plan
# Summary Plan Description
# for
# SOUTHERN ILLINOIS POWER COOPERATIVE
# 01-14050-001

## Effective Date: January 1, 2008

# Introduction

This document is a summary plan description (SPD) providing you with a summary of the key provisions of the NRECA Long Term Disability Plan (referred to as the "Plan" in this document) for **SOUTHERN ILLINOIS POWER COOPERATIVE**. This Plan is a component plan of the NRECA Group Benefits Program. In the pages that follow, you will find information on the long term disability benefits provided by the Plan.

This document uses a number of terms that have specific meanings under the Plan. These terms are capitalized. A list of key terms and their definitions can be found at the end of this document in the **"Key Terms"** section.

This document provides a summary of benefits under the Plan. If there are any inconsistencies between what is written in this Summary Plan Description and what is written in the master Plan document, the master Plan document will govern in all cases. Your rights to benefits will always be determined under the provisions of the master Plan document.

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# The NRECA Long Term Disability Plan (the Plan) at a Glance

The following table provides you with a snapshot of your disability benefit under the Plan.

**However, you are strongly encouraged to go to more detailed sections of this document to learn the specifics about what the Plan does and does not cover. Do not rely solely on this table for information on how the Plan works, as this is merely an overview. In addition, please realize that benefits under this Plan will be paid only if the Plan Administrator determines that you are eligible to receive them.**

| Benefit | Amounts |
|---|---|
| **Monthly Benefit** | **66 2/3%** of an employee's monthly Earnings up to a maximum monthly benefit of $15,000 which is the combined monthly benefit maximum from this Plan and the supplemental disability insurance policy (under the NRECA Excess Long Term Disability Plan). The minimum monthly benefit is $65. This benefit will be reduced by certain other income to which the employee may be entitled. |
| **Benefit Period Begins** | After 13 weeks of Disability |
| **Maximum Benefit Period** | Benefits will be paid as long as the employee is Disabled under the terms of the Plan but no longer than the Maximum Benefit Period. The Maximum Benefit Period is based on the employee's age when Disability occurs. The standard Maximum Benefit Period ends at 60. The standard Maximum Benefit Period may be limited for Mental Nervous Condition and Substance Abuse Disabilities (see below). |
| **Limitation on Maximum Benefit Period for Mental/Nervous Condition and Substance Abuse Disabilities** | **Same as for other disabilities - no limitations** |

The Plan is designed to provide you and your family with income during periods that you are unable to work due to injury or sickness.

The benefit is based on your (the employee's) Earnings for a normal work week that do not exceed 40 hours. These Earnings do not include bonuses, deferred compensation, overtime pay and other additional compensation you may be receiving at the time of Disability. If your Earnings change, your monthly benefit amount will not be adjusted until the first day that you satisfy the Active Work Requirement.

## Who is Eligible for Coverage?

The following groups are eligible for coverage under the Plan:

Active Employees

The following job classifications (or titles) of employees are not eligible for coverage under the Plan:

This plan does not have any excluded job classifications, positions or titles.

If you have any questions, please see your Benefits Administrator.

## Other Eligibility Requirements

In addition, to be eligible for coverage as an employee, you must:

- Be expected to work at least 1,000 hours as an employee during your first 12 months of employment;
- Have worked at least 1,000 hours during each subsequent calendar year; or
- Have worked at another rural electric cooperative within the past six months and met one of the other criteria above.

You must also satisfy the following requirements:

- You must complete the Eligibility Waiting Period, if any (see "When Coverage Begins");
- You must complete the NRECA enrollment form within 31 days of satisfying your Employer's Eligibility Waiting Period, if any; and
- You must satisfy the "Active Work Requirement." The Active Work Requirement (or "Actively at Work") means a requirement that an employee be present at work at the business establishment of the Employer, or at other locations to which the Employer's business requires the employee to travel, on a day which is one of the Employer's scheduled work days and is performing, in the usual way, all of the regular duties of the employee's job on a full-time basis on that day. An employee will be deemed to satisfy the Active Work Requirement on a day which is not one of the Employer's regularly scheduled work days only if the employee was Actively at Work on the preceding scheduled work day.

  An employee will be deemed to satisfy the Active Work Requirement if he/she is on an employer-approved leave of absence (e.g., Family Medical Leave, jury duty, bereavement leave, vacation), but does not include time off as a result of injury or sickness. In no event will an employee be deemed to be on an employer approved leave of absence for any absence that continues longer than 12 weeks. If you are confined for medical care or

treatment in a Hospital, any institution or at home, however, on the date coverage would otherwise become effective, the effective date of your eligibility to participate in the Plan will be postponed until you receive final medical release from the medical confinement and you satisfy the Active Work Requirement.

If the Employer grants an approved leave of absence to a participant, the required premium must be paid according to the terms specified in the Plan to keep the insurance in force.

## When Coverage Begins

Coverage under the Plan begins after you have satisfied your Employer's Eligibility Waiting Period, if any (see below), and you have completed and returned the NRECA enrollment form.

The Eligibility Waiting Period is the length of time that an active employee must work before he or she is eligible to participate in the Plan.

Your Plan has the following Eligibility Waiting Period:

This plan has no waiting period.

Please see your Benefits Administrator with any questions or for more information.

## Paying for Coverage

You and your Employer may share in the cost of your coverage as follows:

Active Employees:

Specific information regarding the amount you must pay toward your coverage will be provided to you before you enroll in the Plan, whether your enrollment is your initial enrollment, annual enrollment, or special enrollment. The cost of this coverage is subject to your Employer's policies and can change at any time. Please see your Benefits Administrator if you have any questions regarding your specific cost information.

## Late Enrollment

If you do not enroll in the Plan within 31 days after you are eligible for coverage, you will be required to provide a Statement of Good Health.

Your Benefits Administrator will provide you with instructions for satisfying this requirement. The Plan Administrator will then approve or deny coverage based on the Statement of Good Health provided.

## Pre-Existing Condition Exclusion

No benefits will be payable under the Plan for any Disability that is due to or results from, in whole or in part, a Pre-Existing Condition, unless such Disability begins after the last day of 365 consecutive days during which you have been continuously covered under this Plan.

Pre-Existing Condition means:

1. Any accidental bodily injury, sickness, Mental/Nervous Condition, pregnancy or episode of Substance Abuse; or

2. Any manifestations, symptoms, findings or aggravations related to or resulting from such accidental bodily injury, sickness, Mental/Nervous Condition, pregnancy or Substance Abuse for which you received, or a reasonable person would have sought, Medical Care during the 90-day period that ends immediately before your effective date of coverage under this Plan. However, any such manifestations, symptoms, findings or aggravations constitute Pre-Existing Conditions regardless of whether a condition was formally diagnosed or strongly suspected.

"Medical Care" for this purpose means:

1. A Physician is consulted or medical advice is given; or
2. Treatment is recommended, prescribed by or received from a Physician.

"Treatment" for this purpose includes but is not limited to:

1. Medical examinations, tests, attendance or observation; or
2. Use of drugs, medicines, medical services, supplies or equipment.

## Disability Monthly Benefit

Your monthly benefit is 66 2/3% of your basic monthly Earnings* subject to the compensation limit imposed by the Internal Revenue Code (discussed below).

*The benefit is based on your (the employee's) Earnings for a normal work week that does not exceed 40 hours. These Earnings do not include bonuses, income from deferred compensation, overtime pay and other additional compensation you may be receiving at the time of Disability. If your Earnings change, your monthly benefit amount will not be adjusted until the first day that you satisfy the Active Work Requirement.

Due to the compensation limit imposed by the Internal Revenue Code, effective January 1, 1994, no more than $230,000 (in 2008 and adjusted annually for inflation) of annual Earnings may be considered when the Plan calculates your benefit. However, a supplemental insurance policy outside the NRECA Group Benefits Trust has been established which will provide benefits to the extent an employee's salary exceeds the $230,000 (2008) compensation limit. This supplemental insurance policy is provided under the NRECA Excess Long Term Disability Plan.

The combined monthly benefit maximum from this Plan and the supplemental insurance policy (under the NRECA Excess Long Term Disability Plan) is $15,000, and the minimum monthly benefit is $65.

## *Reduction of Monthly Benefit Due to Other Sources of Income*

The Plan will reduce your monthly disability benefits by other benefits or income you might receive or be entitled to receive after becoming Disabled. These are called benefit offsets. Examples of these benefit offsets are:

- Workers' Compensation benefits or benefits from any similar government plan or program. To the extent such benefits are paid in a lump sum settlement, the settlement will be characterized as lost wages over the Maximum Benefit Period for purposes of determining the monthly benefit offset;

- Payments from automobile insurance programs, including, but not limited to, no-fault insurance programs;

- Distributions made under any defined benefit pension plan, including, but not limited to, the Retirement Security Plan and the IBEW pension plan.

- Other income received as a retirement benefit from a retirement plan that is wholly or partially funded by employer contributions unless:

a) you began receiving regular periodic distributions prior to becoming Disabled; or
b) you immediately transfer or roll over the payment or benefit to another qualified retirement plan or to an Individual Retirement Account (IRA) for the funding of future retirement.

- Amounts withdrawn from a qualified retirement plan or IRA attributable to amounts transferred or rolled over from a retirement plan that is wholly or partially funded by employer contributions.

- Disability benefits from the Veteran's Administration or any other foreign or domestic governmental agency unless:

  a) the benefit began before you became Disabled; or
  b) if you were receiving the benefit before becoming Disabled, only the amount of any increase in the benefit that is attributable to your Disability will be a benefit offset.

- Earnings While Disabled (see "Key Terms");

- Disability benefits under any group life insurance policy;

- Disability payments from any employee benefit plan;

- Payments from any insurance policy, excluding individual disability insurance benefits;

- Social Security benefits for disability (including dependent benefits) or retirement;

- Certain amounts withdrawn from the 401(k) Pension Plan (or other qualified retirement plan) or IRA attributable to quasi-retirement transfers from the Retirement Security Plan and rollovers from Retirement Security Plan (excluding employee contributions). If a withdrawal causes the balance of such plan or IRA as of the end of each year to fall below the amount transferred, your Disability benefits will be reduced by the amount that is the difference between your ending balance and the amount transferred or rolled over. No reduction in your Disability benefits will occur if, at the end of each year, there have not been any withdrawals, even if the ending balance is less than the amount transferred (e.g., due to investment losses).

**You should not consider this to be an all-inclusive list. If you are not sure about a particular type of payment, you should contact your Benefits Administrator. It is possible to receive income not specifically mentioned on the list above that will reduce your disability benefit payments.**

Any cost of living increases you and your family receive from the above sources will not affect your benefits.

**Entitlement to other benefits may reduce your monthly benefit even if you do not apply for and receive such benefits.**

If you don't apply for other benefits to which you are entitled, Cooperative Benefits Administrators (CBA) has the right to reduce your monthly benefit by an estimate of what you would have received if you had applied for the benefits. If you subsequently receive such benefits, any necessary adjustments will be made to your monthly benefit.

CBA may, in its discretion, advance the full monthly benefit to you without reduction while you are waiting for payment of the other benefits. However, if CBA advances such benefits, you will be required to promise in writing that you will repay the advance as soon as you receive the other benefits.

Any single lump sum payment you receive will be considered as a monthly series of payments for the purpose of this Plan. If you receive a single lump sum payment, and the corresponding maximum monthly payment can be determined by CBA, then the benefit offset will be determined by prorating the single sum over the time period for which the sum is paid.

If the maximum monthly payment cannot be determined by CBA, then the monthly benefit offset will be determined by dividing the lump sum payment over the period for which payments would otherwise be made.

In the case of cash distribution(s) of benefits attributable to your accrued benefit from the Retirement Security Plan, the monthly benefit offset is determined using an actuarially determined monthly annuity payment based on a 50% joint and survivor annuity for married employees, and a life only annuity for unmarried employees.

## Third Party Liability Provision

Your Plan includes a third party liability provision (also known as subrogation and the Plan's right to reimbursement). If your Disability is caused by an injury due to the fault of a third party and you receive compensation for your loss of income due to that injury, the Plan reserves the right to recover the benefits that it has paid on your behalf for loss of income due to that injury. See the "Additional Administrative Information" section later in this document.

## Disability

The definition of **Disability** includes an earnings-based component called **Earnings While Disabled** (see "Key Terms") that allows you to earn some income and still be considered **Disabled** under the terms of the Plan. To be considered **Disabled** during the Benefit Waiting Period and for 24 months thereafter:

- You, the employee, must be prevented from performing any or all of the Material and Substantial Duties of your Own Occupation due to any accidental bodily injury, sickness, Mental/Nervous Condition, pregnancy or episode of Substance Abuse;

- Your have lost at least 20% of your pre-Disability Earnings;
- You have met all other Plan requirements; and
- You are not serving a sentence in a penal institution or other house of correction.

**After 24 months of benefits,** measured from the end of the Benefit Waiting Period, you will continue to be considered Disabled if:

- You are unable to perform any or all of the Material and Substantial Duties of any Gainful Occupation for which you are qualified based on education, training and experience;
- You have lost at least 40% of your pre-Disability Earnings;
- You have met all other Plan requirements; and
- You are not serving a sentence in a penal institution or other house of correction.

**Other conditions that must be met before you will receive benefits under the Plan:**

- The period of Disability begins while you are covered under the Plan, and
- You are receiving care from a Physician or Doctor that is appropriate to the disabling condition, and such care is administered as often as necessary to achieve maximum medical improvement.

A Physician or Doctor is defined to include a legally qualified medical doctor or practitioner who is licensed in the governing jurisdiction and practicing within the scope of the license. The Physician or Doctor must not be related to the employee by blood or marriage.

## Length of Disability Benefits

Your long term disability benefits begin after 13 consecutive weeks* of total disability.

* A return to active work for up to 30 days, with your Physician's approval, is permitted during this period.

Recovery guidelines allow 30 days of temporary recovery during the Benefit Waiting Period when you can return to work. This temporary recovery provision encourages employees to attempt to return to work during the Benefit Waiting Period, if they are able, without penalty. These 30 days or fewer **do not** count toward satisfying the Benefit Waiting Period. Note that any time worked on a single day will be treated as one full day of work for this purpose. If you work more than 30 days during the Benefit Waiting Period, you will be required to satisfy a new Benefit Waiting Period.

## *Recurrent and Successive Disabilities*

For purposes of satisfying the Benefit Waiting Period, if you have been Actively at Work for less than 181 days, a recurring Disability resulting from the same or similar cause or condition will be regarded as a continuation of the prior Disability, and a new Benefit Waiting Period is not required. If you have been Actively at Work for more than 180 days, a recurring Disability resulting from the same or similar cause or condition will be regarded as a new unrelated Disability, and a new Benefit Waiting Period must be satisfied before benefits can begin.

If you become Disabled from a condition unrelated to your prior Disability after being Actively at Work for your Employer for at least one day, that successive Disability will be considered a new disability, and a new Benefit Waiting Period must be satisfied before benefits can begin.

In all cases, recurrent and successive Disabilities require this Plan to be in force at the time of your recurrent or successive Disability.

## *Maximum Benefit Period*

The Maximum Benefit Period is determined by your age when your Disability begins. The standard Maximum Benefit Period ends at 60. Benefits will be paid, while you remain Disabled, up to the Maximum Benefit Period shown below (except for Disabilities due to Mental/Nervous Conditions and Substance Abuse –see the section below for limitation on Maximum Benefit Period):

**If age 60:**

| Your Age on Date Disability Begins | Your Maximum Benefit Period |
|---|---|

| Your Age on Date Disability Begins | Your Maximum Benefit Period |
|---|---|
| Less than age 55 | To age 60 |
| 55 | 60 months |
| 56 | 48 months |
| 57 | 42 months |
| 58 | 36 months |
| 59 | 30 months |
| 60 through 65 | 24 months |
| 66 | 21 months |
| 67 | 18 months |
| 68 | 15 months |
| 69 through 74 | 12 months |
| 75 and over | 6 months |

Benefits are based on a thirty (30) day month, and will be prorated accordingly for a partial month.

Once you reach the cut-off for the Maximum Benefit Period, your disability benefits are no longer payable *even if you remain Disabled.*

## *Maximum Benefit Period for Disabilities due to Mental/Nervous Conditions or Substance Abuse*

There is no separate Maximum Benefit Period for Disability due to Mental/Nervous Conditions or Substance Abuse under this Plan.

## When Benefits End

Benefit payments will end on the first of the following to occur:

- You die or no longer meet the definition of Disabled, as determined by CBA;
- You fail to furnish written proof of your continued Disability to CBA, when and as required by CBA;
- You have reached the end of the Maximum Benefit Period;
- The date your Earnings While Disabled exceed 80% of your pre-Disability Earnings if you are receiving benefits for being Disabled from your Own Occupation;
- The date your Earnings While Disabled exceed 60% of your pre-Disability Earnings if you are receiving benefits for being Disabled from any Gainful Occupation;

- The date you refuse to participate in a rehabilitation program designated by CBA;

- The date you refuse to cooperate with an examination by a Physician or other licensed professional, or with a personal interview by CBA or its agent or subcontractor;

- The date you refuse to return to work to participate in a Workplace Accommodation supported and implemented by your Employer and CBA; or

- The date you refuse to receive treatment by your Physician that is generally acknowledged by Physicians to cure, correct or limit the disabling condition.

If your group disability coverage under this Plan terminates, it may not be converted to an individual policy.

## Loss of Earnings Provision

As a way to provide opportunity for rehabilitation and productivity, employees are allowed to work while Disabled and continue to receive a percentage of the Disability benefit in addition to their work Earnings while Disabled. The combination of the reduced Disability benefit and your (the employee's) work Earnings may not exceed your standard Disability benefit. Your Earnings While Disabled may come from your Employer or from another employer. Your disability benefit is calculated as the disability benefit percentage (see the Benefits At a Glance table for your Employer's elected percentage) multiplied by your pre-Disability Earnings (the standard benefit) minus your Earnings While Disabled and any benefit offsets.

For the first 24 months of Disability you may earn no more than 80 percent of your pre-Disability Earnings. After 24 months of Disability you can earn no more than 60 percent of your pre-Disability Earnings.

## Vocational Rehabilitation Provision

To help you get back to work, your coverage has a Mandatory Rehabilitation provision. CBA may determine, for a particular Disability, that rehabilitation is within the ability of a Disabled employee who is entitled to benefits under this Plan, meaning that your Disability is not so severe that you are not able to learn new productive skills and become self-supporting.

Rehabilitation is mandatory. Disability benefits may be terminated if you refuse to participate in a vocational rehabilitation program that CBA has determined is appropriate and for which CBA has agreed to pay expenses up to $10,000.

## Trial Work Period

To help you get back to work, your coverage provides for a trial work period, during which you can continue to receive Disability benefits and return to work for the Employer in some capacity, as your Disability allows, for up to three months. The trial work period gives you the opportunity to determine how much work you can handle with your medical condition(s) and to receive as much as 100 percent of your pre-Disability Earnings from your Employer and the Plan combined. If you are interested in the trial work period, you must submit a written request to CBA in advance. The trial work period must be approved by CBA, the Employer and your Physician.

During the trial work period, your monthly Disability benefit will be calculated as your pre-Disability Earnings minus your Earnings during the trial work period and minus applicable offsets. The 3-month trial work period may be extended or renewed by CBA, in consultation with the Employer and your Physician, but not for more than three months at a time. In no event may the trial work period exceed twelve months. You may have only one trial work period during any single period of Disability due to the same or related causes.

If your Disability prevents you from completing a trial work period and you continue to satisfy the definition of Disability under this Plan, you will continue to receive your Disability benefits, and the full amount of your Disability benefit will be reinstated prospectively. You may be required to submit medical documentation to confirm your inability to complete the trial work period.

## *Workplace Accommodation*

If you return to work as a result of a Workplace Accommodation made by the Employer, the Plan may reimburse your Employer for certain related expenses.

Your participation, by returning to work, **is mandatory** if CBA deems accommodation necessary to ensure your return to work and the Employer supports it. Failure to participate may result in the termination of Disability benefits.

## Time Limit on Claiming Benefits and Providing Proof of Loss

You must notify Cooperative Benefit Administrators (CBA) of your Disability within **90 days** of the onset of the Disability by sending CBA the completed claim form and Attending Physicians Statement of Disability. Contact your Benefits Administrator for a claim form and instructions on how to complete the form.

Once CBA has been notified of the Disability, you will be provided with the forms necessary for the filing of a Proof of Loss. Proof of Loss must be furnished in writing to CBA not more than 90 days after the last day of your Benefit Waiting Period. If it is not reasonably possible to give initial notice or Proof of Loss within the time limits, benefits may not be invalidated or reduced as long as CBA receives it as soon as reasonably possible.

**No claim of disability shall in any event be approved by CBA if notification of disability and Proof of Loss are not provided to CBA within two years of the onset of disability.**

Proof of Loss may include, but is not limited to, the following:

1. Documentation of:
   a) the date your Disability began;
   b) the cause of your Disability;
   c) the prognosis of your Disability;
   d) your Earnings or income, including, but not limited to, copies of your filed and signed federal and state tax returns; and
   e) evidence that you are under the care of a Physician that is appropriate to the disabling condition;

2. Any and all medical information, including X-rays and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;

3. The names and addresses of all:
   a) Physicians and practitioners of healing arts you have seen or consulted;
   b) Hospitals or other medical facilities in which you have been seen or treated; and
   c) pharmacies which have filled your prescriptions within the past three years;

4. Your signed authorization for us to obtain and release:
   a) medical, employment and financial information; and
   b) any other information we may reasonably require.

All proof submitted must be satisfactory to CBA. No benefits will be paid unless and until CBA has determined in its sole discretion that the Proof of Loss submitted satisfies the definition of Disability.

**At any time during your Disability, CBA has the right to have a Physician or other licensed**

**professional examine you, or to have its agents and subcontractors conduct personal interviews with you. Claims are regularly reviewed by CBA to confirm continuing eligibility for benefits.**

## Long Term Disability Plan Exclusions

This Plan does not cover:

- Disability for which you are not being treated or for which you are not under the care of a Physician appropriate to the Disabling condition and not receiving care that is administered as often as necessary to achieve maximum medical improvement;

- Disability resulting from or contributed to by any act of war (including undeclared war and resistance to armed aggression);

- Disability resulting from an intentionally self-inflicted bodily injury or attempted suicide, whether sane or insane;

- Disability caused by, contributed to by, or resulting from participation in the commission of a felony;

- A Pre-Existing Condition;

- Any period in which you do not cooperate with CBA in accordance with the terms of the Plan, including, but not limited to, the Mandatory Rehabilitation provision, independent medical examination(s), functional capacity evaluation(s), personal interviews and/or requests for verification of your financial status;

- Disability occurring while on active duty (including active duty for training purposes) in the military, naval or air service of any nation or international organization, or in any civilian unit which serves with military forces in combat, except a non-service connected injury or sickness while on a temporary tour of duty of less than 31 days; or

- Any period in which you fail to provide Proof of Loss acceptable to CBA.

# Claims and Appeals Procedures

## Claim Forms

You must notify Cooperative Benefit Administrators (CBA), the Claims Administrator for the Plan, when you become Disabled. This notification must occur **not later than 90 days from the onset of your Disability**. Contact your Benefits Administrator for a claim form and instructions on how to complete the form. You and your Employer each have sections of the form to fill out. In addition, your Physician must complete the Attending Physician's Statement of Disability. Once CBA has been notified of the Disability, you will be furnished with the forms necessary for filing the Proof of Loss. Proof of Loss must be submitted to CBA **not later than 90 days from the last day of your Benefit Waiting Period**. Completed claim forms and documents supporting Proof of Loss should be sent to:

Claims Administrator
Cooperative Benefit Administrators, Inc.
P.O. Box 6249
Lincoln, NE 68506

## Claims and Appeals

You may file claims for Plan benefits and appeal adverse claim decisions, either yourself or through an authorized representative. An authorized representative is a person you authorize in writing to act on your behalf. An authorized representative may not be a doctor or other health provider.

- **Self** - You may file claims and other documents related to your claim. It is not necessary for you to complete the form "Authorization to Use and Disclose Protected Health Information."

- **Authorized Representative** - If you use an authorized representative, please follow these procedures. To designate an authorized representative, complete the form "Authorization to Use and Disclose Protected Health Information." Ask your Benefits Administrator for the form. Before you submit the form to NRECA, you may contact the Plan's Privacy Officer to ask questions about the use and disclosure of your health information. You may contact the Privacy Officer by telephone at (703) 907-6601, by fax at (703) 907-6602 or by email at privacyofficer@nreca.coop.

  Once completed, send the form to the Plan's Privacy Officer at the following address to be reviewed and accepted:

  Privacy Officer
  National Rural Electric Cooperative Association
  4301 Wilson Boulevard
  Arlington, VA 22203-1860

  The Plan will provide you with a copy of the signed Authorization form for your records or files.

There are specific claim and appeal response periods for your disability claim. The following table explains the process for filing claims and appeals. If you need more information, contact CBA at 402-483-9200.