

# Frequently Asked Questions (FAQ)

## Chubb Life+LTC

### 1. What is Life+LTC Insurance?

You could need Long-Term Care (LTC) because of an accident, illness, cognitive impairment or simply due to aging.

This plan is designed to help you and your family plan for the high cost of Long-Term care and combines the benefit of life insurance. You WILL receive a benefit, either for LTC, Life Insurance, or both.

### 2. How does the plan benefit work?

Choose a life insurance benefit and you will receive a monthly LTC Benefit of 4% of the life insurance benefit in the event you are approved for an LTC claim.

### 3. Does the plan's benefit decrease?

After 25 years or age 70, whichever is greater, the death benefit is guaranteed to never be less than 50% of the initial death benefit

After age 99 for non-tobacco users and after age 95 for tobacco users the death benefit will be approximately 80 percent of the initial death benefit.

### 4. Are there limitations and exclusions?

None

### 5. What happens if I never need LTC and don't use the LTC benefit?

Your beneficiary will receive the death benefit upon your death.

### 6. When does the plan benefit end?

You pay premiums until age 100 and you must use the LTC benefit or death benefit by your 121<sup>st</sup> birthday. If you don't use it by your 121<sup>st</sup> birthday, then your plan benefits expire.

### 7. Does my premium increase as I get older?

Premiums are based on the age at which you apply for coverage. They do not increase each year as you get older. Insurance companies do reserve the right to increase rates.

### 8. What if I stop paying the premiums?

If you have some cash build up in your policy, then you can use that to continue to pay your premiums. Once that is exhausted your policy lapses and you have no plan benefit. If you don't have cash build up and stop paying premiums, then your plan benefit lapses, and you have no plan benefit.

### 9. How do I trigger the plan LTC benefit?

When you need assistance and are certified by a physician as needing assistance with 2 out of 6 Activities of Daily Living (ADL's) or you are diagnosed with cognitive impairment after the first 90 days. The ADL's are bathing, eating, transferring, toileting, continence and dressing.

### 10. Can my spouse apply for coverage?

Yes – eligible spouses and domestic partners can apply for coverage

The employee must apply for the spouse/domestic partner to be eligible

Spouse/domestic partner coverage cannot exceed employee coverage

### 11. Does my spouse/domestic partner have to submit their own application?

Yes, first the employee must list the spouse/domestic partner as a dependent on their application on the enrollment website. Once the spouse/domestic partner is added as a dependent, coverage can be selected, and an application completed

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**12. How do I know my application was submitted?**

You must download and print the 'Enrollment Verification' after signing

**13. Can I maintain this policy if I am no longer employed by my current employer?**

Yes, the Chubb policy is portable by paying your premiums directly to Chubb. As long as you continue to pay your premiums, your coverage will remain in force. The rate does not change when you leave employment.

**14. How long has Chubb been in business?**

Chubb has been in business since 1889

Learn more about Chubb by visiting [Chubb Voluntary Benefits](#)

**15. Can I use Health Savings Account (HSA) money to pay my premium?**

Yes

**16. Can I use my Flexible Spending Account (FSA) to pay my premium?**

No

**17. Are the LTC premiums pre-tax or post-tax?**

Post-tax

**18. How do I receive my policy?**

Chubb will mail your policy documents.

**19. When will I receive my policy?**

You will receive your policy documents within 4-6 weeks from end of enrollment.

**20. I am having technical difficulties.**

Password reset – click on 'Forgot Password'

Enter your email address and complete the 'Verification Code'

Your password reset will be emailed to you

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### Modified Guarantee Issue (MGI)

1. If applying for coverage, is your spouse currently hospitalized, receiving home health care or receiving or applying to receive disability benefits?

### Conditional Guaranteed Issue (CGI)

2. Has the employee missed more than 5 consecutive days of active work due to illness or injury in the past 3 months?
3. Has any Proposed Insured been treated in a medical facility, hospitalized, or disabled in the past 6 months, excluding flu or cold? Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.
4. Has any Proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?
5. Has any Proposed Insured been seen or treated by a licensed physician or other medical practitioner within the past 6 months, excluding flu, cold, or routine physical?

### Simplified Issue (In addition to CGI)

6. Height and Weight
7. Within the past 5 years, has any Person proposed for insurance been admitted or advised to be admitted to a hospital or received medical advice or treatment for:
  - Any chest pain, heart disease, stroke or paralysis, lung or respiratory disease, blood disease or high blood pressure? If yes, provide most recent blood pressure reading and date: \_\_\_\_\_
  - Cancer, tumor, disorder of the kidney, liver disease, or hepatitis
  - Any mental or psychiatric disorder, stomach or intestinal disorder or reproductive organ disorder
  - Received or been advised to have, counseling or treatment for the use of alcohol, drugs, illegal drugs, or used any illegal drug or controlled substance.
  - Taken any prescription medication in the past 6 months (If 'Yes', state the name of the medication, reason for taking, frequency and dosage)
  - Had or been advised to have an electrocardiogram, x-ray, blood study, urinalysis, or any other diagnostic study, operation, or treatment.
  - Other than stated above, within the past 5 years, had any other illness, operation, or treatment.
8. Provide full details for any 'yes' answers. Include the Proposal Insured, question #, diagnosis, date diagnosed, duration, current health status, and names & address of all attending physicians and medical facilities.
9. Has the Proposed Insured been confined in a long-term care facility, currently receiving home health or adult day care, or has the proposed insured been advised for a physician to receive such confinement or care?
10. Has the Proposed Insured required assistance for a period longer than 4 weeks to perform any of the following daily activities: bathing, continence, dressing, eating, toileting, getting up and down from a bed or chair?