

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.

The LTC benefit is always based on the death benefit. This includes any reduction in the death benefit.

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

If you do not use your policy for Long Term Care services, your beneficiary will receive the death benefit upon your death.

5. When does the plan benefit end?

You pay premiums until age 100 (no premium payment due after age 100) and you must use the LTC benefit or pay out the death benefit to your beneficiaries by your 121st birthday. If you don't use it by your 121st birthday, then your plan benefits expire.

6. 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 (example, if you apply at age 45 you will retain this original rating age within Chubb's premium rating structure for the life of the policy).

The Chubb Life + LTC total premium is composed of the cost of the Life insurance, and the cost of additional riders that are built into the policy – Acceleration of Death Benefit for Long Term Care (LTC) is one of these riders. Life insurance premiums will never increase and are guaranteed through age 100; however, the Long Term Care rider premiums are not guaranteed and may be increased in accordance with the terms of the policy. If the Long Term Care rider premiums are increased, the policyholder will retain their original rating age within the new premium rating structure. The cost of the LTC rider is a relatively small portion of the total premium. A breakdown of your premium and the cost of the policy riders will be provided with your policy certificate.

7. What if I stop paying the premiums?

The Chubb policy accrues 'Paid Up Benefits' after 10 years. If you stop paying premium prior to accruing Paid Up Benefits, then your plan benefit lapses, and you have no plan benefit. After 10 years, Paid Up Benefits begin to vest. A Paid Up Benefit is life insurance that is owned and for which an insured does not need to pay premium. Each month the coverage is kept, the Paid Up death benefit increases. With Paid Up Benefits, insureds can stop paying premiums and still walk away with life insurance and long term care – a reduced paid-up benefit is issued and can never lapse. Your Policy Certificate (provided annually) will include an illustration of your policy's Paid Up Benefit accrual amount.

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8. 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.

9. Can my spouse/domestic partner apply for coverage?

Yes, Spouses and Domestic Partners ages 19-70 are eligible for coverage up to \$75,000 face value (minimum coverage amount is the greater of \$5000 or the amount of coverage that \$3/week will purchase).

Employee must apply for coverage for Spouse/Domestic Partner to be eligible to apply with Modified Guaranteed Issue (1 health question) – in addition, Spouse MGI coverage is limited to 50% of the Employee coverage amount, up to the \$10k limit. Employee does not have to apply for Spouse/Domestic Partner to apply with Conditional or Simplified Issue (4 – 9 additional health questions).

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

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

11. How do I know my application was submitted?

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

12. 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.

13. How long has Chubb been in business?

Chubb has been in business since 1889

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

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

N/A – Incyte does not have an HSA.

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

No

16. Are the LTC premiums pre-tax or post-tax?

Post-tax

17. How do I receive my policy?

Chubb will mail your policy documents.

18. When will I receive my policy?

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

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19. 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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Chubb Underwriting Questions

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?

Disclaimer: The underwriting questions within this proposal are for illustrative purposes only. The number of underwriting questions and the questions themselves can vary depending upon the state-specific application.