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Important Information Disability Income Protection Program

Dear Member,

Enclosed is your new Disability Income Protection Plan booklet (Summary Plan Description (SPD)) and a Summary of Material Modifications for 2015¹. Please take a moment to review the enclosed materials. Be sure to retain these documents with your important papers.

You can review your insured salary amount by logging into www.sambaplans.com or contacting our office at 1-800-638-6589 (press 2). Use the secure email service available on our website to contact us with any questions.

Sincerely,
SAMBA
Federal Employee Benefit Association

Enclosures (2)

¹ If you are currently receiving a monthly Disability Income Plan benefit, your benefit will continue based on the provisions of the SPD in effect at the time your disability claim was approved.

**Summary of Material Modifications to the
SAMBA Federal Employee Benefit Association (“SAMBA”)
Disability Income Protection Program SPD**

Effective January 1, 2015

This is a Summary of Material Modifications (“SMM”) for SAMBA’s Disability Income Protection Program which informs you about Program changes that take effect on January 1, 2015. Because the SMM provides information only about those changes, it must be read together with the January 1, 2014 Summary Plan Description (“SPD”). If you do not have a copy of the SPD, you may request a copy at no charge from Us or download a copy from our website at sambaplans.com.

We, Us, and Our means the SAMBA Federal Employee Benefit Association or Our authorized representative. This is true whenever the word "We", "Us," or “Our” is used in this SPD, even when those words are not capitalized.

You, Your, Employee, Member, or Participant means an Employee of a SAMBA Eligible Employing Agency who has enrolled in this Program. This is true whenever the word "You", "Your", “Employee”, “Member”, or “Participant” is used in this SPD, even when those words are not capitalized.

Modifications

Page 1 Enrollment and Eligibility – added additional coverage provision:

This coverage is not available if Your Regular Place of Work is Your home or other residence.

Page 1 Effective Date of Coverage – clarified Actively at Work provisions:

You are not Actively at Work if Your Regular Place of Work is Your home or other residence.

Note that we added a definition of Your Regular Place of Work on page 15.

Page 2 Salary Changes – changed time period within which you must notify us of any salary increase from twelve (12) months to ninety (90) days:

In the event Your salary changes and is increased above Your Covered Salary Amount on file with Us, You may apply for an increase in Your coverage, not to exceed Your new Eligible Salary Amount. Evidence of Insurability will not be required for such increase, and such increase will not be subject to a new Pre-Existing Condition Limitation if: 1) You apply for the increase within

ninety (90) days of the effective date of the increase in Eligible Salary Amount; and 2) Your Covered Salary Amount was equal to Your Eligible Salary Amount immediately prior to the increase.

Page 6 Estimated Benefits Offsets – changed time period that SAMBA may estimate benefit offsets from twenty-four (24) months to twelve (12) months.

We reserve the right to estimate Your Benefit Offsets under the Program until You receive written confirmation of Your actual entitlement under the FERS, CSRS, or Social Security Act. If We estimate Your Benefit Offsets, We will take this estimated amount into account when We determine Your monthly benefit.

We will not take this estimated amount into account for the first twelve (12) months of benefit payments if You sign Our reimbursement agreement. In this agreement, You promise (a) to apply for all of the benefits for which You are eligible, (b) to appeal any denial of such benefits until all possible appeals have been made, and (c) to repay Us in a lump sum for any amount We overpaid due to an award of such benefits.

Page 6 Duration of Income Protection Benefit – added additional item to the list of circumstances that will cause Your Income Protection Benefits to end:

The date that You have been outside the United States and/or Canada for more than two (2) months in a twelve (12) month period.

Page 7 Survivor Benefit – modified benefit as follows :

The Survivor Benefit Period begins on the first day of the month following the month You die and ends on the earliest of the following events:

- The date on which We determine that Your Income Protection Benefits would have terminated if you had continued to live, e.g., due to an Income Protection Benefit period limitation (see page 8); or
- The date on which the Survivor Benefit has been paid for ten (10) years.

If the Survivor dies, we will issue a lump sum payment to the estate of the Survivor for the present value of the payments that would have become due during the remainder of the Survivor Benefit Period.

Page 12 Definitions and Terms You Should Know:

We changed the Actively at Work definition and we added a Regular Place of Work definition as follows:

Actively at Work/Active Work means You are working for Your Employer on a Full-time basis for earnings that are paid to You regularly and You are performing each of the Material and Substantial Duties of Your Regular Occupation at Your Regular Place of Work, which may not be Your home or other residence.

Regular Place of Work means Your official worksite associated with Your position of record. For purposes of this coverage, Your Regular Place of Work may not be Your home or other residence.