



Voluntary Long Term Disability Coverage Highlights Adams County School District #1 dba Mapleton Public Schools

Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Long Term Disability (LTD) Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time Certified employee of Mapleton School District, excluding, temporary or seasonal employees, full time members of the armed forces, leased employees or independent contractors
- *Actively at work* at least 25 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*

An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

Benefit Amount

Your monthly benefit is 60% of your insured *predisability earnings* reduced by *deductible income*. Please contact your human resources representative for additional information regarding what is included in *predisability earnings*.

Plan Maximum Monthly Benefit: \$5,000

Plan Minimum Monthly Benefit: \$100/10%

Benefit Waiting Period

If your claim for Long Term Disability benefits is approved by The Standard, benefits become payable after you have been continuously *disabled* for 90 days and remain continuously *disabled*. Benefits are not payable during the *benefit waiting period*.

Preexisting Condition Exclusion

A general description of the Preexisting Condition Exclusion is included in the Voluntary LTD Employee Brochure. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90 day period just before your insurance becomes effective.

Treatment Free Period: 12 consecutive months during the *exclusion period*.

Own Occupation Period

For the plan's definition of *disability*, as described in your brochure, the Own Occupation Period is the first 24 months for which *LTD Benefits* are paid.

Maximum Benefit Period

If you become *disabled* before age 62, *LTD benefits* may continue during *disability* until you reach age 65, or to SSNRA, or 3 years 6 months, whichever is longer. If you become *disabled* at age 62 or older, the benefit duration is determined by your age when *disability* begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA or 3 years 6 months, whichever is longer
63	To SSNRA or 3 years, whichever is longer
64	To SSNRA or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

When Benefits End

LTD Benefits end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to benefits

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DISABILITY RATES FOR CERTIFIED STAFF:

<u>AGE:</u>	<u>RATE percentage:</u>
Under age 30	0.180%
30 through 34	0.260%
35 through 39	0.370%
40 through 44	0.520%
45 through 49	0.940%
50 through 54	1.260%
55 through 59	1.740%
60 through 64	1.540%
65 through 69	0.940%
70 through 74	0.620%
75 or over	0.670%

To determine rates:

Annual salary _____

Divided by 12 = _____ ***x Age percentage = Monthly Premium*** _____