

CASTLEBERRY ISD LONG-TERM DISABILITY INCOME INSURANCE

If you had to miss work because of a covered injury or sickness, how long could you go without your paycheck? **Long-Term Disability Income Insurance** provides a benefit to help replace a portion of your income while you're unable to work due to a covered Disability. This policy can help with expenses like your mortgage, car payment, groceries, medical bills and more.

When Coverage Begins

Your coverage will begin on the requested effective date following the date you become eligible.

Monthly Disability Benefit: PLANS 1-6

The available benefit amount is 35% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$21,430 and the amount for which premium is paid.

Benefits Begin

Plan 1	On the 8th day of Disability due to a covered injury or sickness	*\$1.32
Plan 2	On the 15th day of Disability due to a covered injury or sickness	*\$1.12
Plan 3	On the 31st day of Disability due to a covered injury or sickness	*\$0.92
Plan 4	On the 61st day of Disability due to a covered injury or sickness	*\$0.58
Plan 5	On the 91st day of Disability due to a covered injury or sickness	*\$0.42
Plan 6	On the 151st day of Disability due to a covered injury or sickness	*\$0.28

**The Premium is per \$100 of Covered Monthly Compensation*

Monthly Disability Benefit: PLANS 7-12

The available benefit amount is 50% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$15,000 and the amount for which premium is paid.

Benefits Begin

Plan 7	On the 8th day of Disability due to a covered injury or sickness.	*\$1.88
Plan 8	On the 15th day of Disability due to a covered injury or sickness.	*\$1.60
Plan 9	On the 31st day of Disability due to a covered injury or sickness.	*\$1.32
Plan 10	On the 61st day of Disability due to a covered injury or sickness.	*\$0.82
Plan 11	On the 8th day of Disability due to a covered injury or sickness.	*\$0.60
Plan 12	On the 151st day of Disability due to a covered injury or sickness.	*\$0.40

**The Premium is per \$100 of Covered Monthly Compensation*

Monthly Disability Benefit: PLANS 13-18

The available benefit amount is 66⅔% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$11,250 and the amount for which premium is paid.

Benefits Begin

Plan 13	On the 8th day of Disability due to a covered injury or sickness.	*\$2.50
Plan 14	On the 15th day of Disability due to a covered injury or sickness.	*\$2.12
Plan 15	On the 31st day of Disability due to a covered injury or sickness.	*\$1.76
Plan 16	On the 61st day of Disability due to a covered injury or sickness.	*\$1.08
Plan 17	On the 91st day of Disability due to a covered injury or sickness.	*\$0.80
Plan 18	On the 151st day of Disability due to a covered injury or sickness.	*\$0.52

**The Premium is per \$100 of Covered Monthly Compensation*

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the monthly Disability benefit or \$100, whichever is greater.

Disabled Due to a Covered Disability and Not Working

For the first 12 months you are disabled due to a covered Disability and not working, we will pay the Disability benefit described in the schedule. After 12 months, your Disability Payment will be the Disability benefit less any deductible sources of income you receive or are entitled to receive. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the monthly Disability benefit or \$100, whichever is greater.

Maximum Benefit Period

Benefits are payable up to the time shown in the chart. This is based on your age as of the date Disability begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced social security benefits based on current Social Security Amendments.*

Deductible Sources of Income include:

- Other group Disability income;
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits;
- United States Social Security Act or similar plan or act, including any amounts due to your dependent(s) on account of your Disability;
- State Disability;
- Unemployment compensation; and
- Sick leave or other salary or wage continuance plans provided by the employer which extends beyond 365 calendar days from the date of Disability.

We reserve the right to estimate these deductible sources of income that you may receive as defined in your certificate.

Disabled Due to a Covered Disability and Not Working

For the first 12 months you are disabled due to a covered Disability and not working, we will pay the Disability benefit described in the schedule. After 12 months, your Disability Payment will be the Disability benefit less any deductible sources of income you receive or are entitled to receive. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return to Work Incentive Benefit: Disabled While Working

We will provide a Disability Payment if you are disabled and your monthly Disability Earnings, if any, are less than 20% of your Monthly Compensation due to the same Disability. If you are disabled, and your Disability Earnings are greater than 20% of your Monthly Compensation due to the same Disability, we will calculate your payments as follows:

- During the first 24 months of payments while disabled and working your Disability Payment will not be reduced as long as the Disability Earnings plus the gross Disability benefit do not exceed 80% of your Monthly Compensation.
- If the Disability Earnings plus the gross Disability benefit exceeds 80% of your Monthly Compensation, the Disability Payment will be reduced by the amount exceeding 80% of your Monthly Compensation.
- After 24 months of payments, while disabled and Working, you will receive payments based on the percentage of Monthly Compensation you are losing due to your Disability.

We will stop payments and your claim will end if at any time you are no longer disabled or if your Disability Earnings exceed 80% of your Monthly Compensation. The elimination period cannot be satisfied with days you are Disabled and working.

Hospital Confinement Benefit

The Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to a Disability, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin on your first day of Hospital confinement. **The remainder of your elimination period will be waived (APPLIES ONLY TO PLANS 1-3, 7-9, 13-15).**

If you are Hospital confined due to a covered Disability, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin. Only those days during which you are Hospital confined will be paid until you have satisfied the elimination period required for Disability.

Physician Expense Benefit

Injury - \$150 per injury

If you need personal treatment by a physician due to a disability, we will pay the amount shown above, provided no other claim has been paid under the policy.

Waiver of Premium

No premium payments are required while receiving Disability benefits under the plan for 90 consecutive days. We will require proof on an annual basis that you remain disabled during this time.

Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. Benefits will not be paid beyond the Maximum Benefit Period. If drug addiction is sustained at the hands of or while under the regular and appropriate care of a physician during treatment for injury or sickness, it will be covered the same as any other sickness.

Mental Illness Limited Benefit

If you are disabled due to a mental illness, regardless of the cause, Disability Payments will be provided for up to 2 years, not to exceed the maximum Disability period.

Special Conditions Limited Benefit

Pays a benefit up to 2 years due to Special Conditions if you are disabled and under your physician's regular and appropriate care. Special Conditions mean: Chronic Fatigue Syndrome; Fibromyalgia; Any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia or quadriplegia; Environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms the insured tell their physician that are not verifiable using tests, procedures or clinical examinations. Examples include headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or energy loss.

Family Care Benefit

If you are disabled and working, qualify to receive a Disability Payment from us, and have one or more eligible family members, you may be eligible to receive a Family Care Benefit. This benefit may include payment for the care of an eligible family member by a licensed childcare provider or licensed caregiver who is not related to you by blood or marriage. We will provide a Family Care Benefit of up to 25% of your monthly Disability benefit provided the total of your Disability Earnings, the gross Disability benefit, and the Family Care Benefit do not exceed 100% of your Monthly Compensation. Payment of this benefit will end on the earlier of the following: the date you no longer have family member expenses, the date you no longer qualify as disabled and working, or the date disabled and working benefits have been paid for a total of 24 months.

Leave of Absence

Your coverage may continue up to 1 year during a leave of absence approved in writing by your employer.

Termination of Coverage

Your insurance coverage will end on the earliest of these dates: the date you do not meet the eligibility requirements as defined in the eligibility section; the date you retire; the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision; the end of the last period for which premium has been paid; the date the policy is discontinued; or the date your employment ends. If your coverage ends as a result of your termination of Active Employment, such termination is caused by an injury or sickness for which Disability benefits would be payable, and Disability is established before the termination of Active Employment, then Disability benefits will be paid as if such termination had not occurred. Termination of the policy will not affect Disability Payments that began before termination. We may end your coverage if you submit a fraudulent claim. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Marketed by:



Definitions

Active Employment means you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day, and these duties are completed at one of the places of business where you usually do such duties or at some location to which your employment sends you. You are said to be on Active Employment on a day that is not a scheduled work day only if you are not disabled and would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

Disability or disabled for the first 24 months of Disability means that you cannot perform your regular occupation's material and substantial duties. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Disability Payments mean your Disability benefits minus any deductible sources of income.

Disability Earnings mean the gross monthly earnings you receive while disabled and working.

Hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients. The definition of a Hospital may vary by state.

Monthly Compensation means for contracted employees, one-twelfth (1/12) of your contract salary through your employer; or for non-contracted employees, it's one-twelfth (1/12) of your annual salary through your employer, in effect on the date Disability began. It excludes any additional compensation, including but not limited to overtime pay, weekend or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits. If you become disabled while on an approved leave of absence, we will use your gross Monthly Compensation from your employer in effect just before the date your absence began.

Pre-Existing Condition means a disease, injury, sickness, physical condition or mental illness for which you had treatment, incurred expense, took medication, received care or services including diagnostic testing or related measures, or received a diagnosis or advice from a physician during the 3-month period immediately before your effective date of coverage. Pre-Existing Conditions will also include conditions related to such disease, injury, sickness, physical condition, or mental illness.

Limitations

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability caused by or resulting from a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician for 12 consecutive months for such condition(s). This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from: Intentionally self-inflicted injury while sane or insane; An act of war, declared or undeclared; Injury sustained or sickness contracted while in the service of the armed forces of any country; Committing a felony; Penal incarceration. We will not pay benefits for Disability or any other loss during any period you are incarcerated in a penal or correctional institution for 30 consecutive days or longer; Injury or sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period you are entitled to Workers' Compensation benefits.

Underwritten and administered by:

AMERICAN FIDELITY 
a different opinion

American Fidelity Assurance Company