

AF™ Long-Term Disability Income Insurance

Lamar CISD

Marketed by:

IFFGI
Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ **Long-Term Disability Income Insurance** provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

Plan Highlights

Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.

Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.

Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN on the following day of Disability due to a covered Injury or Sickness.

Plan I	On the 1st/4th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 151st day

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily Injury, is independent of disease or bodily infirmity; and takes place while your coverage is active.

Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is active.

Hospital - the term "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 geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Disability or disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. 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.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

			Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (1st/4th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$286.00 - $428.99	$200.00	$20,000.00	$10.16	$7.28	$5.80	$4.92	$4.16	$3.12
$429.00 - $571.99	$300.00	$20,000.00	$15.24	$10.92	$8.70	$7.38	$6.24	$4.68
$572.00 - $714.99	$400.00	$20,000.00	$20.32	$14.56	$11.60	$9.84	$8.32	$6.24
$715.00 - $857.99	$500.00	$20,000.00	$25.40	$18.20	$14.50	$12.30	$10.40	$7.80
$858.00 - $999.99	$600.00	$20,000.00	$30.48	$21.84	$17.40	$14.76	$12.48	$9.36
$1,000.00 - $1,142.99	$700.00	$20,000.00	$35.56	$25.48	$20.30	$17.22	$14.56	$10.92
$1,143.00 - $1,285.99	$800.00	$20,000.00	$40.64	$29.12	$23.20	$19.68	$16.64	$12.48
$1,286.00 - $1,428.99	$900.00	$20,000.00	$45.72	$32.76	$26.10	$22.14	$18.72	$14.04
$1,429.00 - $1,571.99	$1,000.00	$20,000.00	$50.80	$36.40	$29.00	$24.60	$20.80	$15.60
$1,572.00 - $1,714.99	$1,100.00	$20,000.00	$55.88	$40.04	$31.90	$27.06	$22.88	$17.16
$1,715.00 - $1,857.99	$1,200.00	$20,000.00	$60.96	$43.68	$34.80	$29.52	$24.96	$18.72
$1,858.00 - $1,999.99	$1,300.00	$20,000.00	$66.04	$47.32	$37.70	$31.98	$27.04	$20.28
$2,000.00 - $2,142.99	$1,400.00	$20,000.00	$71.12	$50.96	$40.60	$34.44	$29.12	$21.84
$2,143.00 - $2,285.99	$1,500.00	$20,000.00	$76.20	$54.60	$43.50	$36.90	$31.20	$23.40
$2,286.00 - $2,428.99	$1,600.00	$20,000.00	$81.28	$58.24	$46.40	$39.36	$33.28	$24.96
$2,429.00 - $2,571.99	$1,700.00	$20,000.00	$86.36	$61.88	$49.30	$41.82	$35.36	$26.52
$2,572.00 - $2,714.99	$1,800.00	$20,000.00	$91.44	$65.52	$52.20	$44.28	$37.44	$28.08
$2,715.00 - $2,857.99	$1,900.00	$20,000.00	$96.52	$69.16	$55.10	$46.74	$39.52	$29.64
$2,858.00 - $2,999.99	$2,000.00	$20,000.00	$101.60	$72.80	$58.00	$49.20	$41.60	$31.20
$3,000.00 - $3,142.99	$2,100.00	$20,000.00	$106.68	$76.44	$60.90	$51.66	$43.68	$32.76
$3,143.00 - $3,285.99	$2,200.00	$20,000.00	$111.76	$80.08	$63.80	$54.12	$45.76	$34.32
$3,286.00 - $3,428.99	$2,300.00	$20,000.00	$116.84	$83.72	$66.70	$56.58	$47.84	$35.88
$3,429.00 - $3,571.99	$2,400.00	$20,000.00	$121.92	$87.36	$69.60	$59.04	$49.92	$37.44
$3,572.00 - $3,714.99	$2,500.00	$20,000.00	$127.00	$91.00	$72.50	$61.50	$52.00	$39.00
$3,715.00 - $3,857.99	$2,600.00	$20,000.00	$132.08	$94.64	$75.40	$63.96	$54.08	$40.56
$3,858.00 - $3,999.99	$2,700.00	$20,000.00	$137.16	$98.28	$78.30	$66.42	$56.16	$42.12
$4,000.00 - $4,142.99	$2,800.00	$20,000.00	$142.24	$101.92	$81.20	$68.88	$58.24	$43.68
$4,143.00 - $4,285.99	$2,900.00	$20,000.00	$147.32	$105.56	$84.10	$71.34	$60.32	$45.24
$4,286.00 - $4,428.99	$3,000.00	$20,000.00	$152.40	$109.20	$87.00	$73.80	$62.40	$46.80
$4,429.00 - $4,571.99	$3,100.00	$20,000.00	$157.48	$112.84	$89.90	$76.26	$64.48	$48.36
$4,572.00 - $4,714.99	$3,200.00	$20,000.00	$162.56	$116.48	$92.80	$78.72	$66.56	$49.92
$4,715.00 - $4,857.99	$3,300.00	$20,000.00	$167.64	$120.12	$95.70	$81.18	$68.64	$51.48
$4,858.00 - $4,999.99	$3,400.00	$20,000.00	$172.72	$123.76	$98.60	$83.64	$70.72	$53.04
$5,000.00 - $5,142.99	$3,500.00	$20,000.00	$177.80	$127.40	$101.50	$86.10	$72.80	$54.60
$5,143.00 - $5,285.99	$3,600.00	$20,000.00	$182.88	$131.04	$104.40	$88.56	$74.88	$56.16
$5,286.00 - $5,428.99	$3,700.00	$20,000.00	$187.96	$134.68	$107.30	$91.02	$76.96	$57.72
$5,429.00 - $5,571.99	$3,800.00	$20,000.00	$193.04	$138.32	$110.20	$93.48	$79.04	$59.28

Benefit Policy Schedule (continued)

			Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$5,572.00 - $5,714.99	$3,900.00	$20,000.00	$198.12	$141.96	$113.10	$95.94	$81.12	$60.84
$5,715.00 - $5,857.99	$4,000.00	$20,000.00	$203.20	$145.60	$116.00	$98.40	$83.20	$62.40
$5,858.00 - $5,999.99	$4,100.00	$20,000.00	$208.28	$149.24	$118.90	$100.86	$85.28	$63.96
$6,000.00 - $6,142.99	$4,200.00	$20,000.00	$213.36	$152.88	$121.80	$103.32	$87.36	$65.52
$6,143.00 - $6,285.99	$4,300.00	$20,000.00	$218.44	$156.52	$124.70	$105.78	$89.44	$67.08
$6,286.00 - $6,428.99	$4,400.00	$20,000.00	$223.52	$160.16	$127.60	$108.24	$91.52	$68.64
$6,429.00 - $6,571.99	$4,500.00	$20,000.00	$228.60	$163.80	$130.50	$110.70	$93.60	$70.20
$6,572.00 - $6,714.99	$4,600.00	$20,000.00	$233.68	$167.44	$133.40	$113.16	$95.68	$71.76
$6,715.00 - $6,857.99	$4,700.00	$20,000.00	$238.76	$171.08	$136.30	$115.62	$97.76	$73.32
$6,858.00 - $6,999.99	$4,800.00	$20,000.00	$243.84	$174.72	$139.20	$118.08	$99.84	$74.88
$7,000.00 - $7,142.99	$4,900.00	$20,000.00	$248.92	$178.36	$142.10	$120.54	$101.92	$76.44
$7,143.00 - $7,285.99	$5,000.00	$20,000.00	$254.00	$182.00	$145.00	$123.00	$104.00	$78.00
$7,286.00 - $7,428.99	$5,100.00	$20,000.00	$259.08	$185.64	$147.90	$125.46	$106.08	$79.56
$7,429.00 - $7,571.99	$5,200.00	$20,000.00	$264.16	$189.28	$150.80	$127.92	$108.16	$81.12
$7,572.00 - $7,714.99	$5,300.00	$20,000.00	$269.24	$192.92	$153.70	$130.38	$110.24	$82.68
$7,715.00 - $7,857.99	$5,400.00	$20,000.00	$274.32	$196.56	$156.60	$132.84	$112.32	$84.24
$7,858.00 - $7,999.99	$5,500.00	$20,000.00	$279.40	$200.20	$159.50	$135.30	$114.40	$85.80
$8,000.00 - $8,142.99	$5,600.00	$20,000.00	$284.48	$203.84	$162.40	$137.76	$116.48	$87.36
$8,143.00 - $8,285.99	$5,700.00	$20,000.00	$289.56	$207.48	$165.30	$140.22	$118.56	$88.92
$8,286.00 - $8,428.99	$5,800.00	$20,000.00	$294.64	$211.12	$168.20	$142.68	$120.64	$90.48
$8,429.00 - $8,571.99	$5,900.00	$20,000.00	$299.72	$214.76	$171.10	$145.14	$122.72	$92.04
$8,572.00 - $8,713.99	$6,000.00	$20,000.00	$304.80	$218.40	$174.00	$147.60	$124.80	$93.60
$8,714.00 - $8,856.99	$6,100.00	$20,000.00	$309.88	$222.04	$176.90	$150.06	$126.88	$95.16
$8,857.00 - $8,999.99	$6,200.00	$20,000.00	$314.96	$225.68	$179.80	$152.52	$128.96	$96.72
$9,000.00 - $9,142.99	$6,300.00	$20,000.00	$320.04	$229.32	$182.70	$154.98	$131.04	$98.28
$9,143.00 - $9,285.99	$6,400.00	$20,000.00	$325.12	$232.96	$185.60	$157.44	$133.12	$99.84
$9,286.00 - $9,428.99	$6,500.00	$20,000.00	$330.20	$236.60	$188.50	$159.90	$135.20	$101.40
$9,429.00 - $9,570.99	$6,600.00	$20,000.00	$335.28	$240.24	$191.40	$162.36	$137.28	$102.96
$9,571.00 - $9,713.99	$6,700.00	$20,000.00	$340.36	$243.88	$194.30	$164.82	$139.36	$104.52
$9,714.00 - $9,856.99	$6,800.00	$20,000.00	$345.44	$247.52	$197.20	$167.28	$141.44	$106.08
$9,857.00 - $9,999.99	$6,900.00	$20,000.00	$350.52	$251.16	$200.10	$169.74	$143.52	$107.64
$10,000.00 - $10,142.99	$7,000.00	$20,000.00	$355.60	$254.80	$203.00	$172.20	$145.60	$109.20
$10,143.00 - $10,285.99	$7,100.00	$20,000.00	$360.68	$258.44	$205.90	$174.66	$147.68	$110.76
$10,286.00 - $10,428.99	$7,200.00	$20,000.00	$365.76	$262.08	$208.80	$177.12	$149.76	$112.32
$10,429.00 - $10,570.99	$7,300.00	$20,000.00	$370.84	$265.72	$211.70	$179.58	$151.84	$113.88
$10,571.00 - $10,713.99	$7,400.00	$20,000.00	$375.92	$269.36	$214.60	$182.04	$153.92	$115.44
$10,714.00 - And Over	$7,500.00*	$20,000.00	$381.00	$273.00	$217.50	$184.50	$156.00	$117.00

**Higher benefit amounts available up to a maximum Monthly Disability Benefit of $10,000.*

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to the period of time shown in the chart below, based on your age as of the Disability date for when a covered Injury or Sickness 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.*

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Injury - $150.00 per Injury
Sickness - $50.00

If you need personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury Benefit.

Accidental Death Benefit

A lump sum of $20,000 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, 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 after you've met your elimination period.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 180 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

If you are Disabled as a result of being an organ or tissue donor, we will pay your benefit as any other Sickness under the terms of the plan.



Offsets With Other Sources of Income

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 your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 60 (Plans I, II, III, & IV), 90 (Plan V) and 150 (Plan VI) 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.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or $100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your Disability payment will be the Disability Benefit described in the benefit schedule 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 Incentives: Disabled and Working

If you are Disabled and working, you may be eligible to continue to receive a percentage of your Disability payment in addition to your Disability earnings. If your Disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Family Care Benefit**
  If you are Disabled and working and have one or more eligible family members, you may be eligible for a Family Care Benefit. This benefit is for expenses incurred up to 25% of your Monthly Disability Benefit. Your Disability earnings, gross Disability Benefit, and Family Care Benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and working provision of the policy.
- **Worksite Accommodation**
  As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Mental Illness Limited Benefit

If you are Disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum Disability period.

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 in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

If you are Disabled due to Special Conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special Conditions means: 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 that the insured tells 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 loss of energy.

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to 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 24 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

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 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
$100.00	$6.00
$150.00	$9.00



Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your Spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit Amount	Annual Salary	Monthly Premium
$500.00	up to $10,000.00	$4.00
$1,000.00	$10,001.00 - $20,000.00	$8.00
$1,500.00	$20,001.00 - $30,000.00	$12.00
$2,000.00	$30,001.00 and over	$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
$300.00	$4.50
$400.00	$6.00
$500.00	$7.50
$600.00	$9.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain Critical Illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
$10,000.00	$9.80
$15,000.00	$13.18
$20,000.00	$16.56
$25,000.00	$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

The term "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 geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative , or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advise from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy 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 for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. 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.



Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.

Underwritten and administered by:
American Fidelity Assurance Company
800-662-1113 • **americanfidelity.com**

G120-TX-100-153 MCH#0011 014400-7, 014405-8, 014406-9, 014407-10, 014408-11, 014410-12, 014709-R1, 014710-R1, 014708-R1, 014002-R1, 014707-R1

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