

# LONG-TERM DISABILITY *Income Insurance*

Underwritten by: American Fidelity Assurance Company

**Enhanced Disability Income Plan**



Coverage Options • Benefits Paid Directly to You • Excellent Customer Service • Learn More » »



*Marketed by:*

**First Financial Capital Corporation**

P.O. Box 670329 • Houston, TX 77267-0329  
Local (281) 847-8422 | Toll Free (800) 523-8422

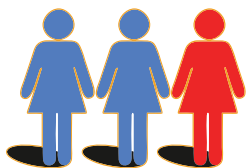
[www.ffga.com](http://www.ffga.com)

# Disabilities Happen. *Are You Prepared?*

What would you do if you experienced a disability today and your paycheck suddenly stopped? Nearly 70% of American employees live paycheck to paycheck<sup>1</sup>, staying current on bill payments, but not preparing for the loss of that valuable income.

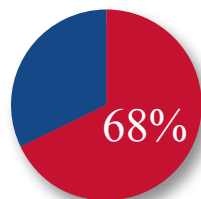
*Think It Couldn't  
Happen to You?*

**Know The Facts:**



***"I don't have a significant  
risk of being disabled."***

1/3 of Americans entering the work force today will become disabled before they retire.<sup>2</sup>



***"I'll use my sick leave  
or savings."***

68% of American employees live from paycheck to paycheck.<sup>1</sup>

<sup>1</sup> Reuters. "More than two-thirds in U.S. live paycheck to paycheck: survey," September 19, 2012.

<sup>2</sup>"Chances of Disability: Overview." Council for Disability Awareness. 2010. Web. 24 Mar. 2011

***Ready To Learn More?***

Contact your First Financial Account Representative for more details or to schedule a one-on-one appointment.

# Find the plan that's best for you!

1. Locate your current salary and review the monthly benefit offered based on your income.
2. Review Elimination Period and Premium columns to choose the one that best fits your needs.
3. See your First Financial Representative to enroll in your plan!

SALARY		BENEFIT		ELIMINATION PERIOD/MONTHLY PREMIUM				
Annual Salary	Monthly Salary*	Monthly Disability Benefit**	Accidental Death Benefit	14 day Elimination Period	30 day Elimination Period	60 day Elimination Period	90 day Elimination Period	150 day Elimination Period
\$3,432.00 - \$5,147.99	\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$5,148.00 - \$6,863.99	\$429.00 - \$571.99	\$300.00	\$20,000.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$6,864.00 - \$8,579.99	\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$8,580.00 - \$10,295.99	\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$10,296.00 - \$11,999.99	\$858.00 - \$999.99	\$600.00	\$20,000.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$12,000.00 - \$13,715.99	\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$13,716.00 - \$15,431.99	\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$15,432.00 - \$17,147.99	\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$17,148.00 - \$18,863.99	\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$18,864.00 - \$20,579.99	\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$20,580.00 - \$22,295.99	\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$22,296.00 - \$23,999.99	\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$24,000.00 - \$25,715.99	\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$25,716.00 - \$27,431.99	\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$27,432.00 - \$29,147.99	\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$29,148.00 - \$30,863.99	\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$30,864.00 - \$32,579.99	\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$32,580.00 - \$34,295.99	\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$34,296.00 - \$35,999.99	\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$36,000.00 - \$37,715.99	\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$37,716.00 - \$39,431.99	\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$39,432.00 - \$41,147.99	\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$41,148.00 - \$42,863.99	\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$42,864.00 - \$44,579.99	\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$44,580.00 - \$46,295.99	\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$46,296.00 - \$47,999.99	\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$48,000.00 - \$49,715.99	\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$49,716.00 - \$51,431.99	\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$51,432.00 - \$53,147.99	\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$53,148.00 - \$54,863.99	\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$54,864.00 - \$56,579.99	\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$56,580.00 - \$58,295.99	\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$58,296.00 - \$59,999.99	\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$60,000.00 - \$61,715.99	\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$61,716.00 - \$63,431.99	\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$63,432.00 - \$65,147.99	\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$65,148.00 - \$66,863.99	\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28
\$66,864.00 - \$68,579.99	\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$68,580.00 - \$70,295.99	\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40

\* Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$7,500. Ask your First Financial Representative for details.

\*\* Not to exceed 70% of your covered monthly compensation.

# Plan Features

## ACCIDENTAL DEATH BENEFIT

A lump sum of \$20,000.00 will be paid if you die as the direct result of an Injury and death occurs within 90 days after the Injury.

The benefit will be increased 1% for each full month that your Certificate was continuously in force just prior to death. The total increase shall not be more than 60% of the benefit amount.

## DIRECT DEPOSIT DISABILITY BENEFITS

In the event you choose the direct deposit option on an approved claim, we will deposit your benefits directly into your bank account at no additional cost. This can accelerate access to your benefits by several days. We also have a toll-free fax that allows you instant transmission of your claim forms to our Benefits Department.

## 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.

## 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 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 for expenses incurred 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 the Family Care Benefit will end on the earlier of the following: the date you no longer incur Family Member expenses; or 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.

## HOSPITAL CONFINEMENT BENEFIT

The Hospital Confinement Benefit will not begin until the elimination period has been satisfied and will pay up to 60 days. The Hospital Confinement Benefit will be paid each day the insured is confined as a patient in a Hospital due to an Injury or Sickness. The amount payable is one times the Disability Benefit which will be pro-rated on a daily basis. This benefit is not reduced by Deductible Sources of Income. The Hospital Confinement must be at least 18 hours of continuous duration.

## 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 Active Employment 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.

## PORTABILITY CONVERSION

The Conversion Plan will be a separate group plan with a 30 day elimination period and 2 year benefit period. Certain other qualifications may apply. A brochure is available for this plan upon request after termination.

## 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 figure your payment 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 does 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 Lost Earnings based on 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.

## SOCIAL SECURITY FILING ASSISTANCE

If we determine you are a likely candidate for Social Security Disability benefits, we can assist you with the application and appeal process.

## SPECIAL CONDITIONS LIMITED BENEFIT

The Special Conditions Limited Benefit provides a benefit up to 2 years, due to Special Conditions if you are disabled and under the regular and appropriate care of your physician. 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.

## **SUCCESSIVE DISABILITIES**

Disabilities which result from the same or related causes will be considered one period of Disability unless the Disabilities are separated by your return to Active Employment or any other gainful occupation for at least 3 consecutive months.

## **WAIVER OF PREMIUM**

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

## **WORKSITE ACCOMMODATION**

As part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

# ***Important Policy Provisions***

## **ELIGIBILITY**

All permanent employees in subscribing group working 20 hours or more per week. Proof of good health may be required by us in order to be eligible for disability coverage. We will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

## **WHEN COVERAGE BEGINS**

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on Active Employment and premium has been paid.

## **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.

## **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.

- » Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (14, 30, 60 day Elimination Periods), 90 (on 90 day Elimination Period) and 150 (on 150 day Elimination Period) 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 Monthly Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

## **INCREASE OF INCOME DUE TO COST OF LIVING ADJUSTMENTS**

The Disability Payment will not be reduced due to a cost of living increase if the increase from a Deductible Source of Income takes effect after the onset of Disability and while benefits are payable under the Policy.

## **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.

## **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.

## **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 24 months.

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

## **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.
- » 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 during which you are entitled to Workers' Compensation benefits.*

## LEAVE OF ABSENCE

Your coverage may be continued for up to 1 year during a Leave of Absence approved in writing by your Employer.

## TERMINATION OF INSURANCE

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 paragraph in this brochure;
- » 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 terminates.

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 prior to the termination of Active Employment,

then:

Disability Benefits will be paid as if such termination had not occurred.

Termination of the Policy will have no effect on Disability Payments which began before termination. We may end your coverage if you submit a fraudulent claim. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

## 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 being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Employment on a day which is not a scheduled work day only if you are not Disabled and would be able to perform in the usual manner all the regular duties of your employment if it were a scheduled work day.

**DISABILITY:** Disability or Disabled for the first 12 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.

**DISABILITY EARNINGS:** Means the gross monthly earnings you receive while Disabled and Working.

**DISABILITY PAYMENT:** Means your Disability Benefit minus Deductible Sources of Income.

**ELIGIBLE FAMILY MEMBERS:** With regards to the Family Care Benefit, this means your child (natural, step, or adopted) living in your household and under age 13; or your family member who is:

- » living in your household;
- » dependent upon you for support; and
- » in need of supervision or assistance due to physical or mental incapacity.

**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.

**LOST EARNINGS:** Means the percentage of Monthly Compensation you are losing due to your Disability while Disabled and Working. This is computed as follows:

- » subtract your Disability Earnings from your Monthly Compensation;
- » divide this answer by your Monthly Compensation. This will be your percentage of lost earnings. Multiply your Disability payment by your percentage of lost earnings.

**MONTHLY COMPENSATION:** Means for contracted employees, one-twelfth (1/12) of your contract salary through your Employer; or for non-contracted employees, 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 prior to the date your absence began.

**PRE-EXISTING CONDITION:** The term “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.

### ELIMINATION PERIOD

Period of time you must be disabled before benefit payments begin.

### BENEFITS BEGIN

Benefits begin on the following days, upon satisfying any required elimination period.

**14 Day Elimination Period:** Benefits begin on the 15th day of Disability due to a covered Injury or Sickness.

**30 Day Elimination Period:** Benefits begin on the 31st day of Disability due to a covered Injury or Sickness.

**60 Day Elimination Period:** Benefits begin on the 61st day of Disability due to a covered Injury or Sickness.

**90 Day Elimination Period:** Benefits begin on the 91st day of Disability due to a covered Injury or Sickness.

**150 Day Elimination Period:** Benefits begin on the 151st day of Disability due to a covered Injury or Sickness.

### BENEFITS ARE PAYABLE

Up to the period of time shown in the table below, based on your age as of the date Disability due to 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.

**Disability Income Insurance Can Help!**  
**Ask Your First Financial Account**  
**Representative For More Details.**



If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

# PLAN HIGHLIGHTS

## » **Effective Date**

Your Effective Date is different than the date you sign your application. Your Effective Date of coverage is the date shown on your certificate. Please be sure to view your group certificate to understand when your coverage begins upon approval of application it can either be mailed to you or you can receive an email with a link to view securely online.

## » **Hospital Confinement Benefit**

Pays an immediate benefit each day you are confined to a hospital for an injury or sickness, and will not begin until the elimination period has been satisfied. Benefit will pay up to 60 days.

## » **Limitations and Exclusions**

This policy has limitations and/or exclusions to select benefits during certain situations, including self inflicted injury, an act of war, injuries contracted not to cover any loss, fatal or non-fatal, resulting from while serving in the armed forces, while committing a felony or during penal incarceration, or an injury or sickness in which you are entitled to Workers' Compensation.

## » **Physicians Expense Benefit**

Receive a benefit if you receive treatment by a Physician due to a covered Injury.

## » **Pre-Existing**

Means a disease, Injury, Sickness, physical condition or mental illness that received medical advice or treatment prior to enrollment in a new disability insurance plan.

## » **Offsets**

If applicable, your disability benefit will be reduced by deductible sources of Income that include, but are not limited to:

- other group disability income benefits;
- government or retirement system benefits;
- Social Security benefits (if applicable in your state), including any amounts due to your dependent(s) on account of your disability;
- » Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (14, 30, 60 day Elimination Periods), 90 (on 90 day Elimination Period) and 150 (on 150 day Elimination Period) calendar days from the Date of Disability.

## » **Salary Increases**

Your Monthly Disability Benefit does not automatically increase if you have an increase in pay! It is important to notify your Account Manager when applying for a new, higher benefit that is aligned with your current income.

## » **Waiver of Premium**

Premiums may be waived while you are disabled based on the length of your disability and the plan selected.

**Please review the full benefit definition of each section above under "Plan Features" inside this brochure for plan details, limitations and exclusions.**



### **Sign up for online secured access to view and print your policies at [americanfidelity.com](http://americanfidelity.com).**

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to your detailed certificate. We understand your privacy is important so we will not use your e-mail address for solicitation purposes.

Underwritten and administered by:

**AMERICAN FIDELITY**   
a different opinion

9000 Cameron Parkway  
Oklahoma City, Oklahoma 73114  
800-654-8489  
[www.americanfidelity.com](http://www.americanfidelity.com)