



# AF™ Short-Term Disability Income Insurance

Litchfield School District

Marketed by:



## Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Accidental Injury or Sickness and couldn't work for a period of time? AF™ **Short-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.

### Choose the Right Plan for You

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

Plan I	On the 31st day	Plan II	On the 8th day
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**Accidental Injury** means accidental bodily injury sustained by you which is independent of disease or bodily infirmity or any other cause; 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 means that you are unable to perform the material and substantial duties of your regular occupation.



# 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 Salary	Monthly Disability Benefit	21-Pay Premiums		Monthly Salary	Monthly Disability Benefit	21-Pay Premiums	
		Plan I (31st)	Plan II (8th)			Plan I (31st)	Plan II (8th)
\$286.00 - \$428.99	\$200.00	\$1.37	\$2.93	\$5,572.00 - \$5,714.99	\$3,900.00	\$26.75	\$57.05
\$429.00 - \$571.99	\$300.00	\$2.06	\$4.39	\$5,715.00 - \$5,857.99	\$4,000.00	\$27.43	\$58.52
\$572.00 - \$714.99	\$400.00	\$2.75	\$5.85	\$5,858.00 - \$5,999.99	\$4,100.00	\$28.12	\$59.98
\$715.00 - \$857.99	\$500.00	\$3.43	\$7.32	\$6,000.00 - \$6,142.99	\$4,200.00	\$28.80	\$61.44
\$858.00 - \$999.99	\$600.00	\$4.12	\$8.78	\$6,143.00 - \$6,285.99	\$4,300.00	\$29.49	\$62.91
\$1,000.00 - \$1,142.99	\$700.00	\$4.80	\$10.24	\$6,286.00 - \$6,428.99	\$4,400.00	\$30.17	\$64.37
\$1,143.00 - \$1,285.99	\$800.00	\$5.49	\$11.71	\$6,429.00 - \$6,571.99	\$4,500.00	\$30.86	\$65.83
\$1,286.00 - \$1,428.99	\$900.00	\$6.17	\$13.17	\$6,572.00 - \$6,714.99	\$4,600.00	\$31.55	\$67.29
\$1,429.00 - \$1,571.99	\$1,000.00	\$6.86	\$14.63	\$6,715.00 - \$6,857.99	\$4,700.00	\$32.23	\$68.76
\$1,572.00 - \$1,714.99	\$1,100.00	\$7.55	\$16.09	\$6,858.00 - \$6,999.99	\$4,800.00	\$32.92	\$70.22
\$1,715.00 - \$1,857.99	\$1,200.00	\$8.23	\$17.56	\$7,000.00 - \$7,142.99	\$4,900.00	\$33.60	\$71.68
\$1,858.00 - \$1,999.99	\$1,300.00	\$8.92	\$19.02	\$7,143.00 - \$7,285.99	\$5,000.00	\$34.29	\$73.15
\$2,000.00 - \$2,142.99	\$1,400.00	\$9.60	\$20.48	\$7,286.00 - \$7,428.99	\$5,100.00	\$34.97	\$74.61
\$2,143.00 - \$2,285.99	\$1,500.00	\$10.29	\$21.95	\$7,429.00 - \$7,571.99	\$5,200.00	\$35.66	\$76.07
\$2,286.00 - \$2,428.99	\$1,600.00	\$10.97	\$23.41	\$7,572.00 - \$7,714.99	\$5,300.00	\$36.35	\$77.53
\$2,429.00 - \$2,571.99	\$1,700.00	\$11.66	\$24.87	\$7,715.00 - \$7,857.99	\$5,400.00	\$37.03	\$79.00
\$2,572.00 - \$2,714.99	\$1,800.00	\$12.35	\$26.33	\$7,858.00 - \$7,999.99	\$5,500.00	\$37.72	\$80.46
\$2,715.00 - \$2,857.99	\$1,900.00	\$13.03	\$27.80	\$8,000.00 - \$8,142.99	\$5,600.00	\$38.40	\$81.92
\$2,858.00 - \$2,999.99	\$2,000.00	\$13.72	\$29.26	\$8,143.00 - \$8,285.99	\$5,700.00	\$39.09	\$83.39
\$3,000.00 - \$3,142.99	\$2,100.00	\$14.40	\$30.72	\$8,286.00 - \$8,428.99	\$5,800.00	\$39.77	\$84.85
\$3,143.00 - \$3,285.99	\$2,200.00	\$15.09	\$32.19	\$8,429.00 - \$8,571.99	\$5,900.00	\$40.46	\$86.31
\$3,286.00 - \$3,428.99	\$2,300.00	\$15.77	\$33.65	\$8,572.00 - \$8,713.99	\$6,000.00	\$41.15	\$87.77
\$3,429.00 - \$3,571.99	\$2,400.00	\$16.46	\$35.11	\$8,714.00 - \$8,856.99	\$6,100.00	\$41.83	\$89.24
\$3,572.00 - \$3,714.99	\$2,500.00	\$17.15	\$36.57	\$8,857.00 - \$8,999.99	\$6,200.00	\$42.52	\$90.70
\$3,715.00 - \$3,857.99	\$2,600.00	\$17.83	\$38.04	\$9,000.00 - \$9,142.99	\$6,300.00	\$43.20	\$92.16
\$3,858.00 - \$3,999.99	\$2,700.00	\$18.52	\$39.50	\$9,143.00 - \$9,285.99	\$6,400.00	\$43.89	\$93.63
\$4,000.00 - \$4,142.99	\$2,800.00	\$19.20	\$40.96	\$9,286.00 - \$9,428.99	\$6,500.00	\$44.57	\$95.09
\$4,143.00 - \$4,285.99	\$2,900.00	\$19.89	\$42.43	\$9,429.00 - \$9,570.99	\$6,600.00	\$45.26	\$96.55
\$4,286.00 - \$4,428.99	\$3,000.00	\$20.57	\$43.89	\$9,571.00 - \$9,713.99	\$6,700.00	\$45.95	\$98.01
\$4,429.00 - \$4,571.99	\$3,100.00	\$21.26	\$45.35	\$9,714.00 - \$9,856.99	\$6,800.00	\$46.63	\$99.48
\$4,572.00 - \$4,714.99	\$3,200.00	\$21.95	\$46.81	\$9,857.00 - \$9,999.99	\$6,900.00	\$47.32	\$100.94
\$4,715.00 - \$4,857.99	\$3,300.00	\$22.63	\$48.28	\$10,000.00 - \$10,142.99	\$7,000.00	\$48.00	\$102.40
\$4,858.00 - \$4,999.99	\$3,400.00	\$23.32	\$49.74	\$10,143.00 - \$10,285.99	\$7,100.00	\$48.69	\$103.87
\$5,000.00 - \$5,142.99	\$3,500.00	\$24.00	\$51.20	\$10,286.00 - \$10,428.99	\$7,200.00	\$49.37	\$105.33
\$5,143.00 - \$5,285.99	\$3,600.00	\$24.69	\$52.67	\$10,429.00 - \$10,570.99	\$7,300.00	\$50.06	\$106.79
\$5,286.00 - \$5,428.99	\$3,700.00	\$25.37	\$54.13	\$10,571.00 - \$10,713.99	\$7,400.00	\$50.75	\$108.25
\$5,429.00 - \$5,571.99	\$3,800.00	\$26.06	\$55.59	\$10,714.00 - And Over	\$7,500.00	\$51.43	\$109.72

## Maximum Benefit Period

**Plan I-** Benefits are payable up to 150 days for a covered Accidental Injury or Sickness.

**Plan II-** Benefits are payable up to 180 days for a covered Accidental Injury or Sickness.

## 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.

## 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.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 60 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 lesser of: the disability benefit (as indicated on your application for coverage, as approved by us); or, 70% of your monthly compensation 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.

### • **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.

## 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. In no event will benefits be paid for more than 15 days of disability in any 12-month 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 Accidental Injury or Sickness, it will be covered the same as any other illness.

## Pre-Existing Condition Limitation

A limited benefit up to 1 month's disability benefit in any 12-month period 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).

Benefits will not be excluded for Disability due to a Pre-Existing Condition, which 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.

**Pre-Existing Condition** means a disease, Accidental 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, Accidental Injury, Sickness, physical condition, or mental illness.



## 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.
- Accidental 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.
- Accidental 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.

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 or premiums may be increased on any premium due date with 31 days 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:  
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