



Customized Disability insurance

Benefit Highlights

For all eligible employees of Splendora ISD, Policy #966625

Customized Disability insurance provides you with a monthly benefit for a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Coverage amount[s]

Choose the benefit amounts that best meet your needs and your budget

- Get a monthly check—after your claim is approved—of \$200 to \$8,000, in any \$100 increment you choose, to replace a portion of your income—up to 66.67% of your Total Monthly Earnings.
- Keep in mind that other sources of income could impact your benefit amount.
- Your cost depends on factors such as your age and monthly earnings.

More about Sun Life's Customized Disability insurance

- Choose how soon your benefit payments will begin, after your claim is approved (*elimination period*).
 - Choice 1 – 8 days Injury, 8 Sickness
 - Choice 2 – 15 days Injury or Sickness
 - Choice 3 – 31 days Injury or Sickness
 - Choice 4 – 60 days Injury or Sickness
- Receive benefits after your claim is approved—for as long as you are still unable to work due to a covered disability, provided you are still eligible to receive benefits. Your benefit duration is:
 - If your covered disability occurs before age 60, benefits will be paid for at least 5 years, but not beyond age 70. If your covered disability occurs between ages 60 and 64, benefits will be paid for up to 5 years but not beyond age 70. If your covered disability occurs after age 65, benefits will be paid for one year but not beyond age 70.
 - Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- Work with a certified rehabilitation specialist, when appropriate, to create a return-to-work plan (for longer-term claims) that's right for you.

How Sun Life's Customized Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for Customized Disability insurance through work. Mark filed a claim because he was unable to work due to a covered disability. After his claim was approved, he started receiving monthly benefits after he satisfied the elimination period and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having disability insurance allowed Mark to focus on returning to work and not on his finances.

Disability Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim. You will have to wait a certain number of days for your benefits to kick in after you are no longer able to work due to a covered disability.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period and meet the definition of disability.

What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

Do I need to answer any health questions to enroll for this coverage?

You will be required to answer health questions if you decline coverage and want to elect or increase coverage at a later date, or if you request an amount higher than the Guaranteed Issue limit, noted in the table, if applicable. The health questions are included in our "Evidence of Insurability" application, which must be approved by Sun Life before the coverage takes effect.

What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we may not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicine. Read the exclusions and limitations for more information.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Important Plan Provisions

Limitations and exclusions*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-existing Condition, except:
 - if your Disability begins later than 12 months after your effective date or later than 3 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition.
- cost of living, contract, or periodic salary review increases;
- your active Participation in a Riot, Rebellion or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

*The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Keep your life, and your bills, on track while you recover from an illness or injury.



If you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group customized disability insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01 and 12-DI-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Rate Sheet - Choice 1

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

		8/8 EP Cost
Annual Earnings	Monthly Coverage Amounts	
\$3,600	\$200	4.46
\$5,400	\$300	6.69
\$7,200	\$400	8.92
\$9,000	\$500	11.15
\$10,800	\$600	13.38
\$12,600	\$700	15.61
\$14,400	\$800	17.84
\$16,200	\$900	20.07
\$18,000	\$1,000	22.30
\$19,800	\$1,100	24.53
\$21,599	\$1,200	26.76
\$23,399	\$1,300	28.99
\$25,199	\$1,400	31.22
\$26,999	\$1,500	33.45
\$28,799	\$1,600	35.68
\$30,599	\$1,700	37.91
\$32,399	\$1,800	40.14
\$34,199	\$1,900	42.37
\$35,999	\$2,000	44.60
\$37,799	\$2,100	46.83
\$39,599	\$2,200	49.06
\$41,398	\$2,300	51.29
\$43,198	\$2,400	53.52
\$44,998	\$2,500	55.75
\$46,798	\$2,600	57.98
\$48,598	\$2,700	60.21
\$50,398	\$2,800	62.44
\$52,198	\$2,900	64.67
\$53,998	\$3,000	66.90
\$55,798	\$3,100	69.13
\$57,598	\$3,200	71.36
\$59,398	\$3,300	73.59
\$61,197	\$3,400	75.82
\$62,997	\$3,500	78.05
\$64,797	\$3,600	80.28
\$66,597	\$3,700	82.51
\$68,397	\$3,800	84.74
\$70,197	\$3,900	86.97
\$71,997	\$4,000	89.20
\$73,797	\$4,100	91.43
\$75,597	\$4,200	93.66
\$77,397	\$4,300	95.89
\$79,197	\$4,400	98.12
\$80,996	\$4,500	100.35
\$82,796	\$4,600	102.58
\$84,596	\$4,700	104.81
\$86,396	\$4,800	107.04

8/8 EP Cost

Annual Earnings	Monthly Coverage Amounts	
\$88,196	\$4,900	109.27
\$89,996	\$5,000	111.50
\$91,796	\$5,100	113.73
\$93,596	\$5,200	115.96
\$95,396	\$5,300	118.19
\$97,196	\$5,400	120.42
\$98,996	\$5,500	122.65
\$100,795	\$5,600	124.88
\$102,595	\$5,700	127.11
\$104,395	\$5,800	129.34
\$106,195	\$5,900	131.57
\$107,995	\$6,000	133.80
\$109,795	\$6,100	136.03
\$111,595	\$6,200	138.26
\$113,395	\$6,300	140.49
\$115,195	\$6,400	142.72
\$116,995	\$6,500	144.95
\$118,795	\$6,600	147.18
\$120,594	\$6,700	149.41
\$122,394	\$6,800	151.64
\$124,194	\$6,900	153.87
\$125,994	\$7,000	156.10
\$127,794	\$7,100	158.33
\$129,594	\$7,200	160.56
\$131,394	\$7,300	162.79
\$133,194	\$7,400	165.02
\$134,994	\$7,500	167.25
\$136,794	\$7,600	169.48
\$138,594	\$7,700	171.71
\$140,393	\$7,800	173.94
\$142,193	\$7,900	176.17
\$143,993	\$8,000	178.40

Rate Sheet - Choice 2

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

		15/15 EP Cost
Annual Earnings	Monthly Coverage Amounts	
\$3,600	\$200	3.76
\$5,400	\$300	5.64
\$7,200	\$400	7.52
\$9,000	\$500	9.40
\$10,800	\$600	11.28
\$12,600	\$700	13.16
\$14,400	\$800	15.04
\$16,200	\$900	16.92
\$18,000	\$1,000	18.80
\$19,800	\$1,100	20.68
\$21,599	\$1,200	22.56
\$23,399	\$1,300	24.44
\$25,199	\$1,400	26.32
\$26,999	\$1,500	28.20
\$28,799	\$1,600	30.08
\$30,599	\$1,700	31.96
\$32,399	\$1,800	33.84
\$34,199	\$1,900	35.72
\$35,999	\$2,000	37.60
\$37,799	\$2,100	39.48
\$39,599	\$2,200	41.36
\$41,398	\$2,300	43.24
\$43,198	\$2,400	45.12
\$44,998	\$2,500	47.00
\$46,798	\$2,600	48.88
\$48,598	\$2,700	50.76
\$50,398	\$2,800	52.64
\$52,198	\$2,900	54.52
\$53,998	\$3,000	56.40
\$55,798	\$3,100	58.28
\$57,598	\$3,200	60.16
\$59,398	\$3,300	62.04
\$61,197	\$3,400	63.92
\$62,997	\$3,500	65.80
\$64,797	\$3,600	67.68
\$66,597	\$3,700	69.56
\$68,397	\$3,800	71.44
\$70,197	\$3,900	73.32
\$71,997	\$4,000	75.20
\$73,797	\$4,100	77.08
\$75,597	\$4,200	78.96
\$77,397	\$4,300	80.84
\$79,197	\$4,400	82.72
\$80,996	\$4,500	84.60
\$82,796	\$4,600	86.48
\$84,596	\$4,700	88.36
\$86,396	\$4,800	90.24

15/15 EP Cost

Annual Earnings	Monthly Coverage Amounts	
\$88,196	\$4,900	92.12
\$89,996	\$5,000	94.00
\$91,796	\$5,100	95.88
\$93,596	\$5,200	97.76
\$95,396	\$5,300	99.64
\$97,196	\$5,400	101.52
\$98,996	\$5,500	103.40
\$100,795	\$5,600	105.28
\$102,595	\$5,700	107.16
\$104,395	\$5,800	109.04
\$106,195	\$5,900	110.92
\$107,995	\$6,000	112.80
\$109,795	\$6,100	114.68
\$111,595	\$6,200	116.56
\$113,395	\$6,300	118.44
\$115,195	\$6,400	120.32
\$116,995	\$6,500	122.20
\$118,795	\$6,600	124.08
\$120,594	\$6,700	125.96
\$122,394	\$6,800	127.84
\$124,194	\$6,900	129.72
\$125,994	\$7,000	131.60
\$127,794	\$7,100	133.48
\$129,594	\$7,200	135.36
\$131,394	\$7,300	137.24
\$133,194	\$7,400	139.12
\$134,994	\$7,500	141.00
\$136,794	\$7,600	142.88
\$138,594	\$7,700	144.76
\$140,393	\$7,800	146.64
\$142,193	\$7,900	148.52
\$143,993	\$8,000	150.40

Rate Sheet - Choice 3

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

		31/31 EP Cost
Annual Earnings	Monthly Coverage Amounts	
\$3,600	\$200	2.76
\$5,400	\$300	4.14
\$7,200	\$400	5.52
\$9,000	\$500	6.90
\$10,800	\$600	8.28
\$12,600	\$700	9.66
\$14,400	\$800	11.04
\$16,200	\$900	12.42
\$18,000	\$1,000	13.80
\$19,800	\$1,100	15.18
\$21,599	\$1,200	16.56
\$23,399	\$1,300	17.94
\$25,199	\$1,400	19.32
\$26,999	\$1,500	20.70
\$28,799	\$1,600	22.08
\$30,599	\$1,700	23.46
\$32,399	\$1,800	24.84
\$34,199	\$1,900	26.22
\$35,999	\$2,000	27.60
\$37,799	\$2,100	28.98
\$39,599	\$2,200	30.36
\$41,398	\$2,300	31.74
\$43,198	\$2,400	33.12
\$44,998	\$2,500	34.50
\$46,798	\$2,600	35.88
\$48,598	\$2,700	37.26
\$50,398	\$2,800	38.64
\$52,198	\$2,900	40.02
\$53,998	\$3,000	41.40
\$55,798	\$3,100	42.78
\$57,598	\$3,200	44.16
\$59,398	\$3,300	45.54
\$61,197	\$3,400	46.92
\$62,997	\$3,500	48.30
\$64,797	\$3,600	49.68
\$66,597	\$3,700	51.06
\$68,397	\$3,800	52.44
\$70,197	\$3,900	53.82
\$71,997	\$4,000	55.20
\$73,797	\$4,100	56.58
\$75,597	\$4,200	57.96
\$77,397	\$4,300	59.34
\$79,197	\$4,400	60.72
\$80,996	\$4,500	62.10
\$82,796	\$4,600	63.48
\$84,596	\$4,700	64.86
\$86,396	\$4,800	66.24

31/31 EP Cost

Annual Earnings	Monthly Coverage Amounts	
\$88,196	\$4,900	67.62
\$89,996	\$5,000	69.00
\$91,796	\$5,100	70.38
\$93,596	\$5,200	71.76
\$95,396	\$5,300	73.14
\$97,196	\$5,400	74.52
\$98,996	\$5,500	75.90
\$100,795	\$5,600	77.28
\$102,595	\$5,700	78.66
\$104,395	\$5,800	80.04
\$106,195	\$5,900	81.42
\$107,995	\$6,000	82.80
\$109,795	\$6,100	84.18
\$111,595	\$6,200	85.56
\$113,395	\$6,300	86.94
\$115,195	\$6,400	88.32
\$116,995	\$6,500	89.70
\$118,795	\$6,600	91.08
\$120,594	\$6,700	92.46
\$122,394	\$6,800	93.84
\$124,194	\$6,900	95.22
\$125,994	\$7,000	96.60
\$127,794	\$7,100	97.98
\$129,594	\$7,200	99.36
\$131,394	\$7,300	100.74
\$133,194	\$7,400	102.12
\$134,994	\$7,500	103.50
\$136,794	\$7,600	104.88
\$138,594	\$7,700	106.26
\$140,393	\$7,800	107.64
\$142,193	\$7,900	109.02
\$143,993	\$8,000	110.40

Rate Sheet - Choice 4

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

		60/60 EP Cost
Annual Earnings	Monthly Coverage Amounts	
\$3,600	\$200	2.22
\$5,400	\$300	3.33
\$7,200	\$400	4.44
\$9,000	\$500	5.55
\$10,800	\$600	6.66
\$12,600	\$700	7.77
\$14,400	\$800	8.88
\$16,200	\$900	9.99
\$18,000	\$1,000	11.10
\$19,800	\$1,100	12.21
\$21,599	\$1,200	13.32
\$23,399	\$1,300	14.43
\$25,199	\$1,400	15.54
\$26,999	\$1,500	16.65
\$28,799	\$1,600	17.76
\$30,599	\$1,700	18.87
\$32,399	\$1,800	19.98
\$34,199	\$1,900	21.09
\$35,999	\$2,000	22.20
\$37,799	\$2,100	23.31
\$39,599	\$2,200	24.42
\$41,398	\$2,300	25.53
\$43,198	\$2,400	26.64
\$44,998	\$2,500	27.75
\$46,798	\$2,600	28.86
\$48,598	\$2,700	29.97
\$50,398	\$2,800	31.08
\$52,198	\$2,900	32.19
\$53,998	\$3,000	33.30
\$55,798	\$3,100	34.41
\$57,598	\$3,200	35.52
\$59,398	\$3,300	36.63
\$61,197	\$3,400	37.74
\$62,997	\$3,500	38.85
\$64,797	\$3,600	39.96
\$66,597	\$3,700	41.07
\$68,397	\$3,800	42.18
\$70,197	\$3,900	43.29
\$71,997	\$4,000	44.40
\$73,797	\$4,100	45.51
\$75,597	\$4,200	46.62
\$77,397	\$4,300	47.73
\$79,197	\$4,400	48.84
\$80,996	\$4,500	49.95
\$82,796	\$4,600	51.06
\$84,596	\$4,700	52.17
\$86,396	\$4,800	53.28

60/60 EP Cost

Annual Earnings	Monthly Coverage Amounts	
\$88,196	\$4,900	54.39
\$89,996	\$5,000	55.50
\$91,796	\$5,100	56.61
\$93,596	\$5,200	57.72
\$95,396	\$5,300	58.83
\$97,196	\$5,400	59.94
\$98,996	\$5,500	61.05
\$100,795	\$5,600	62.16
\$102,595	\$5,700	63.27
\$104,395	\$5,800	64.38
\$106,195	\$5,900	65.49
\$107,995	\$6,000	66.60
\$109,795	\$6,100	67.71
\$111,595	\$6,200	68.82
\$113,395	\$6,300	69.93
\$115,195	\$6,400	71.04
\$116,995	\$6,500	72.15
\$118,795	\$6,600	73.26
\$120,594	\$6,700	74.37
\$122,394	\$6,800	75.48
\$124,194	\$6,900	76.59
\$125,994	\$7,000	77.70
\$127,794	\$7,100	78.81
\$129,594	\$7,200	79.92
\$131,394	\$7,300	81.03
\$133,194	\$7,400	82.14
\$134,994	\$7,500	83.25
\$136,794	\$7,600	84.36
\$138,594	\$7,700	85.47
\$140,393	\$7,800	86.58
\$142,193	\$7,900	87.69
\$143,993	\$8,000	88.80