



AF™ Long-Term Disability Income Insurance

Bossier Parish Schools

Marketed by:



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 day of Disability due to a covered Injury or Sickness.

| | |
|---------|------------------|
| Plan I | On the 91st day |
| Plan II | On the 181st 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 and which provides you with substantially the same earning capacity as your former earning capacity prior to the start of the Disability.

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 | Accidental Death Benefit | Monthly Premiums | |
|-------------------------|----------------------------|--------------------------|------------------|-----------------|
| | | | Plan I (91st) | Plan II (181st) |
| \$286.00 - \$428.99 | \$200.00 | \$20,000.00 | \$3.92 | \$2.92 |
| \$429.00 - \$571.99 | \$300.00 | \$20,000.00 | \$5.88 | \$4.38 |
| \$572.00 - \$714.99 | \$400.00 | \$20,000.00 | \$7.84 | \$5.84 |
| \$715.00 - \$857.99 | \$500.00 | \$20,000.00 | \$9.80 | \$7.30 |
| \$858.00 - \$999.99 | \$600.00 | \$20,000.00 | \$11.76 | \$8.76 |
| \$1,000.00 - \$1,142.99 | \$700.00 | \$20,000.00 | \$13.72 | \$10.22 |
| \$1,143.00 - \$1,285.99 | \$800.00 | \$20,000.00 | \$15.68 | \$11.68 |
| \$1,286.00 - \$1,428.99 | \$900.00 | \$20,000.00 | \$17.64 | \$13.14 |
| \$1,429.00 - \$1,571.99 | \$1,000.00 | \$20,000.00 | \$19.60 | \$14.60 |
| \$1,572.00 - \$1,714.99 | \$1,100.00 | \$20,000.00 | \$21.56 | \$16.06 |
| \$1,715.00 - \$1,857.99 | \$1,200.00 | \$20,000.00 | \$23.52 | \$17.52 |
| \$1,858.00 - \$1,999.99 | \$1,300.00 | \$20,000.00 | \$25.48 | \$18.98 |
| \$2,000.00 - \$2,142.99 | \$1,400.00 | \$20,000.00 | \$27.44 | \$20.44 |
| \$2,143.00 - \$2,285.99 | \$1,500.00 | \$20,000.00 | \$29.40 | \$21.90 |
| \$2,286.00 - \$2,428.99 | \$1,600.00 | \$20,000.00 | \$31.36 | \$23.36 |
| \$2,429.00 - \$2,571.99 | \$1,700.00 | \$20,000.00 | \$33.32 | \$24.82 |
| \$2,572.00 - \$2,714.99 | \$1,800.00 | \$20,000.00 | \$35.28 | \$26.28 |
| \$2,715.00 - \$2,857.99 | \$1,900.00 | \$20,000.00 | \$37.24 | \$27.74 |
| \$2,858.00 - \$2,999.99 | \$2,000.00 | \$20,000.00 | \$39.20 | \$29.20 |
| \$3,000.00 - \$3,142.99 | \$2,100.00 | \$20,000.00 | \$41.16 | \$30.66 |
| \$3,143.00 - \$3,285.99 | \$2,200.00 | \$20,000.00 | \$43.12 | \$32.12 |
| \$3,286.00 - \$3,428.99 | \$2,300.00 | \$20,000.00 | \$45.08 | \$33.58 |
| \$3,429.00 - \$3,571.99 | \$2,400.00 | \$20,000.00 | \$47.04 | \$35.04 |
| \$3,572.00 - \$3,714.99 | \$2,500.00 | \$20,000.00 | \$49.00 | \$36.50 |
| \$3,715.00 - \$3,857.99 | \$2,600.00 | \$20,000.00 | \$50.96 | \$37.96 |
| \$3,858.00 - \$3,999.99 | \$2,700.00 | \$20,000.00 | \$52.92 | \$39.42 |
| \$4,000.00 - \$4,142.99 | \$2,800.00 | \$20,000.00 | \$54.88 | \$40.88 |
| \$4,143.00 - \$4,285.99 | \$2,900.00 | \$20,000.00 | \$56.84 | \$42.34 |
| \$4,286.00 - \$4,428.99 | \$3,000.00 | \$20,000.00 | \$58.80 | \$43.80 |
| \$4,429.00 - \$4,571.99 | \$3,100.00 | \$20,000.00 | \$60.76 | \$45.26 |
| \$4,572.00 - \$4,714.99 | \$3,200.00 | \$20,000.00 | \$62.72 | \$46.72 |
| \$4,715.00 - \$4,857.99 | \$3,300.00 | \$20,000.00 | \$64.68 | \$48.18 |
| \$4,858.00 - \$4,999.99 | \$3,400.00 | \$20,000.00 | \$66.64 | \$49.64 |
| \$5,000.00 - \$5,142.99 | \$3,500.00 | \$20,000.00 | \$68.60 | \$51.10 |
| \$5,143.00 - \$5,285.99 | \$3,600.00 | \$20,000.00 | \$70.56 | \$52.56 |
| \$5,286.00 - \$5,428.99 | \$3,700.00 | \$20,000.00 | \$72.52 | \$54.02 |
| \$5,429.00 - \$5,571.99 | \$3,800.00 | \$20,000.00 | \$74.48 | \$55.48 |

Benefit Policy Schedule (continued)

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | |
|---------------------------|----------------------------|--------------------------|------------------|-----------------|
| | | | Plan I (91st) | Plan II (181st) |
| \$5,572.00 - \$5,714.99 | \$3,900.00 | \$20,000.00 | \$76.44 | \$56.94 |
| \$5,715.00 - \$5,857.99 | \$4,000.00 | \$20,000.00 | \$78.40 | \$58.40 |
| \$5,858.00 - \$5,999.99 | \$4,100.00 | \$20,000.00 | \$80.36 | \$59.86 |
| \$6,000.00 - \$6,142.99 | \$4,200.00 | \$20,000.00 | \$82.32 | \$61.32 |
| \$6,143.00 - \$6,285.99 | \$4,300.00 | \$20,000.00 | \$84.28 | \$62.78 |
| \$6,286.00 - \$6,428.99 | \$4,400.00 | \$20,000.00 | \$86.24 | \$64.24 |
| \$6,429.00 - \$6,571.99 | \$4,500.00 | \$20,000.00 | \$88.20 | \$65.70 |
| \$6,572.00 - \$6,714.99 | \$4,600.00 | \$20,000.00 | \$90.16 | \$67.16 |
| \$6,715.00 - \$6,857.99 | \$4,700.00 | \$20,000.00 | \$92.12 | \$68.62 |
| \$6,858.00 - \$6,999.99 | \$4,800.00 | \$20,000.00 | \$94.08 | \$70.08 |
| \$7,000.00 - \$7,142.99 | \$4,900.00 | \$20,000.00 | \$96.04 | \$71.54 |
| \$7,143.00 - \$7,285.99 | \$5,000.00 | \$20,000.00 | \$98.00 | \$73.00 |
| \$7,286.00 - \$7,428.99 | \$5,100.00 | \$20,000.00 | \$99.96 | \$74.46 |
| \$7,429.00 - \$7,571.99 | \$5,200.00 | \$20,000.00 | \$101.92 | \$75.92 |
| \$7,572.00 - \$7,714.99 | \$5,300.00 | \$20,000.00 | \$103.88 | \$77.38 |
| \$7,715.00 - \$7,857.99 | \$5,400.00 | \$20,000.00 | \$105.84 | \$78.84 |
| \$7,858.00 - \$7,999.99 | \$5,500.00 | \$20,000.00 | \$107.80 | \$80.30 |
| \$8,000.00 - \$8,142.99 | \$5,600.00 | \$20,000.00 | \$109.76 | \$81.76 |
| \$8,143.00 - \$8,285.99 | \$5,700.00 | \$20,000.00 | \$111.72 | \$83.22 |
| \$8,286.00 - \$8,428.99 | \$5,800.00 | \$20,000.00 | \$113.68 | \$84.68 |
| \$8,429.00 - \$8,571.99 | \$5,900.00 | \$20,000.00 | \$115.64 | \$86.14 |
| \$8,572.00 - \$8,713.99 | \$6,000.00 | \$20,000.00 | \$117.60 | \$87.60 |
| \$8,714.00 - \$8,856.99 | \$6,100.00 | \$20,000.00 | \$119.56 | \$89.06 |
| \$8,857.00 - \$8,999.99 | \$6,200.00 | \$20,000.00 | \$121.52 | \$90.52 |
| \$9,000.00 - \$9,142.99 | \$6,300.00 | \$20,000.00 | \$123.48 | \$91.98 |
| \$9,143.00 - \$9,285.99 | \$6,400.00 | \$20,000.00 | \$125.44 | \$93.44 |
| \$9,286.00 - \$9,428.99 | \$6,500.00 | \$20,000.00 | \$127.40 | \$94.90 |
| \$9,429.00 - \$9,570.99 | \$6,600.00 | \$20,000.00 | \$129.36 | \$96.36 |
| \$9,571.00 - \$9,713.99 | \$6,700.00 | \$20,000.00 | \$131.32 | \$97.82 |
| \$9,714.00 - \$9,856.99 | \$6,800.00 | \$20,000.00 | \$133.28 | \$99.28 |
| \$9,857.00 - \$9,999.99 | \$6,900.00 | \$20,000.00 | \$135.24 | \$100.74 |
| \$10,000.00 - \$10,142.99 | \$7,000.00 | \$20,000.00 | \$137.20 | \$102.20 |
| \$10,143.00 - \$10,285.99 | \$7,100.00 | \$20,000.00 | \$139.16 | \$103.66 |
| \$10,286.00 - \$10,428.99 | \$7,200.00 | \$20,000.00 | \$141.12 | \$105.12 |
| \$10,429.00 - \$10,570.99 | \$7,300.00 | \$20,000.00 | \$143.08 | \$106.58 |
| \$10,571.00 - \$10,713.99 | \$7,400.00 | \$20,000.00 | \$145.04 | \$108.04 |
| \$10,714.00 - And Over | \$7,500.00* | \$20,000.00 | \$147.00 | \$109.50 |

*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 receive 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 90 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 90 (Plan I) and 180 (Plan II) 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 2 years 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

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months. 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.

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. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Service in the Uniformed Services means the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty; service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution; or state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law.

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 60 days advance notice. If premium rates are increased we will provide a 45 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.

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