

AMERICAN FIDELITY  
ASSURANCE COMPANY'S

# *Long-Term Disability* Income Insurance



Plan Designed Specifically For:  
**LIVINGSTON PARISH SCHOOL**

# Plan Highlights

- Benefits are paid directly to you, not to a doctor or your employer.
- Benefits are payable year-round.
- Convenient payroll deduction.
- Benefit payments may be directly deposited into your bank account.
- Benefits are paid due to a covered Injury or Sickness.
- Several benefit plan options are available.
- Optional Riders available including: Accident Only Spousal Rider, Hospital Indemnity Rider, Survivor Benefit Rider and COBRA Funding Rider.

## IMPORTANT BENEFITS INCLUDE:

- Donor Benefit
- Social Security Filing Assistance
- Waiver Of Premium
- Return To Work Benefit: Disabled While Working
- Family Care Benefit
- Physician Expense Benefit
- Hospital Confinement Benefit
- Accidental Death Benefit

# Choose The Plan That's Right For You

## BENEFITS BEGIN

- Plan I** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan II** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan V** - 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.

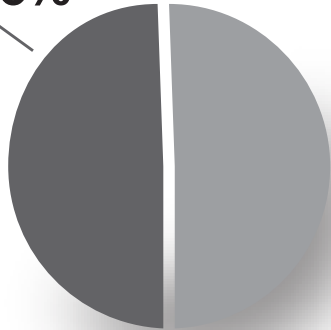
Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, 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.

# Why Do You Need *Disability Income Protection?*

Disability causes nearly 50% of all mortgage foreclosures<sup>1</sup>.

Disability nearly  
causes 50%



## Are You Prepared If You Become Disabled?

If your paycheck suddenly stopped today, what would you do? 68% of Americans are now living paycheck to paycheck<sup>2</sup>. The consequence of suffering a disabling Injury or Sickness could be a financial concern. And with research showing about 1 in 4 working Americans will become disabled for at least 90 days<sup>3</sup>, American Fidelity's Disability Income Insurance may help you avoid becoming another statistic.

## Is Disability Insurance Right For You?

A Disability Plan is designed to offer income protection when you are disabled and cannot work. Consider it Insurance on your Income! If you become disabled due to a covered Injury or Sickness, disability income insurance will pay you a monthly income based on your covered benefit amount, once you satisfy your elimination period.

Plan benefits are paid directly to you and can be used however you'd like.

***Help Protect Your Paycheck Today with American Fidelity's Disability Income Insurance!***



<sup>1</sup>"Preparing for Disability." Council for Disability Awareness. Web. 10 Oct. 2013

<sup>2</sup> Reuters. "More than two-thirds in U.S. live paycheck to paycheck: survey," September 19, 2012

<sup>3</sup> Council for Disability Awareness: Disability Statistics, July 2013

# Plan Features

## **HOSPITAL CONFINEMENT BENEFIT**

The 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 your satisfaction of the elimination period.

## **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.

## **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.

## **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.

## **PHYSICIAN EXPENSE BENEFIT**

- Injury - \$100.00 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.

## **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.

## **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.

## **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.

## **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.

## **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.

# Important Policy Provisions

## ELIGIBILITY

All permanent employees in covered 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 calculated as follows:

For the first 36 months Disability Payments are provided, the Disability Payment will be the lesser of:

- the Disability Benefit described in the Benefit Schedule; or
- 70% of your Monthly Compensation, less any Deductible Sources of Income you receive or are entitled to receive.

After 36 months 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.
- 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 (Plans I, II, III, and IV), 150 (Plan V) 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 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.

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.

## 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.

## 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
- 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.

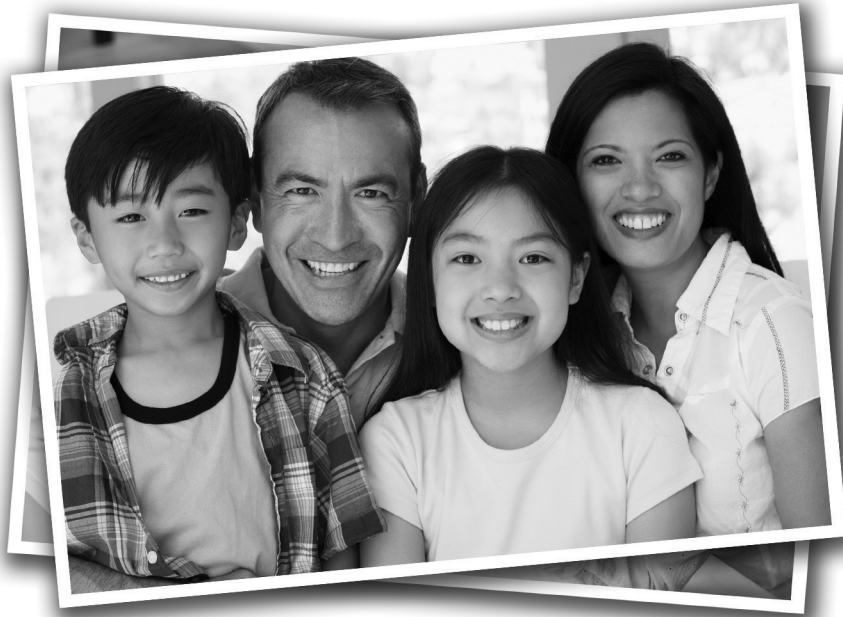
**PRE-EXISTING CONDITION:** The term “Pre-Existing Condition” means a disease, Injury, Sickness, physical condition or mental illness for which you:

- 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.

**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 (50 U.S.C. 1541 et seq.); 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



## Disability Insurance Needs Worksheet

Use this worksheet to get a general estimate of how much Disability Income Protection insurance you need. However, you should consult with a financial advisor before buying any insurance products.

### MONTHLY INCOME

Your Income \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

### MONTHLY EXPENSES

Mortgage/Rent \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Loan/Credit Card Payments \$ \_\_\_\_\_

Insurance (Home, Auto, Health, Life, etc.) \$ \_\_\_\_\_

Food/Clothing \$ \_\_\_\_\_

Child Care/Education \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

*Are You Covered?* \$ \_\_\_\_\_

# Accident Only Spousal Rider

## CONSIDER THE FACTS

- On average, one out of every 11 Americans suffered a disabling injury in 2007.  
*National Safety Council, Injury Facts, 2009 Edition, p. 2*
- Total costs of accidental injuries averaged \$26,023 per injury in 2007.  
*National Safety Council, Injury Facts, 2009 Edition, p. 4*

ACCIDENT ONLY SPOUSAL RIDER		
Monthly Indemnity 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

We will pay a monthly indemnity amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits will begin on the 31st consecutive day after the Injury and will continue for up to 2 years.

Coverage under this Rider will begin on the later of the requested Effective Date or the date we approve the written application, provided that your spouse has no other group disability income coverage in force; is less than age 70; is engaged in Full Time Employment on the date this Rider becomes effective; and is able to perform the material and substantial duties of his or her occupation on the date this Rider becomes

effective, and; your coverage under the Policy is in force and you are on Active Employment; and the required premium has been paid.

FULL TIME EMPLOYMENT (or Full Time) 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.

## ACCIDENT ONLY SPOUSAL RIDER LIMITATIONS

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. We 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; (f) 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; (g) Participation in any sport for wage or profit; (h) 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. 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.

# Hospital Indemnity Rider

## CONSIDER THE FACTS

- The average charge for a hospital stay is \$26,100.  
*HCUP Facts and Figures, 2007: Statistics on Hospital-based Care in the United States; Agency for Healthcare Research and Quality, 2009.*
- 33% of total healthcare costs are paid out-of-pocket.  
*Kaiser Family Foundation: Trends in Health Care Costs and Spending; March 2009*
- The average length of a hospital stay is 4.6 days.  
*HCUP Facts and Figures, 2007: Statistics on Hospital-based Care in the United States; Agency for Healthcare Research and Quality, 2009.*

We will pay a daily benefit amount for an Inpatient Hospital confinement up to a maximum of 90 days. Inpatient means you are admitted as a resident patient to a Hospital for at least 18 continuous hours and are being charged for room and board facilities.

HOSPITAL INDEMNITY RIDER	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

## HOSPITAL INDEMNITY RIDER LIMITATIONS

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.



# Survivor Benefit Rider

If you have been Disabled and not working for at least 90 days; and die while receiving Disability Benefits, a Survivor Benefit will be paid to your beneficiary or estate.

The Survivor Benefit will be paid monthly up to 1 year or until the Maximum Disability Period is exhausted, whichever occurs first.

<b>SURVIVOR BENEFIT RIDER</b>	
<b>Monthly Benefit Amount</b>	<b>Monthly Premium</b>
\$2,000.00	\$6.80

# COBRA Funding Rider

## CONSIDER THE FACTS

- Currently, the average long-term disability absence lasts 2.5 years.

*Council for Disability Awareness, Worker Disability Planning & Preparedness Study, 2008*

- Half of bankruptcies are caused by unexpected illnesses, injuries, and medical bills.

*Business Wire: Many Workers Would Rely on Credit or Family if Disabled or Ill; April 2009*

- Many people suffering from a serious sickness or injury lose their job and their employer-provided medical insurance.

*Council for Disability Awareness, Worker Disability Planning & Preparedness Study, 2008*

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.

<b>COBRA FUNDING RIDER</b>	
<b>Monthly Benefit Amount</b>	<b>Monthly Premium</b>
\$300.00	\$4.50
\$600.00	\$9.00

## COBRA FUNDING RIDER LIMITATIONS

Proof of election of medical COBRA continuation must be provided to us. 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.



# Benefit 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.

			<b>MONTHLY PREMIUMS</b>				
<b>Monthly Salary</b>	<b>Monthly Disability Benefit</b>	<b>Accidental Death Benefit</b>	<b>Plan I (15th)</b>	<b>Plan II (31st)</b>	<b>Plan III (61st)</b>	<b>Plan IV (91st)</b>	<b>Plan V (151st)</b>
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$8.48	\$6.28	\$5.32	\$4.48	\$3.36
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$12.72	\$9.42	\$7.98	\$6.72	\$5.04
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$16.96	\$12.56	\$10.64	\$8.96	\$6.72
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$21.20	\$15.70	\$13.30	\$11.20	\$8.40
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$25.44	\$18.84	\$15.96	\$13.44	\$10.08
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$29.68	\$21.98	\$18.62	\$15.68	\$11.76
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$33.92	\$25.12	\$21.28	\$17.92	\$13.44
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$38.16	\$28.26	\$23.94	\$20.16	\$15.12
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$42.40	\$31.40	\$26.60	\$22.40	\$16.80
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$46.64	\$34.54	\$29.26	\$24.64	\$18.48
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$50.88	\$37.68	\$31.92	\$26.88	\$20.16
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$55.12	\$40.82	\$34.58	\$29.12	\$21.84
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$59.36	\$43.96	\$37.24	\$31.36	\$23.52
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$63.60	\$47.10	\$39.90	\$33.60	\$25.20
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$67.84	\$50.24	\$42.56	\$35.84	\$26.88
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$72.08	\$53.38	\$45.22	\$38.08	\$28.56
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$76.32	\$56.52	\$47.88	\$40.32	\$30.24
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$80.56	\$59.66	\$50.54	\$42.56	\$31.92
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$84.80	\$62.80	\$53.20	\$44.80	\$33.60
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$89.04	\$65.94	\$55.86	\$47.04	\$35.28
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$93.28	\$69.08	\$58.52	\$49.28	\$36.96
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$97.52	\$72.22	\$61.18	\$51.52	\$38.64
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$101.76	\$75.36	\$63.84	\$53.76	\$40.32
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$106.00	\$78.50	\$66.50	\$56.00	\$42.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$110.24	\$81.64	\$69.16	\$58.24	\$43.68
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$114.48	\$84.78	\$71.82	\$60.48	\$45.36
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$118.72	\$87.92	\$74.48	\$62.72	\$47.04
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$122.96	\$91.06	\$77.14	\$64.96	\$48.72
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$127.20	\$94.20	\$79.80	\$67.20	\$50.40
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$131.44	\$97.34	\$82.46	\$69.44	\$52.08
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$135.68	\$100.48	\$85.12	\$71.68	\$53.76
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$139.92	\$103.62	\$87.78	\$73.92	\$55.44
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$144.16	\$106.76	\$90.44	\$76.16	\$57.12
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$148.40	\$109.90	\$93.10	\$78.40	\$58.80
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$152.64	\$113.04	\$95.76	\$80.64	\$60.48
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$156.88	\$116.18	\$98.42	\$82.88	\$62.16
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$161.12	\$119.32	\$101.08	\$85.12	\$63.84

# Benefit Schedule (con't)

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.

			<b>MONTHLY PREMIUMS</b>				
<b>Monthly Salary</b>	<b>Monthly Disability Benefit</b>	<b>Accidental Death Benefit</b>	<b>Plan I (15th)</b>	<b>Plan II (31st)</b>	<b>Plan III (61st)</b>	<b>Plan IV (91st)</b>	<b>Plan V (151st)</b>
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$165.36	\$122.46	\$103.74	\$87.36	\$65.52
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$169.60	\$125.60	\$106.40	\$89.60	\$67.20
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$173.84	\$128.74	\$109.06	\$91.84	\$68.88
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$178.08	\$131.88	\$111.72	\$94.08	\$70.56
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$182.32	\$135.02	\$114.38	\$96.32	\$72.24
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$186.56	\$138.16	\$117.04	\$98.56	\$73.92
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$190.80	\$141.30	\$119.70	\$100.80	\$75.60
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$195.04	\$144.44	\$122.36	\$103.04	\$77.28
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$199.28	\$147.58	\$125.02	\$105.28	\$78.96
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$203.52	\$150.72	\$127.68	\$107.52	\$80.64
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$207.76	\$153.86	\$130.34	\$109.76	\$82.32
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$212.00	\$157.00	\$133.00	\$112.00	\$84.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$216.24	\$160.14	\$135.66	\$114.24	\$85.68
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$220.48	\$163.28	\$138.32	\$116.48	\$87.36
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$224.72	\$166.42	\$140.98	\$118.72	\$89.04
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$228.96	\$169.56	\$143.64	\$120.96	\$90.72
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$233.20	\$172.70	\$146.30	\$123.20	\$92.40
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$237.44	\$175.84	\$148.96	\$125.44	\$94.08
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$241.68	\$178.98	\$151.62	\$127.68	\$95.76
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$245.92	\$182.12	\$154.28	\$129.92	\$97.44
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$250.16	\$185.26	\$156.94	\$132.16	\$99.12
\$8,572.00 - \$8,714.99	\$6,000.00	\$20,000.00	\$254.40	\$188.40	\$159.60	\$134.40	\$100.80
\$8,715.00 - \$8,857.99	\$6,100.00	\$20,000.00	\$258.64	\$191.54	\$162.26	\$136.64	\$102.48
\$8,858.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$262.88	\$194.68	\$164.92	\$138.88	\$104.16
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$267.12	\$197.82	\$167.58	\$141.12	\$105.84
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$271.36	\$200.96	\$170.24	\$143.36	\$107.52
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$275.60	\$204.10	\$172.90	\$145.60	\$109.20
\$9,429.00 - \$9,571.99	\$6,600.00	\$20,000.00	\$279.84	\$207.24	\$175.56	\$147.84	\$110.88
\$9,572.00 - \$9,714.99	\$6,700.00	\$20,000.00	\$284.08	\$210.38	\$178.22	\$150.08	\$112.56
\$9,715.00 - \$9,857.99	\$6,800.00	\$20,000.00	\$288.32	\$213.52	\$180.88	\$152.32	\$114.24
\$9,858.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$292.56	\$216.66	\$183.54	\$154.56	\$115.92
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$296.80	\$219.80	\$186.20	\$156.80	\$117.60
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$301.04	\$222.94	\$188.86	\$159.04	\$119.28
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$305.28	\$226.08	\$191.52	\$161.28	\$120.96
\$10,429.00 - \$10,571.99	\$7,300.00	\$20,000.00	\$309.52	\$229.22	\$194.18	\$163.52	\$122.64
\$10,572.00 - \$10,714.99	\$7,400.00	\$20,000.00	\$313.76	\$232.36	\$196.84	\$165.76	\$124.32
\$10,715.00 - \$10,857.99	\$7,500.00	\$20,000.00	\$318.00	\$235.50	\$199.50	\$168.00	\$126.00



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