



Short Term Disability NEW FOR 2016

For More Information or Questions Please Contact The CPI Services Team (951) 735-2800.

Perris Union High School District

Premier Plan Highlights:

No Percentage Participation Requirement at group's initial enrollment. (Minimum group size is 6 enrolled.) Guaranteed Issue up to \$3,000/month - at group's annual enrollment or as a newly hired employee, if timely. Pre-existing Condition Limitation - 12/12 waiting period.

Pre-existing Condition Benefit - pays 25% of the monthly Benefit for up to 1 month.

Waiver of Premium while receiving Short Term Disability benefits.

Partial Disability Benefit pays 50% of the weekly benefit for up to 3 months.

Pregnancy is covered same as any other illness.

Survivor Benefit - pays 3 times the monthly benefit in a lump sum.

Issue Age rate structure.

Non-Occupational Coverage - off the job only.

Portability - option to continue coverage under the group plan for up to 12 months following termination of employment if covered under the group plan for 12 months.

ELIMINATION PERIODS: 0 Days Injury / 7 Days Sickness

BENEFIT PERIOD: 12 months

BENEFIT AMOUNTS: Employees can choose from \$300 to \$6,000 per month.

Not to exceed 65% of monthly earnings.

10thly Premiums

Monthly Benefits	\$300/mo	\$400	\$500	\$600	\$700	\$800	\$900	\$1000	\$1100	\$1200
18-39	10.07	13.42	16.78	20.14	23.49	26.85	30.20	33.56	36.92	40.27
40-49	13.98	18.64	23.31	27.97	32.63	37.29	41.95	46.61	51.27	55.93
50-59	16.00	21.34	26.67	32.00	37.34	42.67	48.01	53.34	58.67	64.01
60+	18.09	24.12	30.15	36.17	42.20	48.23	54.26	60.29	66.32	72.35

Age	\$1300	\$1400	\$1500	\$1600	\$1700	\$1800	\$1900	\$2000	\$2100	\$2200
18-39	43.63	46.98	50.34	53.70	57.05	60.41	63.76	67.12	70.48	73.83
40-49	60.59	65.25	69.92	74.58	79.24	83.90	88.56	93.22	97.88	102.54
50-59	69.34	74.68	80.01	85.34	90.68	96.01	101.35	106.68	112.01	117.35
60+	78.38	84.41	90.44	96.46	102.49	108.52	114.55	120.58	126.61	132.64

Monthly Benefits	\$2300	\$2400	\$2500	\$2600	\$2700	\$2800	\$2900	\$3000	
18-39	77.19	80.54	83.90	87.26	90.61	93.97	97.32	100.68	3.3564
40-49	107.20	111.86	116.53	121.19	125.85	130.51	135.17	139.83	4.6608
50-59	122.68	128.02	133.35	138.68	144.02	149.35	154.69	160.02	5.3340
60+	138.67	144.70	150.73	156.75	162.78	168.81	174.84	180.87	6.0288

Plan Underwritten by: UNION SECURITY INSURANCE COMPANY Kansas City, MO "A-" Rating by A.M. Best

10 per year rate per \$100 of Monthly benefit **ELIGIBILITY:** Employees are eligible to enroll for disability benefits if they are in active employment in the United States with the Employer, in an eligible class, working the minimum number of hours per week as required under the Plan, and have satisfied the waiting period, if applicable. The waiting period means the continuous period of time (shown in each plan) that the employee must be in active employment in an eligible class before becoming eligible for coverage under a plan.

MONTHLY OR WEEKLY EARNINGS MEANS: The employee's gross monthly or weekly income from the Employer in effect just prior to the employee's date of disability. This includes the employee's total income before taxes and deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than the Employer.

ELIMINATION PERIOD: For LTD means a period of continuous disability, which must be satisfied before becoming eligible to receive benefits. For STD means a period of continuous total disability which must be satisfied before becoming eligible to receive benefits. The elimination period begins on the first day of the employee's disability. Benefits begin the day after the elimination period is completed.

DEDUCTIBLE SOURCES OF INCOME: The amount of benefit the employee receives, or is eligible to receive, from Social Security, Workers' Compensation (if the plan covers occupational sickness or injuries), State Teachers Retirement System (STRS) or other sources as listed in the plan will be subtracted from employee's gross disability benefit unless the employee is receiving a Partial Disability Benefit, except for state mandated STD benefits you may receive in certain states (CA, NJ, NY, RI, and HI).

LIMITATIONS & EXCLUSIONS

PRE-EXISTING CONDITIONS: No benefits are payable for disabilities that commence within 24 months for LTD coverage, and/or 12 months for STD coverage of the employee's effective date that are caused by, contributed to by, or resulting from a pre-existing condition whether or not that condition is diagnosed at all or is misdiagnosed, for which the employee received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition in the 12 months just prior to their effective date; or had symptoms for which an ordinarily prudent person would have consulted a doctor in the 12 months just prior to their effective date of coverage. Some STD cases offer an optional Pre-existing Benefit paying 25% of the weekly benefit for up to 4 weeks. Please refer to your Certificate of Coverage for further information. *Please note that state variations exist.*

DISABILITIES WITH A LIMITED PAY PERIOD (for all LTD plans and only STD plans with a benefit duration of 104 weeks or greater): The lifetime cumulative benefit period for all disabilities due to mental illness, drug abuse or alcoholism, and special conditions is 12 months.

Special conditions means: (1) musculoskeletal and connective tissue disorders of the neck and back including any disease or disorder of the cervical, thoracic and lumbosacral back and its surrounding soft tissue including sprains and strains of joints and adjacent muscles, except arthritis; herniated intervertebral discs; scoliosis; spinal fractures; osteopathies; spinal tumors, malignancy, or vascular malformations; radiculopathies, documented by electromyogram; spondylolisthesis, grade II or higher; myelopathies and myelitis; demyelinating disease; traumatic spinal cord neurosis; myofacial pain syndrome; (2) chronic fatigue syndrome; (3) fibromyalgia; (4) carpal tunnel syndrome; or (5) environmental allergic illness, including but not limited to sick building syndrome and multiple chemical sensitivity.

OTHER EXCLUSIONS AND LIMITATIONS: The plan does not cover any disabilities caused by, contributed to by or resulting from the employee's: (a) loss of professional license, occupational license, or certification; (b) participation in a felony; (c) intentionally self-inflicted injuries; (d) attempted suicide, regardless of mental capacity; (e) being legally intoxicated or being under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor; (f) participation in a war, declared or undeclared or any act of war; (g) active military duty; (h) active participation in a riot; (i) engaging in any illegal or fraudulent occupation, work, or employment; (j) commission of a crime for which the employee has been convicted; (k) participation in autoerotic asphyxiation; (l) elective surgery except when required for your appropriate care as a result of your injury or sickness; (m) traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes; (n) pre-existing conditions; or (o) occupational sickness or injury (for plans that do not cover occupational sickness or injuries). Union Security will not pay a benefit for any period of disability during which employee is incarcerated. *Please note that state variations exist.*

PORTABILITY: This plan may contain the Portability provision. The employee may continue coverage for up to 12 months if employment ends. The LTD insurance continued is 50% of the benefit level in force on the date employment ended. In the event the employee becomes disabled, the monthly earnings will be based on the earnings in effect on the date employment ended. The elimination period will be based on the elimination period of this plan and the employee may receive benefits for the lesser of 12 months or the maximum period of payment if employee continues to be disabled according to the terms of the plan. The STD insurance continued is the insurance benefit amount in effect on the date employment ends, including the monthly (or weekly) benefit, the elimination period, the maximum period of payment, and the amount of monthly (or weekly) earnings. The maximum period of payment will be limited to one year. The employee will be eligible to apply for ported coverage if s/he has been covered under the plan for 12 consecutive months before employment ends and meets the eligibility requirements outlined in the Certificate of Coverage. Ported coverage will terminate on the earliest of: the last day of the period for which employee paid premium; the date employee becomes a full-time member of the armed forces of any country; the date employee retires; the end of the 12 months during which employee's insurance is continued; the date the plan terminates; the date employee becomes covered under another group disability plan; the date the employee was absent due to a labor strike; at the end of the 6 months after the effective date of Portability during which employee's insurance was continued and employee was not employed.

The policy described in this proposal is underwritten by Union Security Insurance Company, administered by Disability RMS and distributed by the Abacus Group, LLC.

If a discrepancy exists between this document and the group plan, the plan provisions shall control. This coverage contains limitations and exclusions. Our plans comply with applicable state laws. We can cancel the plan after giving the policyholder advance written notice.



