



**ASSURANT**  
Employee  
Benefits

**VOLUNTARY SHORT TERM DISABILITY INSURANCE**

**SUMMARY OF BENEFITS**

**FOR THE EMPLOYEES OF DECATUR COUNTY BOARD OF EDUCATION**

This summary provides a brief description of the short-term disability benefits available to all eligible employees. This is not a Certificate of Coverage. Nothing contained herein will guarantee, waive or alter any terms of any subsequently issued policy or plan. The provisions of such actually issued policy or plan will be based on the insurance applied for by your employer and agreed upon by Union Security Insurance Company. Further, depending on the governing jurisdiction, the actual text of provisions and availability of either the product or product feature(s) may differ from what is presented in this summary of benefits.

**ELIGIBILITY**

You are eligible for coverage if you are a full-time active employee, you are working at least the minimum number of hours required under the plan, and you have satisfied any applicable waiting periods. When you first become eligible for coverage, you can enroll for coverage within 30 days of the date you become eligible, subject any plan benefit maximums. If you do not apply within the 30-day period, evidence of insurability will be required to enroll for any amount of coverage.

**BENEFIT AMOUNT**

You may participate in the policy or plan under any one of the benefit levels outlined in the Rate Schedule, provided the monthly disability benefit level you selected does not exceed  $66 \frac{2}{3}$  of your regular monthly salary from your employer. If, at any time, the monthly benefit you have chosen exceeds  $66 \frac{2}{3}$  of your monthly salary, your benefit amount will be reduced to the highest benefit level for which you are eligible.

**ELIMINATION PERIOD**

If you elect or apply for short-term disability coverage, the following is your elimination period option:

- 0 days for injury, 7 days for sickness\*

*\* If you are hospital confined as an in-patient because of your disability, and have selected an elimination period of 30 days or less, benefits begin immediately. In-patient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan.*

**DURATION OF PAYMENTS**

If you elect or apply for short-term disability coverage, the following is your duration of payment option:

- Short-term disability benefits are payable for up to 6 months for injury or sickness during a continuous period of disability.

**DEDUCTIBLE SOURCES OF INCOME**

The amount of benefit you receive, or are eligible to receive, from Workers' Compensation, an occupational disease law or any other act or law of similar intent will be subtracted from your gross disability benefit.

The minimum monthly benefit amount payable under the policy is 25% of the gross monthly benefit regardless of the amount of income you receive from other sources.



# ASSURANT

## Employee Benefits

### **PRE-EXISTING CONDITION LIMITATION**

No benefits are payable for disabilities that commence within 12 months of your effective date that are caused by, contributed by, or resulting from a pre-existing condition. A pre-existing condition means a condition for which you 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 your effective date.

### **PORTABILITY**

You may continue coverage if your employment ends. Coverage can be continued at 50% of the monthly benefit amount you are insured for at the time you ended employment. The maximum period of payment will be limited to one year. You may continue coverage until you reach the age of 65. You will be eligible to apply for ported coverage if you have been covered under the policy for 12 consecutive months before your employment ends and met the eligibility requirements as outlined in your certificate of coverage.

### **DEFINITION OF DISABILITY**

#### **TOTAL DISABILITY**

Benefits for Total Disability are paid if you are disabled and not working, or have returned to work and, due to your disability, are earning less than 20% of pre-disability earnings.

#### **PARTIAL DISABILITY**

Partial Disability benefits are paid if you are working, but due to your disability, are earning at least 20% and less than or equal to 80% of pre-disability earnings.

Depending on the benefit duration, income replacement for up to the first 12 months of a partial disability, in the form of benefits under this plan, return-to-work earnings, and income from other sources, can equal up to 100% of pre-disability earnings. If the total from all of these sources exceeds 100% of pre-disability earnings, the benefit will be reduced by the amount in excess of 100%. Thereafter, benefits for partially disabled employees are reduced by 50% of return to work earnings.

#### **TOTAL AND PARTIAL DISABILITIES**

When determining eligibility for Total or Partial Disability benefits if school is not in session, your work capacity is measured by determining whether you would be able to perform your work if school were in session.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

#### **WAIVER OF PREMIUM**

While you are receiving disability payments under this policy, your monthly premium will be waived.

#### **EVIDENCE OF INSURABILITY**

- Proof of good health will be required from all individuals if:
  1. you are a late applicant, which means you apply for coverage more than 30 days after the date you are eligible for coverage; or
  2. you voluntarily cancel coverage and are re-applying; or
  3. you apply for a monthly benefit greater than the guarantee issue amount listed in the rate schedule; or
  4. you are increasing the amount of your coverage.



## **ASSURANT** Employee Benefits

- You can increase your coverage amount by one benefit level increment at each policy anniversary date without evidence of insurability as long as the increased amount does not exceed the maximum issue amount or 66 2/3% of your monthly pre-disability salary.
- Increases or additional coverage will be subject to the pre-existing condition limitation.

### **EXCLUSIONS AND LIMITATIONS**

The policy does not cover any disabilities caused by, contributed to by or resulting from your: (a) participation in or attempting to commit a felony or working at an illegal occupation; (b) intentionally self-inflicted injuries; (c) committing or attempting to commit suicide, regardless of mental capacity; (d) being legally intoxicated, under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor; (e) active participation in a riot; (f) pre-existing condition, as defined; (g) commission of a crime for which you have been convicted under federal or state law; (h) elective surgery; (i) participation in or contracting with the armed forces (including Coast Guard) of any country or international authority; (j) riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or while testing any vehicle on any racecourse or speedway; (k) participating in any sporting event for pay or prize money; or (l) operating, learning to operate, serving as a crew member on, or jumping from or falling from any aircraft, including those which are not motor-driven.

In addition, the policy will not cover a disability due to war, declared or undeclared, or participation in any act of war; or for any period of disability during which you are incarcerated.



*Products Underwritten by: Union Security Insurance Company*

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**For information and service, please contact:**

George E Daniel Jr CIC, CPIA

[www.dcboebenefits.com](http://www.dcboebenefits.com)

Office : 229-246-3342

Cell : 229-416-7030

**For claims service, please contact:**

Disability Reinsurance Management Services

Claims office: One Riverfront Plaza  
Westbrook, Maine 04092-9700

Toll-free: (866) 376-9478

Fax: (207) 591-3776

**For all other customer service inquiries, please contact:**

Administrative Systems, Inc.

Toll-free: (800) 877-2701

This Summary of Benefits is not complete without the Product Overview Brochure (form series FBIC-GRPDI-EE) or (form series FBIC-GRPDI-FDH) and the Rate Schedule(s) (form series FBIC-GRPDI-RSA, FBIC-GRPDI-RSB and FBIC-GRPDI-RSC), including state variations where used.

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**Rate Schedule**

**Decatur County Board of Education**

**Plan 1 - 0 days Injury/ 7 days Sickness**

**Schedule of Benefits and Rates**

You may participate in the policy under any one of the benefit levels outlines below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit level to the highest benefit level for which you are eligible.

**Benefit Duration:** 6 Months for Injury & Sickness

**Guarantee Issue Amount:** \$2,000\*

Monthly rates (12 annual deductions) for benefits beginning on the 1st day injury/ 8th day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$6.18
\$7,200	\$400	\$8.24
\$9,000	\$500	\$10.30
\$10,800	\$600	\$12.36
\$12,600	\$700	\$14.42
\$14,400	\$800	\$16.48
\$16,200	\$900	\$18.54
\$18,000	\$1,000	\$20.60
\$19,800	\$1,100	\$22.66
\$21,600	\$1,200	\$24.72
\$23,400	\$1,300	\$26.78
\$25,200	\$1,400	\$28.84
\$27,000	\$1,500	\$30.90
\$28,800	\$1,600	\$32.96
\$30,600	\$1,700	\$35.02
\$32,400	\$1,800	\$37.08
\$34,200	\$1,900	\$39.14
\$36,000	\$2,000	\$41.20
<b>\$37,800</b>	<b>\$2,100</b>	<b>\$43.26</b>
<b>\$39,600</b>	<b>\$2,200</b>	<b>\$45.32</b>
<b>\$41,400</b>	<b>\$2,300</b>	<b>\$47.38</b>
<b>\$43,200</b>	<b>\$2,400</b>	<b>\$49.44</b>
<b>\$45,000</b>	<b>\$2,500</b>	<b>\$51.50</b>
<b>\$46,800</b>	<b>\$2,600</b>	<b>\$53.56</b>
<b>\$48,600</b>	<b>\$2,700</b>	<b>\$55.62</b>
<b>\$50,400</b>	<b>\$2,800</b>	<b>\$57.68</b>
<b>\$52,200</b>	<b>\$2,900</b>	<b>\$59.74</b>
<b>\$54,000</b>	<b>\$3,000</b>	<b>\$61.80</b>
<b>\$55,800</b>	<b>\$3,100</b>	<b>\$63.86</b>
<b>\$57,600</b>	<b>\$3,200</b>	<b>\$65.92</b>
<b>\$59,400</b>	<b>\$3,300</b>	<b>\$67.98</b>
<b>\$61,200</b>	<b>\$3,400</b>	<b>\$70.04</b>
<b>\$62,000</b>	<b>\$3,500</b>	<b>\$72.10</b>
<b>\$64,800</b>	<b>\$3,600</b>	<b>\$74.16</b>
<b>\$66,600</b>	<b>\$3,700</b>	<b>\$76.22</b>
<b>\$68,400</b>	<b>\$3,800</b>	<b>\$78.28</b>
<b>\$70,200</b>	<b>\$3,900</b>	<b>\$80.34</b>
<b>\$72,000</b>	<b>\$4,000</b>	<b>\$82.40</b>

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
<b>\$73,800</b>	<b>\$4,100</b>	<b>\$84.46</b>
<b>\$75,600</b>	<b>\$4,200</b>	<b>\$86.52</b>
<b>\$77,400</b>	<b>\$4,300</b>	<b>\$88.58</b>
<b>\$79,200</b>	<b>\$4,400</b>	<b>\$90.64</b>
<b>\$81,000</b>	<b>\$4,500</b>	<b>\$92.70</b>
<b>\$82,800</b>	<b>\$4,600</b>	<b>\$94.76</b>
<b>\$84,600</b>	<b>\$4,700</b>	<b>\$96.82</b>
<b>\$86,400</b>	<b>\$4,800</b>	<b>\$98.88</b>
<b>\$88,200</b>	<b>\$4,900</b>	<b>\$100.94</b>
<b>\$90,000</b>	<b>\$5,000</b>	<b>\$103.00</b>

\* Proof of good health, subject to underwriting standards, is always required to be Insured at a benefit level greater than \$2,000.