Plan Highlights

Voluntary Group Long Term Disability Insurance



Freeport School District #145

COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

All other Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

ELIMINATION PERIOD

90 consecutive days of total disability.

BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits	
61 or less	The lesser of 60 months or to Age 65	
62	3 1/2 Years	
63	3 Years	
64	2 1/2 Years	
65	2 Years	
66	1 3/4 Years	
67	1 1/2 Years	
68	1 1/4 Years	
69 or more	1 Year	

RATES

See attached Rate Sheet

FEATURES

- Military Services Leave of Absence
- ► FMLA Continuation
- Own Occupation Coverage 24 Months
- Rehabilitation Provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- Survivor Benefit 3 months
- Work Incentive & Child Care Provisions

VALUE-ADDED SERVICES

Travel Assistance Services

LIMITATIONS

- Pre-Existing Condition Limitation: 3/12
- ▶ Limited Benefit Period for Other Specific Conditions 24 months
- ▶ Mental & Nervous Limitation 24 months outpatient
- ▶ Substance Abuse Limitation 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

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The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

To calculate your monthly payroll deduction, use the formula indicated below:

1.	Enter your Annual Earnings .	1. \$
2.	Divide your annual earnings by 12 (monthly earnings). Average monthly income cannot exceed \$8,333 .	2. \$
3.	Find your rate from the age table displayed.	3. \$
4.	Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3.	4. \$
5.	Divide the amount on Line 4 by 100 and enter the amount on Line 5 to get your monthly payroll deduction .	5. \$

Age	Rate per
	\$100 of
	covered
	payroll
18-24	\$0.070
25-29	\$0.090
30-34	\$0.130
35-39	\$0.180
40-44	\$0.240
45-49	\$0.300
50-54	\$0.390
55-59	\$0.540
60-64	\$0.970
65-69	\$1.490
70+	\$1.490

Example Calculation: Jane Smith is age 35.

- 1. Enter your **Annual Earnings**. 1. \$ 50,000
- 2. Divide your annual earnings by 12 (monthly earnings).
 Average monthly income cannot exceed \$8,333.
 2. \$ 4,167 (monthly earnings)
- 3. Find your rate from the age table displayed. 3. \$ 0.180
- 4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3.4. \$ 750.06
- 5. **Divide** the amount on Line 4 by 100 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ ______ (monthly payroll deduction)

