

Short Term Disability Insurance

Oak Creek Franklin School District



If you were out of work due to an illness or accident, how long would you or your family stay afloat without your paycheck?

The first few months of a disability could be costly. Loss of income during this time may result in a financial hardship that could be difficult to recover. This Short-Term Disability Insurance plan works in coordination with your Long-Term Disability Insurance plan to cover you during the time period before your Long-Term benefits begin.

- If you suffer a covered disability, this plan would pay up to 66 2/3% of your annual salary divided by 52, depending upon your coverage choice, per week, not to exceed a maximum of \$504.00.
 - Benefits are paid *in addition to* sick leave pay and Worker's Compensation.
 - Benefits are tax-free if you pay for coverage with after-tax dollars. (If unsure, confirm with your employer.)
- Please see your tax adviser for further specific advice.
- Benefits for a covered illness or injury continue for 60 days, until the date you are no longer disabled or until you are eligible to receive benefits under your Long-Term Disability Insurance plan, whichever comes first.
 - Benefits start on the 1st day for a covered disability resulting from an accident and 4th day for a disability resulting from an illness.

Summer Coverage

Summer vacation period is included as long as the covered disability would have prevented you from engaging in your normal occupation, if school were in session.

Maternity Coverage

Pregnancy, childbirth and related medical conditions are covered the same as any other illness. Coverage may continue up to 6 weeks for natural childbirth, 8 weeks cesarean delivery or longer if there are complications.

Definition of Disability

Disability and disabled means that the insured person is, as a result of physical disease, injury, pregnancy, substance abuse or mental disorder, unable to perform a majority of the material duties of his or her own occupation.

(over)

Choice of Benefit Levels

Your Election cannot exceed 66-2/3% of annual salary divided by 52. Based on this equation, please choose one of the following benefit levels.

If your annual salary is between:	Your choice of the corresponding benefit level or less
\$11,465 - \$13,648	\$147.00
\$13,649 - \$17,470	\$175.00
\$17,471 - \$21,291	\$224.00
\$21,292 - \$23,475	\$273.00
\$23,476 - \$27,843	\$301.00
\$27,844 - \$32,757	\$357.00*
\$32,758 - \$36,033	\$420.00*
\$36,034 - \$39,309	\$462.00*
\$39,310 +	\$504.00*

Examples:

- Annual salary of \$22,000 can apply for a benefit amount of \$273 or less.
- Annual salary of \$30,000 can apply for a benefit amount of \$357 or less.
- Annual salary of \$40,000 can apply for a benefit amount of \$504 or less.

**If you are choosing coverage for the first time with a weekly benefit amount of \$357 or above, you are required to complete and submit the attached medical questionnaire (Evidence of Insurability Form). Applications subject to medical questions may be denied due to the answers to those questions. If you are denied coverage at the higher level, you will be automatically enrolled in the \$301 level.*

The insured will receive only the benefit level written or printed in the policy/certificate as selected and issued.

Pre-Existing Conditions

This provision applies to all new enrollees and all employees electing to increase their Weekly Benefit amount. If you received medical treatment, services, or advice, took prescribed drugs, or consulted a physician or undergone diagnostic procedures, including self-administered procedures, for an illness or injury, whether diagnosed or not or misdiagnosed, in the 12 months before coverage began or increased, you will not be covered for any disability caused or contributed to by that particular sickness or injury or anything related to the condition until you have been continuously insured under the policy or after the increase for at least 12 months.

General Exclusions

The policy does not cover any disability: caused or contributed to by war, declared or undeclared, or any act of war; that occurs during any military leave for active duty, including training duty, the National Guard or Coast Guard, or any active or reserve component of the military forces; due to your attempted suicide while sane or insane; as a result of your intentionally self inflicted injuries; caused or contributed to by committing or attempting to commit a crime; while you are imprisoned, confined in a penal or correctional institution or under house arrest; as a result of your participation in a riot; or as a result of your engaging in an illegal activity; caused or contributed by a pre-existing condition or medical or surgical treatment. If you reside outside of the United States or Canada, payment of STD benefits is limited to 6 months for each period of continuous disability.

For Questions, Contact: National Insurance Services, 800.627.3660

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For costs and further details of the coverage, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, see your agent or write to the company. The policy as described is cancellable or renewable at the option of the Company.