



ASSURANT
Employee
Benefits

Group Benefits

Shawnee Mission Public Schools

Short Term Disability

**CERTIFICATE OF
GROUP INSURANCE**

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered *policy* issued by Union Security Insurance Company to the *policyholder*.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of fraud, as determined by a court of law.

Policyholder: Shawnee Mission Public Schools

Group Policy Number: 4022885

Participation Number: 0

Type of Coverage:

Group Short Term Disability Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the *policy*.

A handwritten signature in black ink that reads "Joe Robert". The signature is written in a cursive style with a large, looping initial "J".

President and
Chief Executive Officer

SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the *policyholder* (or any *associated company*).

Eligible Class: Each *full-time* employee of the *policyholder* or an *associated company*,

- who is at *active work*, and
 - who is working in the United States of America,
- as identified on the *policyholder's* or our records, except any temporary or seasonal worker.

Associated Companies: None

Service Requirement: 30 days

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

For *periods of disability* starting on or after January 1, 2013 (subject to Entry Date)

Short Term Disability Insurance

Weekly Benefit: The Weekly Benefit for each *covered person* is 70% of *weekly pay*, rounded to the next higher multiple of \$1.00, if not already an exact multiple, subject to the maximum Weekly Benefit of \$1,100.

Weekly Benefit for pre-existing conditions: 25% of the Weekly Benefit above.

Date Benefits Start:

For *disability* due to accident, sickness, or pregnancy – the greater of (i) the 6th day of *disability* and (ii) the length of sick leave the *covered person* has accrued.

Maximum Benefit Period:

25 weeks for any *period of disability* or to age 70, whichever occurs first. If disability occurs on or after age 70, the Maximum Benefit Period is 1 month.

4 weeks for the Weekly Benefit for pre-existing conditions.

Any week of a *period of disability* when no payment is due from us, except when you receive or are due any *weekly pay* from the *policyholder*, will be included in determining the **Maximum Benefit Period**.

Weekly pay means your basic weekly rate of pay from the *policyholder* or an *associated company* and is determined on the day before the *period of disability* starts. Bonuses, overtime, and other compensation not considered by us as basic wages or salary are not included. If you are an hourly employee, *weekly pay* will be based on your hourly rate of pay, but not on more than 40 hours per week.

Benefits for less than a week will be 1/5 of the Weekly Benefit for each day of *disability*.

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GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

Active work means the expenditure of time and energy for the *policyholder* or an *associated company* at your usual place of business on a *full-time* basis.

Associated company means any company shown in the *policy* which is owned by or affiliated with the *policyholder*.

Contributory means you pay part of the premium.

Covered person means an eligible employee or member of the *policyholder*, or an *associated company* who has become insured for a coverage.

Doctor means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a *doctor* by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a *doctor*. However, neither you nor a *family member* will be considered a *doctor*.

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on employment or membership in a group.

Family member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the *covered person*.

Full-time means working at least 20 hours per week, unless indicated otherwise in the *policy*.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane or insane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the *policyholder* pays the premium.

Policy means the group policy issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the *policyholder* or an *associated company* who has become insured for a coverage.

DEFINITIONS FOR SHORT TERM DISABILITY INSURANCE

Disabled or *disability* means that *injury*, or sickness, or pregnancy prevents you from performing the *material duties* of your *regular job* and requires you to be under the *regular care and attendance* of a *doctor*.

Job means the undertaking for pay or profit the performance of specific tasks and duties for an employer.

Material duties means the essential sets of tasks or skills required generally for your *regular job*. One *material duty* of your *regular job* is the ability to work for the *policyholder* on a *full-time* basis as defined in the *policy*.

Occupation means a group of jobs or related jobs:

- in which a common set of tasks is performed; or
- which are related in terms of similar objectives and methodologies, and which may be related in terms of materials, products, worker actions, or worker characteristics.

Period of disability means the time that begins on the day you become *disabled* and ends on the day before you return to *active work*. If you become *disabled* again while insured under the *policy* after you return to *active work*, the same *period of disability* will continue if:

- the later *disability* results from the same cause, or a related one, and you return to *active work* for less than 2 weeks; or
- the later *disability* results from a different cause and you return to *active work* for less than 1 day.

If your return to *active work* meets either of the above conditions, you do not have to satisfy the Date Benefits Start provision again. The Maximum Benefit Period will continue on the day you become *disabled* again.

If you return to *active work* for more than the time shown above, and then become *disabled* again, you will start a new *period of disability*. You must satisfy the Date Benefits Start provision again and the Maximum Benefit Period will start over.

Any day which is not a scheduled working day for a *covered person* will be considered a day of *active work* if the person would have been able to perform his or her normal duties on that day.

Regular care and attendance means care at a frequency medically appropriate for your condition. If your condition does not require frequent visits to your *doctor*, neither will we.

Regular job means the *job* in which you were working for the *policyholder* immediately prior to becoming *disabled*.

Short term disability insurance means the group short term disability insurance under the *policy* issued by us to the *policyholder*.

ELIGIBILITY AND TERMINATION PROVISIONS

Exception to Effective Date

If you are not at *active work* on the day you would otherwise become insured, your insurance will not take effect until you return to *active work*. If the day your insurance would normally take effect is not a regular work day for you, your insurance will take effect on that day if you are able to do your *regular job*.

When Your Insurance Ends

Your insurance will end on the date:

- the *policy* ends;
- the *policy* is changed to end the insurance for your *eligible class*;
- you are no longer in an *eligible class*;
- you stop *active work*; however, if you renew your contract with the *policyholder* for the next school year, the *policyholder* may consider insurance to continue even though you stop *active work* during the summer recess; or
- a required contribution was not paid.

SHORT TERM DISABILITY INSURANCE

Insurance Provided

If you become *disabled* while insured under the *policy*, we will pay short term disability benefits after you satisfy the Date Benefits Start provision. We will pay you the Weekly Benefit as long as you remain *disabled*. We will not pay beyond the Maximum Benefit Period for any *period of disability*. Any benefits are subject to the provisions of the *policy*.

Exclusions

We will not pay benefits for any part of a *period of disability* during which:

- you are working for pay or other remuneration, or
- you are receiving benefits under any Workers' Compensation Act (or a similar law).

We will not pay benefits for a *period of disability* if you become *disabled* as a result of:

- committing an assault or felony;
- an *injury* that arises out of or occurs in the course of any *occupation* for pay or profit;
- a sickness that entitles you to benefits under any Workers' Compensation Act (or a similar law); or

If you become a *covered person* on or after January 1, 2014:

- a pre-existing condition (defined below) until you have been at *active work* for a full day following 12 consecutive months during which you are continuously insured under the *short term disability insurance policy*.

A "pre-existing condition" means an *injury*, sickness, or pregnancy or any related *injury*, sickness, or pregnancy for which you:

- consulted with or received advice from a licensed medical or dental practitioner, or
- received medical or dental care, treatment or services, including taking drugs, medicine, insulin, or similar substances

during the 3 months that end on the day before you became insured under the *short term disability insurance policy*.

Extended Benefit

If you are *disabled* on the day your *short term disability insurance* ends, and if you remain *disabled* long enough to qualify, we will pay benefits according to the *policy*.

CLAIM PROVISIONS

Payment of Benefits

We will pay benefits at the end of each month (or shorter period) for which we are liable, after we receive the required proof. If any amount is unpaid when *disability* ends, we will pay it when we receive the required proof.

To Whom Payable

We will pay all benefits to you. However, if medical evidence indicates that a legal guardian should be appointed, we will hold further benefits due until such time as a guardian of your estate is appointed and we will pay benefits to such guardian at that time. If any amount remains unpaid when you die, we will pay your estate.

Authority

The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

1. You must send us notice of the claim. We must have written notice of any insured loss within 30 days after it occurs, or as soon as reasonably possible. You can send the notice to our *home office*, to one of our regional group claims offices, or to one of our agents. We need enough information to identify you as a *covered person*.
2. Within 15 days after the date of your notice, we will send you certain claim forms. The forms must be completed and sent to our *home office* or to one of our regional group claims offices. If you do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.
3. The time limit for filing a claim is 90 days after the end of the first month (or shorter period) for which we are liable.
4. To decide our liability, we may require:
 - proof of benefits from other sources, and
 - proof that you have applied for all benefits from other sources, and that you have furnished any proof required to get them.

You must furnish whatever items we decide are necessary as proof of loss or to decide our liability. You must authorize the sources of medical and dental services to release your medical information. If you do not furnish any required information or authorize its release, we will not pay benefits.

If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

Right to Examine or Interview

We may ask you to be examined as often as we require at any time we choose. We may require you to be interviewed by our authorized representative. We will pay third party charges for any independent medical exam or interview which we require. If you fail to attend or fully participate, we will not pay benefits.

CLAIM PROVISIONS (continued)

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Review Procedure

You must request, in writing, a review of a denial of your claim within 180 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 45 days after we receive your request, or within 90 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise you of your further appeal rights, if any.

Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person* or the *beneficiary*.

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred or *disability* starting after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

GENERAL PROVISIONS

Entire Contract

The *policy* and the *policyholder's* application attached to it are the entire contract. Any statement made by you or the *policyholder* is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the *policyholder's* plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the *policyholder* to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder*, any employer, any *associated company*, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the *policy* and recovery of any amounts we have paid.





ASSURANT

Employee
Benefits

2323 Grand Boulevard
Kansas City, MO 64108

Policy 4022885
Participant 0
Booklet 2
1/12/2013