

Voluntary Long-Term Disability Insurance

Central Community School System | All Eligible Employees | 921065

Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Choose the benefit that best meets your needs and your budget.

Benefits

Monthly benefit after your claim is approved	Get a monthly check of \$500 to \$8,000 , in any \$100 increment you choose, to replace a portion of your income--up to 60% of your Total Monthly Earnings.
When benefits begin	Benefits begin as soon as 90 days
Benefits may be paid for	If your covered disability occurs prior to age 60, benefits will be paid until you reach age 65; if your approved disability occurs after age 60, benefits will be paid for a specified number of years. Ask your employer for details.
Additional plan information	You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more. A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.



What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

Top 5

Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

Sun Life claims data, July 2018



Sun Life Assurance Company of Canada
sunlife.com
800-SUN-LIFE (247-6875)

Additional considerations

If I have other income	Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings.
If I can work while disabled	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.

Long-term disability FAQs

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How much insurance do I need?

Visit www.sunlife.com/calculators for help understanding how much insurance you may need.

How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

Read the important plan provisions section for more information including limitations and exclusions.

*Realitycheckup.org, Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.

Rate Sheet

Employee – Coverage and Monthly cost for Long Term Disability.

Rates are effective as of January 1, 2019.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Monthly Coverage Amounts	Age and Cost										
		Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$10,000	\$500	1.89	1.89	2.19	2.77	4.07	6.46	9.05	11.40	8.75	8.75	8.75
\$12,000	\$600	2.26	2.26	2.62	3.32	4.88	7.75	10.85	13.67	10.50	10.50	10.50
\$14,000	\$700	2.64	2.64	3.06	3.87	5.70	9.04	12.66	15.95	12.25	12.25	12.25
\$16,000	\$800	3.02	3.02	3.50	4.42	6.51	10.34	14.47	18.23	14.00	14.00	14.00
\$18,000	\$900	3.39	3.39	3.93	4.98	7.33	11.63	16.28	20.51	15.75	15.75	15.75
\$20,000	\$1,000	3.77	3.77	4.37	5.53	8.14	12.92	18.09	22.79	17.50	17.50	17.50
\$22,000	\$1,100	4.15	4.15	4.81	6.08	8.95	14.21	19.90	25.07	19.25	19.25	19.25
\$24,000	\$1,200	4.52	4.52	5.24	6.64	9.77	15.50	21.71	27.35	21.00	21.00	21.00
\$26,000	\$1,300	4.90	4.90	5.68	7.19	10.58	16.80	23.52	29.63	22.75	22.75	22.75
\$28,000	\$1,400	5.28	5.28	6.12	7.74	11.40	18.09	25.33	31.91	24.50	24.50	24.50
\$30,000	\$1,500	5.66	5.66	6.56	8.30	12.21	19.38	27.14	34.19	26.25	26.25	26.25
\$32,000	\$1,600	6.03	6.03	6.99	8.85	13.02	20.67	28.94	36.46	28.00	28.00	28.00
\$34,000	\$1,700	6.41	6.41	7.43	9.40	13.84	21.96	30.75	38.74	29.75	29.75	29.75
\$36,000	\$1,800	6.79	6.79	7.87	9.95	14.65	23.26	32.56	41.02	31.50	31.50	31.50
\$38,000	\$1,900	7.16	7.16	8.30	10.51	15.47	24.55	34.37	43.30	33.25	33.25	33.25
\$40,000	\$2,000	7.54	7.54	8.74	11.06	16.28	25.84	36.18	45.58	35.00	35.00	35.00
\$42,000	\$2,100	7.92	7.92	9.18	11.61	17.09	27.13	37.99	47.86	36.75	36.75	36.75
\$44,000	\$2,200	8.29	8.29	9.61	12.17	17.91	28.42	39.80	50.14	38.50	38.50	38.50
\$46,000	\$2,300	8.67	8.67	10.05	12.72	18.72	29.72	41.61	52.42	40.25	40.25	40.25
\$48,000	\$2,400	9.05	9.05	10.49	13.27	19.54	31.01	43.42	54.70	42.00	42.00	42.00
\$50,000	\$2,500	9.43	9.43	10.93	13.83	20.35	32.30	45.23	56.98	43.75	43.75	43.75
\$52,000	\$2,600	9.80	9.80	11.36	14.38	21.16	33.59	47.03	59.25	45.50	45.50	45.50
\$54,000	\$2,700	10.18	10.18	11.80	14.93	21.98	34.88	48.84	61.53	47.25	47.25	47.25
\$56,000	\$2,800	10.56	10.56	12.24	15.48	22.79	36.18	50.65	63.81	49.00	49.00	49.00
\$58,000	\$2,900	10.93	10.93	12.67	16.04	23.61	37.47	52.46	66.09	50.75	50.75	50.75
\$60,000	\$3,000	11.31	11.31	13.11	16.59	24.42	38.76	54.27	68.37	52.50	52.50	52.50
\$62,000	\$3,100	11.69	11.69	13.55	17.14	25.23	40.05	56.08	70.65	54.25	54.25	54.25
\$64,000	\$3,200	12.06	12.06	13.98	17.70	26.05	41.34	57.89	72.93	56.00	56.00	56.00
\$66,000	\$3,300	12.44	12.44	14.42	18.25	26.86	42.64	59.70	75.21	57.75	57.75	57.75
\$68,000	\$3,400	12.82	12.82	14.86	18.80	27.68	43.93	61.51	77.49	59.50	59.50	59.50
\$70,000	\$3,500	13.20	13.20	15.30	19.36	28.49	45.22	63.32	79.77	61.25	61.25	61.25
\$72,000	\$3,600	13.57	13.57	15.73	19.91	29.30	46.51	65.12	82.04	63.00	63.00	63.00
\$74,000	\$3,700	13.95	13.95	16.17	20.46	30.12	47.80	66.93	84.32	64.75	64.75	64.75
\$76,000	\$3,800	14.33	14.33	16.61	21.01	30.93	49.10	68.74	86.60	66.50	66.50	66.50
\$78,000	\$3,900	14.70	14.70	17.04	21.57	31.75	50.39	70.55	88.88	68.25	68.25	68.25
\$80,000	\$4,000	15.08	15.08	17.48	22.12	32.56	51.68	72.36	91.16	70.00	70.00	70.00
\$82,000	\$4,100	15.46	15.46	17.92	22.67	33.37	52.97	74.17	93.44	71.75	71.75	71.75
\$84,000	\$4,200	15.83	15.83	18.35	23.23	34.19	54.26	75.98	95.72	73.50	73.50	73.50
\$86,000	\$4,300	16.21	16.21	18.79	23.78	35.00	55.56	77.79	98.00	75.25	75.25	75.25
\$88,000	\$4,400	16.59	16.59	19.23	24.33	35.82	56.85	79.60	100.28	77.00	77.00	77.00
\$90,000	\$4,500	16.97	16.97	19.67	24.89	36.63	58.14	81.41	102.56	78.75	78.75	78.75
\$92,000	\$4,600	17.34	17.34	20.10	25.44	37.44	59.43	83.21	104.83	80.50	80.50	80.50
\$94,000	\$4,700	17.72	17.72	20.54	25.99	38.26	60.72	85.02	107.11	82.25	82.25	82.25
\$96,000	\$4,800	18.10	18.10	20.98	26.54	39.07	62.02	86.83	109.39	84.00	84.00	84.00
\$98,000	\$4,900	18.47	18.47	21.41	27.10	39.89	63.31	88.64	111.67	85.75	85.75	85.75
\$100,000	\$5,000	18.85	18.85	21.85	27.65	40.70	64.60	90.45	113.95	87.50	87.50	87.50
\$102,000	\$5,100	19.23	19.23	22.29	28.20	41.51	65.89	92.26	116.23	89.25	89.25	89.25

Age and Cost

Annual Earnings	Monthly Coverage Amounts	Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$104,000	\$5,200	19.60	19.60	22.72	28.76	42.33	67.18	94.07	118.51	91.00	91.00	91.00
\$106,000	\$5,300	19.98	19.98	23.16	29.31	43.14	68.48	95.88	120.79	92.75	92.75	92.75
\$108,000	\$5,400	20.36	20.36	23.60	29.86	43.96	69.77	97.69	123.07	94.50	94.50	94.50
\$110,000	\$5,500	20.74	20.74	24.04	30.42	44.77	71.06	99.50	125.35	96.25	96.25	96.25
\$112,000	\$5,600	21.11	21.11	24.47	30.97	45.58	72.35	101.30	127.62	98.00	98.00	98.00
\$114,000	\$5,700	21.49	21.49	24.91	31.52	46.40	73.64	103.11	129.90	99.75	99.75	99.75
\$116,000	\$5,800	21.87	21.87	25.35	32.07	47.21	74.94	104.92	132.18	101.50	101.50	101.50
\$118,000	\$5,900	22.24	22.24	25.78	32.63	48.03	76.23	106.73	134.46	103.25	103.25	103.25
\$120,000	\$6,000	22.62	22.62	26.22	33.18	48.84	77.52	108.54	136.74	105.00	105.00	105.00
\$122,000	\$6,100	23.00	23.00	26.66	33.73	49.65	78.81	110.35	139.02	106.75	106.75	106.75
\$124,000	\$6,200	23.37	23.37	27.09	34.29	50.47	80.10	112.16	141.30	108.50	108.50	108.50
\$126,000	\$6,300	23.75	23.75	27.53	34.84	51.28	81.40	113.97	143.58	110.25	110.25	110.25
\$128,000	\$6,400	24.13	24.13	27.97	35.39	52.10	82.69	115.78	145.86	112.00	112.00	112.00
\$130,000	\$6,500	24.51	24.51	28.41	35.95	52.91	83.98	117.59	148.14	113.75	113.75	113.75
\$132,000	\$6,600	24.88	24.88	28.84	36.50	53.72	85.27	119.39	150.41	115.50	115.50	115.50
\$134,000	\$6,700	25.26	25.26	29.28	37.05	54.54	86.56	121.20	152.69	117.25	117.25	117.25
\$136,000	\$6,800	25.64	25.64	29.72	37.60	55.35	87.86	123.01	154.97	119.00	119.00	119.00
\$138,000	\$6,900	26.01	26.01	30.15	38.16	56.17	89.15	124.82	157.25	120.75	120.75	120.75
\$140,000	\$7,000	26.39	26.39	30.59	38.71	56.98	90.44	126.63	159.53	122.50	122.50	122.50
\$142,000	\$7,100	26.77	26.77	31.03	39.26	57.79	91.73	128.44	161.81	124.25	124.25	124.25
\$144,000	\$7,200	27.14	27.14	31.46	39.82	58.61	93.02	130.25	164.09	126.00	126.00	126.00
\$146,000	\$7,300	27.52	27.52	31.90	40.37	59.42	94.32	132.06	166.37	127.75	127.75	127.75
\$148,000	\$7,400	27.90	27.90	32.34	40.92	60.24	95.61	133.87	168.65	129.50	129.50	129.50
\$150,000	\$7,500	28.28	28.28	32.78	41.48	61.05	96.90	135.68	170.93	131.25	131.25	131.25
\$152,000	\$7,600	28.65	28.65	33.21	42.03	61.86	98.19	137.48	173.20	133.00	133.00	133.00
\$154,000	\$7,700	29.03	29.03	33.65	42.58	62.68	99.48	139.29	175.48	134.75	134.75	134.75
\$156,000	\$7,800	29.41	29.41	34.09	43.13	63.49	100.78	141.10	177.76	136.50	136.50	136.50
\$158,000	\$7,900	29.78	29.78	34.52	43.69	64.31	102.07	142.91	180.04	138.25	138.25	138.25
\$160,000	\$8,000	30.16	30.16	34.96	44.24	65.12	103.36	144.72	182.32	140.00	140.00	140.00

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this



Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life Financial" or "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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