



Plummer-Worley School District

Generic Voluntary Long Term Disability Enrollment Form

The risk of a 40-year-old becoming disabled 90 days or longer prior to age 65 is 64%. The average disability period for a 40-year old disabled at least 90 days is 5-1/2 years. Can you afford to take the risk that you may be in the lucky 36% of individuals that may not need Long Term Disability Insurance??



Your Employer has provided you the opportunity to enroll in a Long Term Disability program that will provide you the financial protection you may need. This benefit replaces a portion of the income you may lose when afflicted by a disability.

Voluntary Long Term Disability

The benefit described below is one your Employer has made available for you as an Employee of Plummer-Worley School District .

- **Eligibility**

All Full-Time Employees working a minimum of **20 hours** per week are eligible.

- **Benefit Payment**

Payment will be paid after the Elimination Period has been met and we have received proof that you have been disabled due to sickness or injury that requires the regular care of a Physician. You will receive a monthly payment based on your pre-disability earnings, not exceeding the maximum monthly benefit.

- **Benefit as % of Salary – 60%**
- **Maximum Monthly Benefit - \$6,000**

- **Elimination Period**

The number of days that you must be disabled before benefits begin. Your Elimination Period begins on the first day of your disability.

Your Plan. 90 days

- **Definition of Disability**

24 MONTH OWN OCCUPATION, then ANY OCCUPATION During the elimination period, an insured is considered disabled if (s)he is prevented from performing one or more of the essential duties of his/her occupation.

For 24 months following the elimination period, the insured is considered disabled if (s)he is prevented from performing one or more of the essential duties of his/her occupation and is earning less than 80% of his/her indexed pre-disability earnings.

After that, the insured is prevented from performing one or more of the essential duties of **any occupation**.

Payments will continue beyond 24 months if due to the same sickness or injury the insured is unable to perform the material and substantial duties of any **gainful occupation**. An insured is also considered disabled if (s)he meets the Definition of Disability with respect to his/her **regular occupation**, but is working in **any occupation** and has a 20% loss in pre-disability earnings.

The residual feature allows part-time or reduced work to count toward satisfying the Elimination Period.

The Definition of Disability presumes:

- disability begins while the insured is covered under the plan
- the loss of a professional occupational license or certification does not, by itself, mean the insured is disabled
- **any occupation** includes the insured's regular occupation.

This form is not part of your group's policy or the Certificate of Coverage you have been provided. The policy may contain certain Limitations and Exclusions not stated here. Please see the Certificate of Coverage for specific policy information.



United Heritage Life Insurance Company (208) 493-6100 or Toll-Free -1-800-657-6351
707 E. United Heritage Ct., Meridian, Idaho 83642-3527 P.O. Box 7777 – Meridian, Idaho 83680-7777

<http://www.unitedheritage.com>

Plummer-Worley School District

Generic Voluntary Long Term Disability Enrollment Form

Full Name: _____

Full Address: _____

Date of Birth: _____ Male/Female: _____ Occupation: _____

Gross Monthly Earnings: \$ _____ Hours worked/week: _____
(Not to Exceed \$10,000)

Date of Employment: _____ Social Security Number _____ - _____ - _____



Calculating your payroll deduction:

Example:

Mary Smith: age 44, Gross monthly earnings \$2,800

- a. Mary's rate will be \$0.30 per \$100 of her monthly covered payroll.
- b. $[(\$2,800 \times \$0.30) / 100] = \$8.40$ monthly premium

1. Gross Monthly Earnings \$ _____
(Not to Exceed \$10,000)
2. Your Rate (From chart) X _____
3. Divide by 100 \$ _____ /100
4. **Estimated Monthly Premium:** \$ _____

Age	Rate Per \$100 of Monthly Covered Payroll
<25	.09
25-29	.12
30-34	.15
35-39	.19
40-44	.30
45-49	.43
50-54	.59
55-59	.70
60 +	.70

Your Pay Cycle	Pay Periods/Year
Bi-Weekly	26
Semi-Monthly	24
Weekly	52

Premium per pay-period** _____

** To determine your premium per pay period, multiply line 4 by 12 and divide by the total number of pay periods.

NOTE: Rates will change on the policy's anniversary date. If you are moving from one age bracket to the next, your rate will not change until the anniversary date following your birth date. **Your final payroll deductions may vary slightly pending final enrollment and payroll deduction frequency.**

Please complete this enrollment form and return it to your Human Resource Department.

<input type="checkbox"/>	<p>I would like to ENROLL in the Voluntary Long Term Disability Insurance offered to me and I authorize the required deduction from my wages.</p> <p>Signature _____ Date _____</p>
<input type="checkbox"/>	<p>I would like to DECLINE coverage at this time.</p> <p>Signature _____ Date _____</p>



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