

Plan Highlights

Voluntary Group Long Term Disability Insurance



Ascension Parish School Board

WHO IS ELIGIBLE?

All full-time employees

WHEN DO MY BENEFITS BEGIN?

You may select from the following elimination period options:

Option 1 – 14 days for injury, 14 days for sickness*

Option 2 – 30 days for injury, 30 days for sickness*

Option 3 – 60 days for injury, 60 days for sickness

Option 4 – 90 days for injury, 90 days for sickness

**If you are hospital confined as an inpatient for your disability and have selected an elimination period of 14 or 30 days, benefits begin immediately. Inpatient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan.*

WHAT IS THE BENEFIT AMOUNT?

You may elect a monthly benefit in increments of \$100 from a minimum of \$200, up to a maximum benefit of \$7,500, not to exceed 66.67% of your covered salary. If at any time the monthly benefit you have chosen exceeds 66.67% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.

WILL MY BENEFITS EVER BE REDUCED?

After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount.

HOW LONG WILL I RECEIVE BENEFITS?

If disabled due to a covered sickness, and disability occurs at age 68 or less, for 5 years; for a disability occurring at age 69 or more, 1 year.

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

Age at Disablement Duration of Benefits (in years)

age 61 or less	To Age 65
62	3½
63	3
64	2½
65	2
66	1¾
67	1½
68	1¼
69 or older	1

Or Employee's Normal Retirement Age

WHAT FEATURES ARE INCLUDED IN MY PLAN?

- Conversion Privilege
- Extended Disability Benefit
- Limited Benefit Period for Other Specific Conditions – 24 months
- FMLA Continuation
- Mental/Nervous Illness Limitation – 2 year
- Own Occupation - 24 months
- Pre-Existing Condition Limitation – 3/12
- Specific Indemnity Benefit
- Substance Abuse Limitation – 2 year
- Survivor Benefit – 3 times your gross monthly benefit
- Work Incentive and Child Care Expense Benefit
- Worksite Modification
- Residual and Partial Disability
- Living Benefit
- Minimum Benefit Payable – \$100
- Pre-Existing Condition Benefit
- Non-occupational coverage

ARE THERE ANY ADDITIONAL SERVICES AVAILABLE UNDER THIS PLAN?

- Travel Assistance Service
- Employee Assistance Program
- Identity Theft Recovery Services

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.