

Long-Term Disability Income Insurance

Kentucky Schools - Enhanced

AMERICAN FIDELITY
a different opinion

Focus on Recovery, Not Expenses

Take a moment and think about how you would cover your everyday expenses if you couldn't work for a period of time. **Long-Term Disability Income Insurance** provides a benefit to help replace a portion of your income while you are unable to work due to a covered Injury or Sickness.

Plan Highlights

Benefits Payable Directly to You

You'll receive benefit payments directly; this way, you can use the funds for what you need, like groceries, mortgage payments and daycare expenses.

Tailored to Your Specific Needs

Benefit amounts and elimination periods are based on your salary and what fits your budget best.

Guaranteed Issue

Apply for coverage without answering medical questions. Pre-existing conditions may apply.

Choose the plan that's right for you.

Benefits for a Disability due to a covered Injury or Sickness begin on the day of the plan selected below.

Plan I	On the 8th day	Plan III	On the 31st day
Plan II	On the 15th day		

Injury means physical harm or damage to the body you sustained, which results directly from an accidental bodily Injury, is independent of disease or bodily infirmity, and takes place while your coverage is active.

Sickness means a disease or illness. Pregnancy also falls under this category. The Disability must begin while your coverage is active.

Disability or disabled for the first 24 months of Disability means that you cannot perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Benefit Policy Schedule

Several benefit options are available to you. Monthly Disability Benefit amounts are available from $200 up to $15,000 in $100 increments. Your Disability benefit must not exceed 66⅔% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums		
			Plan I (8th)	Plan II (15th)	Plan III (31st)
$300.00 - $449.99	$200.00	$25,000.00	$6.96	$5.80	$4.52
$450.00 - $599.99	$300.00	$25,000.00	$10.44	$8.70	$6.78
$600.00 - $749.99	$400.00	$25,000.00	$13.92	$11.60	$9.04
$750.00 - $899.99	$500.00	$25,000.00	$17.40	$14.50	$11.30
$900.00 - $1,049.99	$600.00	$25,000.00	$20.88	$17.40	$13.56
$1,050.00 - $1,199.99	$700.00	$25,000.00	$24.36	$20.30	$15.82
$1,200.00 - $1,349.99	$800.00	$25,000.00	$27.84	$23.20	$18.08
$1,350.00 - $1,499.99	$900.00	$25,000.00	$31.32	$26.10	$20.34
$1,500.00 - $1,649.99	$1,000.00	$25,000.00	$34.80	$29.00	$22.60
$1,650.00 - $1,799.99	$1,100.00	$25,000.00	$38.28	$31.90	$24.86
$1,800.00 - $1,949.99	$1,200.00	$25,000.00	$41.76	$34.80	$27.12
$1,950.00 - $2,099.99	$1,300.00	$25,000.00	$45.24	$37.70	$29.38
$2,100.00 - $2,249.99	$1,400.00	$25,000.00	$48.72	$40.60	$31.64
$2,250.00 - $2,399.99	$1,500.00	$25,000.00	$52.20	$43.50	$33.90
$2,400.00 - $2,549.99	$1,600.00	$25,000.00	$55.68	$46.40	$36.16
$2,550.00 - $2,699.99	$1,700.00	$25,000.00	$59.16	$49.30	$38.42
$2,700.00 - $2,849.99	$1,800.00	$25,000.00	$62.64	$52.20	$40.68
$2,850.00 - $2,999.99	$1,900.00	$25,000.00	$66.12	$55.10	$42.94
$3,000.00 - $3,149.99	$2,000.00	$25,000.00	$69.60	$58.00	$45.20
$3,150.00 - $3,299.99	$2,100.00	$25,000.00	$73.08	$60.90	$47.46
$3,300.00 - $3,449.99	$2,200.00	$25,000.00	$76.56	$63.80	$49.72
$3,450.00 - $3,599.99	$2,300.00	$25,000.00	$80.04	$66.70	$51.98
$3,600.00 - $3,749.99	$2,400.00	$25,000.00	$83.52	$69.60	$54.24
$3,750.00 - $3,899.99	$2,500.00	$25,000.00	$87.00	$72.50	$56.50
$3,900.00 - $4,049.99	$2,600.00	$25,000.00	$90.48	$75.40	$58.76
$4,050.00 - $4,199.99	$2,700.00	$25,000.00	$93.96	$78.30	$61.02
$4,200.00 - $4,349.99	$2,800.00	$25,000.00	$97.44	$81.20	$63.28
$4,350.00 - $4,499.99	$2,900.00	$25,000.00	$100.92	$84.10	$65.54
$4,500.00 - $4,649.99	$3,000.00	$25,000.00	$104.40	$87.00	$67.80
$4,650.00 - $4,799.99	$3,100.00	$25,000.00	$107.88	$89.90	$70.06
$4,800.00 - $4,949.99	$3,200.00	$25,000.00	$111.36	$92.80	$72.32
$4,950.00 - $5,099.99	$3,300.00	$25,000.00	$114.84	$95.70	$74.58
$5,100.00 - $5,249.99	$3,400.00	$25,000.00	$118.32	$98.60	$76.84
$5,250.00 - $5,399.99	$3,500.00	$25,000.00	$121.80	$101.50	$79.10
$5,400.00 - $5,549.99	$3,600.00	$25,000.00	$125.28	$104.40	$81.36
$5,550.00 - $5,699.99	$3,700.00	$25,000.00	$128.76	$107.30	$83.62
$5,700.00 - $5,849.99	$3,800.00	$25,000.00	$132.24	$110.20	$85.88

Benefit Policy Schedule

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums		
			Plan I (8th)	Plan II (15th)	Plan III (31st)
$5,850.00 - $5,999.99	$3,900.00	$25,000.00	$135.72	$113.10	$88.14
$6,000.00 - $6,149.99	$4,000.00	$25,000.00	$139.20	$116.00	$90.40
$6,150.00 - $6,299.99	$4,100.00	$25,000.00	$142.68	$118.90	$92.66
$6,300.00 - $6,449.99	$4,200.00	$25,000.00	$146.16	$121.80	$94.92
$6,450.00 - $6,599.99	$4,300.00	$25,000.00	$149.64	$124.70	$97.18
$6,600.00 - $6,749.99	$4,400.00	$25,000.00	$153.12	$127.60	$99.44
$6,750.00 - $6,899.99	$4,500.00	$25,000.00	$156.60	$130.50	$101.70
$6,900.00 - $7,049.99	$4,600.00	$25,000.00	$160.08	$133.40	$103.96
$7,050.00 - $7,199.99	$4,700.00	$25,000.00	$163.56	$136.30	$106.22
$7,200.00 - $7,349.99	$4,800.00	$25,000.00	$167.04	$139.20	$108.48
$7,350.00 - $7,499.99	$4,900.00	$25,000.00	$170.52	$142.10	$110.74
$7,500.00 - $7,649.99	$5,000.00	$25,000.00	$174.00	$145.00	$113.00
$7,650.00 - $7,799.99	$5,100.00	$25,000.00	$177.48	$147.90	$115.26
$7,800.00 - $7,949.99	$5,200.00	$25,000.00	$180.96	$150.80	$117.52
$7,950.00 - $8,099.99	$5,300.00	$25,000.00	$184.44	$153.70	$119.78
$8,100.00 - $8,249.99	$5,400.00	$25,000.00	$187.92	$156.60	$122.04
$8,250.00 - $8,399.99	$5,500.00	$25,000.00	$191.40	$159.50	$124.30
$8,400.00 - $8,549.99	$5,600.00	$25,000.00	$194.88	$162.40	$126.56
$8,550.00 - $8,699.99	$5,700.00	$25,000.00	$198.36	$165.30	$128.82
$8,700.00 - $8,849.99	$5,800.00	$25,000.00	$201.84	$168.20	$131.08
$8,850.00 - $8,999.99	$5,900.00	$25,000.00	$205.32	$171.10	$133.34
$9,000.00 - $9,149.99	$6,000.00	$25,000.00	$208.80	$174.00	$135.60
$9,150.00 - $9,299.99	$6,100.00	$25,000.00	$212.28	$176.90	$137.86
$9,300.00 - $9,449.99	$6,200.00	$25,000.00	$215.76	$179.80	$140.12
$9,450.00 - $9,599.99	$6,300.00	$25,000.00	$219.24	$182.70	$142.38
$9,600.00 - $9,749.99	$6,400.00	$25,000.00	$222.72	$185.60	$144.64
$9,750.00 - $9,899.99	$6,500.00	$25,000.00	$226.20	$188.50	$146.90
$9,900.00 - $10,049.99	$6,600.00	$25,000.00	$229.68	$191.40	$149.16
$10,050.00 - $10,199.99	$6,700.00	$25,000.00	$233.16	$194.30	$151.42
$10,200.00 - $10,349.99	$6,800.00	$25,000.00	$236.64	$197.20	$153.68
$10,350.00 - $10,499.99	$6,900.00	$25,000.00	$240.12	$200.10	$155.94
$10,500.00 - $10,649.99	$7,000.00	$25,000.00	$243.60	$203.00	$158.20
$10,650.00 - $10,799.99	$7,100.00	$25,000.00	$247.08	$205.90	$160.46
$10,800.00 - $10,949.99	$7,200.00	$25,000.00	$250.56	$208.80	$162.72
$10,950.00 - $11,099.99	$7,300.00	$25,000.00	$254.04	$211.70	$164.98
$11,100.00 - $11,249.99	$7,400.00	$25,000.00	$257.52	$214.60	$167.24
$11,250.00 - $11,399.99	$7,500.00	$25,000.00	$261.00	$217.50	$169.50

*Additional benefit amounts of up to $15,000.00 availalbe in $100.00 increments.

Plan Benefit Highlights

When Coverage Begins

Coverage will become effective on the requested effective date following the date we receive your written election of coverage, provided you are actively employed and premium has been paid.

Maximum Benefit Period

Benefits are payable up to the time shown in the chart below.
This information is based on your age as of the date Disability begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months or to SSNRA*, whichever is greater
61	48 months or to SSNRA*, whichever is greater
62	42 months or to SSNRA*, whichever is greater
63	36 months or to SSNRA*, whichever is greater
64	30 months or to SSNRA*, whichever is greater
65	24 months or to SSNRA*, whichever is greater
66	21 months or to SSNRA*, whichever is greater
67	18 months or to SSNRA*, whichever is greater
68	15 months or to SSNRA*, whichever is greater
Age 69 or older	12 months or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced social security benefits based on current social security amendments.*

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or $100.00, whichever is greater.

Disabled Due to a Covered Disability and Not Working

For the first 90 days you are Disabled due to a covered Disability and not working, we will pay the Disability benefit described in the schedule. After 90 days, your Disability payment will be the Disability benefit described in the schedule less any Deductible Sources of Income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Physician Expense Benefit

Injury - $150.00 per Injury | **Sickness** - $50.00
If you receive personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be limited to eight payments per calendar year.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after you have been Disabled for 90 consecutive days.

Accidental Death Benefit

A lump sum of $25,000.00 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Donor Benefit

If you are Disabled as a result of being an organ or tissue donor, we will pay a benefit as any other Sickness under the terms of the plan.

Hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients. The definition of a Hospital may vary by state.

Limited Benefits for Mental Illness, Alcohol or Drug Addiction

If you are Disabled due to a mental illness or alcohol or drug addiction, benefits will be provided for up to two years, not to exceed the maximum Disability period.

To receive benefits for alcohol or drug addiction or mental illness, you must receive medical treatment (mental or physical examination alone will not be considered treatment) from either:

(a) a registered specialist in psychiatry;

(b) a physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary;

(c) a physician, if a specialist in psychiatry is not required to certify that such treatment is medically necessary; or

(d) a clinical psychologist.

Survivor Benefit

A lump sum benefit equal to three times the Disability payment will be paid if, on the date of your death, your Disability had continued for 90 or more consecutive days and you were receiving, or entitled to receive, Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Return To Work Incentives: Disabled and Working

If you are Disabled and Working, you may be eligible to continue to receive a portion of your Disability payment in addition to your Disability earnings. If your Disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Worksite Accommodation**
  As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- Unemployment compensation.
- Other group Disability income.
- State Disability.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the employer.
- Federal, state, or private paid medical leave, or other similar leave programs.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your certificate.

Pre-Existing Condition Limitation

No Disability benefit will be payable if a Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months.

This provision will not apply if, for 12 consecutive months, you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician.

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Benefit Riders

Hospital Indemnity Limited Benefit Rider

This rider pays a daily benefit amount for a Hospital confinement, up to a maximum of 90 days.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. The patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
$100.00	$6.00
$150.00	$9.00



Spousal Disability Income Benefit Rider

This rider provides a monthly benefit if your Spouse suffers a Disability while employed due to a covered Injury or Sickness.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a covered Disability. Benefits begin on the 31st consecutive day of Disability and continue for up to one year.

Monthly Benefit Amount	Annual Salary	Monthly Premium
$500.00	up to $10,000.00	$4.00
$1,000.00	$10,001.00 and over	$8.00

COBRA Funding Rider

This rider helps cover the cost of COBRA premiums if you elect COBRA coverage while receiving Disability benefits. This rider is unavailable on plans with less than a one-year benefit period.

To receive benefits under this rider, you must:

- Be receiving benefits under your Disability base plan.
- Elect medical COBRA coverage.
- Be paying medical COBRA premiums.

This benefit will pay up to the end of the Disability benefit period or your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
$300.00	$4.50
$400.00	$6.00
$500.00	$7.50
$600.00	$9.00

Critical Illness Benefit Rider

This rider pays a benefit based on a diagnosis of a critical illness.

This benefit is payable as a one-time lump sum benefit amount based on a diagnosis of any one of the following conditions: heart attack, stroke, kidney failure, paralysis, or major organ failure as defined by the policy.

Benefit Amount	Monthly Premium
$10,000.00	$9.80
$15,000.00	$13.18
$20,000.00	$16.56
$25,000.00	$19.94

Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

Spousal Disability Income Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury or Sickness while sane or insane; an act of war, declared or undeclared; Injury or Sickness sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. We will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury or Sickness that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any speed contest in a power-driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Critical Illness Benefit Rider

The Critical Illness Benefit Rider will not be payable for any loss caused by or resulting from: a critical illness when the date of diagnosis occurs during the waiting period; a critical illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this rider.

No Critical Illness Benefit will be payable for a critical illness caused by or resulting from a Pre-Existing Condition when the critical illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months, this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition, or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 months immediately before the effective date of this rider. Pre-Existing Conditions will also include conditions related to such disease, Injury, Sickness, physical condition, or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a critical illness when the date of diagnosis occurs during the critical illness waiting period. The waiting period is 30 days from the effective date of this rider.

Your coverage for the riders listed above will end on the earliest of these dates:

- The end of the last period for which premium has been paid.
- The date you notify us in writing to terminate coverage.
- The date the rider is discontinued.
- The date the policy is discontinued.
- The date your employment ends.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will end on the same date as the policy or certificate to which it is attached.

Policy Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted Injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period you are entitled to Workers' Compensation benefits.

Leave of Absence

Your coverage may be extended up to one year during a leave of absence approved in writing by your employer.

Termination of Coverage

Coverage will continue as long as the policy remains active, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment ends. Your coverage can be terminated, or premiums may be increased on any premium due date with 31 days' advance notice.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.

Pre-Existing Conditions may apply.

The premium and benefit amounts vary dependent upon the plan selected at time of application.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

This policy is considered an employee welfare benefit plan and/or maintained by an association or employer intended to be covered by ERISA and will be administrated and enforced under ERISA.

American Fidelity Assurance Company
americanfidelity.com