

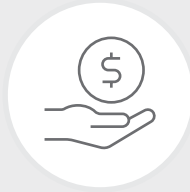


Disability Income Insurance

California School
Employees

Help Protect Your Income

Disability Income Insurance provides a benefit to help cover daily costs while you cannot work due to a covered Accidental Injury or Sickness.



Benefits Paid Directly to You

Your monthly benefit payments may be deposited directly into your bank account. You can use the funds for what you need, like copays, deductibles and daily living expenses.



Return-to-Work Benefit

You may receive a partial benefit for returning to work part-time while on Disability.



Guaranteed Issue

Apply for coverage without answering medical questions.
Pre-Existing Conditions apply.

Ways To Use Your Benefits



- Mortgage or Rent
- Utility Bills and Groceries



- Car Payment(s)
- Gasoline



- Credit Card Payments
- Tuition

Disability Income Protection

How Our Disability Insurance Works



Waiting Period

The elimination period (or waiting period) is seven consecutive working days.



Sick Pay Period

You will receive \$50 per scheduled work day in addition to paid sick leave. You will receive \$100 for each day in the Hospital instead of other benefits payable during sick leave.



After Sick Pay Ends

You will be eligible for up to 80% of Regular Daily Contract Salary for each regular day of required attendance (reduced by deductible sources of income). The minimum Disability benefit will be 25% of the Regular Daily Contract Salary or \$30, whichever is greater.



After The Second Benefit Year

Employees with more than five years of California State Teachers Retirement System (CalSTRS)/California Public Employees Retirement System (CalPERS) credit receive 10% of their regular monthly contract salary subject to plan provisions. Total benefits from all sources will not exceed 80% of the regular monthly contract salary. Please refer to the CalSTRS/CalPERS booklet for details. After the second benefit year, the minimum benefit will be \$100.

Employees with less than five years of CalSTRS/CalPERS credit receive 60% of their regular monthly contract salary reduced by deductible sources of income. After the second benefit year, the minimum benefit will be 10% of the monthly Disability benefit or \$100, whichever is greater.

Definitions

Disability for the first 2 benefit years that Disability benefits are paid means that you are unable to perform with reasonable continuity of the material and substantial duties of your regular occupation in the usual and customary way. After that, Disability means you are unable to perform with reasonable continuity the material and substantial duties of any gainful occupation that you reasonably could be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

Accidental Injury means an accidental bodily injury you sustained that is independent of disease, bodily infirmity or any other cause; and takes place while your coverage is active.

Sickness means a disease or illness (including pregnancy). The Disability must begin while your coverage is active.

Regular Daily Contract Salary means the gross salary payable to you for the regular school year, divided by the number of regular days of required attendance specified by the district for the contract year during which Disability begins, up to the amount for which premium is paid. It may also include other equivalent compensation arrangements for the regular school year as mutually agreed upon by the policyholder and us. It excludes any additional compensation, including but not limited to overtime pay, weekend or summer school work compensation, bonuses or district-funded fringe benefits.

Premium Chart

Plan Amount Code	Annual Salary (Maximum Covered Salary)	Accidental Death and Dismemberment Benefit	Premiums		
			10-month Mode	11-month Mode	12-month Mode
1	\$1.00 - \$13,799.99	\$5,000.00	\$35.52	\$32.30	\$29.60
2	\$13,800.00 - \$17,999.99	\$5,000.00	\$36.96	\$33.60	\$30.80
3	\$18,000.00 - \$22,199.99	\$5,000.00	\$38.48	\$34.98	\$32.06
4	\$22,200.00 - \$25,899.99	\$5,000.00	\$39.98	\$36.36	\$33.32
5	\$25,900.00 - \$29,599.99	\$5,000.00	\$41.54	\$37.78	\$34.62
6	\$29,600.00 - \$33,299.99	\$5,000.00	\$43.06	\$39.14	\$35.88
7	\$33,300.00 - \$36,999.99	\$5,000.00	\$44.60	\$40.54	\$37.16
8	\$37,000.00 - \$40,699.99	\$5,000.00	\$46.16	\$41.96	\$38.46
9	\$40,700.00 - \$44,399.99	\$5,000.00	\$47.66	\$43.34	\$39.72
10	\$44,400.00 - \$48,099.99	\$5,000.00	\$49.22	\$44.76	\$41.02
11	\$48,100.00 - \$51,799.99	\$5,000.00	\$50.76	\$46.16	\$42.30
12	\$51,800.00 - \$55,499.99	\$5,000.00	\$52.28	\$47.52	\$43.56
13	\$55,500.00 - \$59,199.99	\$5,000.00	\$53.06	\$48.24	\$44.22
14	\$59,200.00 - \$62,899.99	\$5,000.00	\$55.34	\$50.32	\$46.12
15	\$62,900.00 - \$66,599.99	\$5,000.00	\$56.88	\$51.72	\$47.40
16	\$66,600.00 - \$70,299.99	\$5,000.00	\$59.28	\$53.90	\$49.40
17	\$70,300.00 - \$73,999.99	\$5,000.00	\$61.68	\$56.08	\$51.40
18	\$74,000.00 - \$77,699.99	\$5,000.00	\$64.08	\$58.26	\$53.40
19	\$77,700.00 - \$81,399.99	\$5,000.00	\$66.48	\$60.44	\$55.40
20	\$81,400.00 - \$85,099.99	\$5,000.00	\$68.88	\$62.62	\$57.40
21	\$85,100.00 - \$88,799.99	\$5,000.00	\$71.28	\$64.80	\$59.40
22	\$88,800.00 - \$92,499.99	\$5,000.00	\$73.68	\$66.98	\$61.40
23	\$92,500.00 - \$96,199.99	\$5,000.00	\$76.08	\$69.16	\$63.40
24	\$96,200.00 - \$99,899.99	\$5,000.00	\$78.48	\$71.34	\$65.40
25	\$99,900.00 - \$103,599.99	\$5,000.00	\$80.88	\$73.52	\$67.40
26	\$103,600.00 - \$107,299.99	\$5,000.00	\$83.28	\$75.70	\$69.40
27	\$107,300.00 - \$110,999.99	\$5,000.00	\$86.28	\$78.44	\$71.90
28	\$111,000.00 - \$114,699.99	\$5,000.00	\$89.28	\$81.16	\$74.40
29	\$114,700.00 - \$118,399.99	\$5,000.00	\$92.28	\$83.89	\$76.90
30	\$118,400.00 - \$122,099.99	\$5,000.00	\$95.28	\$86.62	\$79.40
31	\$122,100.00 - \$125,799.99	\$5,000.00	\$98.28	\$89.35	\$81.90
32	\$125,800.00 - \$129,499.99	\$5,000.00	\$101.28	\$92.07	\$84.40
33	\$129,500.00 - \$133,199.99	\$5,000.00	\$104.28	\$94.80	\$86.90
34	\$133,200.00 - \$136,899.99	\$5,000.00	\$107.28	\$97.53	\$89.40
35	\$136,900.00 - \$140,599.99	\$5,000.00	\$110.28	\$100.25	\$91.90
36	\$140,600.00 - \$144,299.99	\$5,000.00	\$113.28	\$102.98	\$94.40
37	\$144,300.00 - \$147,999.99	\$5,000.00	\$116.28	\$105.71	\$96.90
38	\$148,000.00 - \$150,000.00	\$5,000.00	\$119.28	\$108.44	\$99.40

Under no circumstances will your benefit be calculated on an amount greater than the income bracket for which you have paid premium.

Plan Highlights

Eligibility

All school district employees working 15 hours or more per week are eligible. Claims incurred while coverage is active will be subject to all policy terms, including any Pre-Existing Condition limitation.

- **Class 1 Insureds**

To be considered Class 1 insured, you would already have five or more years of credited service under the CalSTRS or CalPERS on the date you become Disabled.

- **Class 2 Insureds**

To be considered Class 2 insured, you would have participated in, but have less than five years of credited service under the CalSTRS or CalPERS on the date you become Disabled.

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.

Waiver of Premium

No premium payments are required while receiving benefits under the plan after you have been Disabled for 90 consecutive days. We will require proof annually that you remain Disabled during that time.

Accidental Death and Dismemberment Benefit

A benefit of \$5,000 will be paid to your designated beneficiary if you die from an Accidental Injury within 90 days after the Accidental Injury. If you lose one or more members, including hands, feet, or eyes, you will receive a percentage of the benefit.

Donor Benefit

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

Physician Expense Benefit

Accidental Injury - \$150 Sickness - \$50: If you need personal treatment by a physician due to an Accidental Injury or Sickness, we will pay the amount shown above if no other claim has been paid under the policy. You are not required to miss one full day of work to receive the Accidental Injury benefit. This benefit will be limited to eight payments per calendar year.

Short-Term Disability Benefit

The following benefit amount for each period of Disability is payable during the first two benefit years for class 1 and class 2 insureds beginning on the eighth consecutive Regular Day of Required Attendance missed during Disability.

Regular Days of Required Attendance means any day of teacher attendance required by regulations of the employing unit.

- **While eligible to receive fully paid sick leave**

\$50 for each Regular Day of Required Attendance missed during Disability or \$100 while confined to a Hospital for at least 18 continuous hours.

- **While not eligible to receive fully paid sick leave**

80% of the Regular Daily Contract Salary, less any deductible sources of income, for each Regular Day of Required Attendance missed during Disability. The minimum Disability benefit will be 25% of the Regular Daily Contract Salary or \$30, whichever is greater.

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 the 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.

Minimum Disability Benefit

The minimum Disability benefit will be 10% of the monthly Disability benefit or \$100, whichever is greater. Long-term Disability benefits are not payable for a Disability caused by mental illness, alcoholism or drug addiction unless you are Hospital confined.

No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Long-Term Disability Benefit

The following benefit amount for each period of Disability is payable after the period for which short-term Disability benefits are provided (after the second benefit year):

- **Class 1 Insureds**
10% of the regular monthly contract salary up to a maximum covered salary (see benefit policy schedule). The Disability benefit and all deductible sources of income must not exceed 80% of your regular monthly contract salary.
- **Class 2 Insureds**
60% of the regular monthly contract salary up to a maximum covered salary (see benefit policy schedule), less any deductible sources of income.

Return to Work Incentive

If you are Disabled and working and receiving Long-Term Disability Benefits, you may be eligible to continue to receive a percentage of your Disability benefit in addition to your Disability earnings. However, if your Disability earnings exceed 80% of your regular monthly contract salary, payments will stop, and your claim will end.

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

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. In no event will benefits be paid beyond the maximum Disability period. If drug addiction is sustained at the hands of, or while under, the regular and appropriate care of a physician during treatment for an Accidental Injury or Sickness, it will be covered the same as any other Disability.

Mental Illness Limited Benefit

If you are Disabled due to a mental illness, regardless of the cause, Disability benefits will be provided for up to 2 years. After 2 years, benefits will be paid if you are confined to a Hospital.

Summer Benefit

A \$200 per month benefit payable during the summer months will only be provided if you satisfy the elimination period and Disability begins before the end of the regular school year.

Survivor Benefit

A benefit equal to the dollar amount of the daily benefit 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 short-term Disability benefits under this policy. This benefit will be paid to the end of your maximum disability period or 66 required days of attendance, whichever is less. If there are no eligible survivors, no payment will be made.

Deductible Sources of Income

Deductible sources of income include: Income which you are eligible to receive from your employer; Disability benefits you receive or which you are eligible to receive under any other group Disability insurance plan, including those required under any employers' liability law; pension or retirement benefits, including the CalSTRS/CalPERS; any governmental plan, including Social Security benefits or negotiated alternative Social Security benefit plans payable to you and your dependents, which you are eligible to receive, regardless of whether application has been made for such benefits, with the exception of military Disability allowances and/or military service retirement benefits received due to prior service-connected Disabilities, which are excluded, unless you apply for these after you become Disabled; Disability allowances and service retirement benefits received under the CalSTRS/CalPERS, are excluded during the first six months of Disability.

Optional Benefits



Critical Illness Limited Benefit Rider

This rider pays a one-time benefit based on a diagnosis of any one of the following conditions: heart attack, stroke, kidney failure, paralysis or major organ failure as defined in the policy.

One-Time Benefit	10 Pay	11 Pay	12 Pay
\$10,000.00	\$11.76	\$10.70	\$9.80
\$15,000.00	\$15.82	\$14.38	\$13.18
\$20,000.00	\$19.88	\$18.08	\$16.56
\$25,000.00	\$23.94	\$21.76	\$19.94

Spousal Disability Income Limited Benefit Rider

This rider pays a monthly benefit to you if your Spouse is Disabled. Benefits will begin on the 31st consecutive day of Disability and will continue for up to one year.

Monthly Benefit	10 Pay	11 Pay	12 Pay
\$500.00	\$11.32	\$10.30	\$9.44
\$1,000.00	\$22.66	\$20.60	\$18.88

Hospital Indemnity Limited Benefit Rider

This rider pays a daily benefit for an Inpatient Hospital stay up to 90 days. **Inpatient** means you are admitted as a resident patient to a Hospital for at least 18 continuous hours and are being charged for room and board facilities.

This benefit will not be payable for Pre-Existing Conditions (as defined by the policy) incurred in the first 12 months of coverage.

Daily Benefit	10 Pay	11 Pay	12 Pay
\$100.00	\$7.20	\$6.56	\$6.00
\$150.00	\$10.80	\$9.82	\$9.00

COBRA Funding Limited Benefit Rider

To receive benefits under this rider, you must:

- receive benefits under your Disability base plan;
- elect medical COBRA coverage; and
- pay medical COBRA premiums.

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

Proof of election of medical COBRA continuation must be provided. Proof of continued medical COBRA participation will be required before benefits are paid. Your employment must have ended for the benefit to be payable.

Monthly Benefit	10 Pay	11 Pay	12 Pay
\$300.00	\$5.40	\$4.92	\$4.50
\$400.00	\$7.20	\$6.55	\$6.00
\$500.00	\$9.00	\$8.18	\$7.50
\$600.00	\$10.80	\$9.81	\$9.00

Pre-Existing Condition Limitation

If a Disability is due to a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months, no Disability benefit will be payable. This provision will not apply if you have:

- gone treatment-free;
- incurred no expense;
- taken no medication; and
- received no diagnosis or advice from a physician for 12 consecutive months for such condition(s).

Benefits will not be excluded for Disability due to a Pre-Existing Condition, which 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 satisfied for any increase applied for and approved by us.

Pre-Existing Condition means a disease, Accidental Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician; during the 12 months immediately before your effective date of coverage.

Critical Illness Limited Benefit Rider

This rider does not provide benefits 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.
- A Sickness or Accidental Injury not specifically defined in this rider.

No benefits 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.

Benefits reduce by 50% at age 70. The waiting period is 30 days from the effective date of this rider.

Hospital Indemnity Limited Benefit Rider

In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital stay 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 one if separated by less than 90 days.

Hospital does 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 geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Spousal Disability Income Limited 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 while sane or insane;
- an act of war declared or undeclared;
- accidental Injury sustained or contracted while in the service of the armed forces of any country;
- committing a felony; or
- penal incarceration.

We will not pay benefits for an 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, or participation in any contest of speed in a power-driven vehicle for wage or profit.

Spouse means the person you are lawfully married to under 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. No benefit will be provided for any period in which your Spouse is not under a physician's regular and appropriate care. No benefits will be paid for any Injury or Sickness to your Spouse caused by or resulting from spousal abuse.

Limitations and Exclusions

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

- a Disability that starts while you are not working on a regularly scheduled basis due to lay-off, labor disputes or any leave of absence;
- intentionally self-inflicted Accidental Injury while sane or insane;
- acts of war when serving as a member of any military, air force, naval organization, or an auxiliary unit thereto. This exclusion includes Accidental Injuries sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war or act of war. We will refund the pro-rata unearned premium for any period you or your dependent(s) are not covered;
- Accidental 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 for any period for which you are incarcerated in a penal or correctional institution for 30 consecutive days or longer; and
- Accidental 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 continued for up to one year during a leave of absence approved in writing by your employer.

Termination of Insurance

Coverage will continue as long as the policy remains active, the premiums are paid and you remain eligible for coverage under the policy. Your coverage will end when you no longer qualify as an insured, the policy is discontinued, you retire, you are not on active employment, your employment terminates or the first day of the month after you enter full-time military, naval or air service. 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.



American Fidelity Assurance Company
americanfidelity.com

Disability Income Insurance Premiums

Plan Amount Code	Annual Salary (Maximum Covered Salary)	Accidental Death and Dismemberment Benefit	Premiums		
			10-month Mode	11-month Mode	12-month Mode
1	\$1.00 - \$13,799.99	\$5,000.00	\$35.52	\$32.30	\$29.60
2	\$13,800.00 - \$17,999.99	\$5,000.00	\$36.96	\$33.60	\$30.80
3	\$18,000.00 - \$22,199.99	\$5,000.00	\$38.48	\$34.98	\$32.06
4	\$22,200.00 - \$25,899.99	\$5,000.00	\$39.98	\$36.36	\$33.32
5	\$25,900.00 - \$29,599.99	\$5,000.00	\$41.54	\$37.78	\$34.62
6	\$29,600.00 - \$33,299.99	\$5,000.00	\$43.06	\$39.14	\$35.88
7	\$33,300.00 - \$36,999.99	\$5,000.00	\$44.60	\$40.54	\$37.16
8	\$37,000.00 - \$40,699.99	\$5,000.00	\$46.16	\$41.96	\$38.46
9	\$40,700.00 - \$44,399.99	\$5,000.00	\$47.66	\$43.34	\$39.72
10	\$44,400.00 - \$48,099.99	\$5,000.00	\$49.22	\$44.76	\$41.02
11	\$48,100.00 - \$51,799.99	\$5,000.00	\$50.76	\$46.16	\$42.30
12	\$51,800.00 - \$55,499.99	\$5,000.00	\$52.28	\$47.52	\$43.56
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14	\$59,200.00 - \$62,899.99	\$5,000.00	\$55.34	\$50.32	\$46.12
15	\$62,900.00 - \$66,599.99	\$5,000.00	\$56.88	\$51.72	\$47.40
16	\$66,600.00 - \$70,299.99	\$5,000.00	\$59.28	\$53.90	\$49.40
17	\$70,300.00 - \$73,999.99	\$5,000.00	\$61.68	\$56.08	\$51.40
18	\$74,000.00 - \$77,699.99	\$5,000.00	\$64.08	\$58.26	\$53.40
19	\$77,700.00 - \$81,399.99	\$5,000.00	\$66.48	\$60.44	\$55.40
20	\$81,400.00 - \$85,099.99	\$5,000.00	\$68.88	\$62.62	\$57.40
21	\$85,100.00 - \$88,799.99	\$5,000.00	\$71.28	\$64.80	\$59.40
22	\$88,800.00 - \$92,499.99	\$5,000.00	\$73.68	\$66.98	\$61.40
23	\$92,500.00 - \$96,199.99	\$5,000.00	\$76.08	\$69.16	\$63.40
24	\$96,200.00 - \$99,899.99	\$5,000.00	\$78.48	\$71.34	\$65.40
25	\$99,900.00 - \$103,599.99	\$5,000.00	\$80.88	\$73.52	\$67.40
26	\$103,600.00 - \$107,299.99	\$5,000.00	\$83.28	\$75.70	\$69.40
27	\$107,300.00 - \$110,999.99	\$5,000.00	\$86.28	\$78.44	\$71.90
28	\$111,000.00 - \$114,699.99	\$5,000.00	\$89.28	\$81.16	\$74.40
29	\$114,700.00 - \$118,399.99	\$5,000.00	\$92.28	\$83.89	\$76.90
30	\$118,400.00 - \$122,099.99	\$5,000.00	\$95.28	\$86.62	\$79.40
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33	\$129,500.00 - \$133,199.99	\$5,000.00	\$104.28	\$94.80	\$86.90
34	\$133,200.00 - \$136,899.99	\$5,000.00	\$107.28	\$97.53	\$89.40
35	\$136,900.00 - \$140,599.99	\$5,000.00	\$110.28	\$100.25	\$91.90
36	\$140,600.00 - \$144,299.99	\$5,000.00	\$113.28	\$102.98	\$94.40
37	\$144,300.00 - \$147,999.99	\$5,000.00	\$116.28	\$105.71	\$96.90
38	\$148,000.00 - \$151,699.99	\$5,000.00	\$119.28	\$108.44	\$99.40
39	\$151,700.00 - \$155,399.99	\$5,000.00	\$122.28	\$111.16	\$101.90
40	\$155,400.00 - \$159,099.99	\$5,000.00	\$125.28	\$113.90	\$104.40
41	\$159,100.00 - \$162,799.99	\$5,000.00	\$128.28	\$116.62	\$106.90
42	\$162,800.00 - \$166,499.99	\$5,000.00	\$131.28	\$119.34	\$109.40

Disability Income Insurance Premiums

Plan Amount Code	Annual Salary (Maximum Covered Salary)	Accidental Death and Dismemberment Benefit	Premiums		
			10-month Mode	11-month Mode	12-month Mode
43	\$166,500.00 - \$170,199.99	\$5,000.00	\$134.28	\$122.08	\$111.90
44	\$170,200.00 - \$173,899.99	\$5,000.00	\$137.28	\$124.80	\$114.40
45	\$173,900.00 - \$177,599.99	\$5,000.00	\$140.28	\$127.52	\$116.90
46	\$177,600.00 - \$181,299.99	\$5,000.00	\$143.28	\$130.26	\$119.40
47	\$181,300.00 - \$184,999.99	\$5,000.00	\$146.28	\$132.98	\$121.90
48	\$185,000.00 - \$188,699.99	\$5,000.00	\$149.28	\$135.70	\$124.40
49	\$188,700.00 - \$192,399.99	\$5,000.00	\$152.28	\$138.44	\$126.90
50	\$192,400.00 - \$196,099.99	\$5,000.00	\$155.28	\$141.16	\$129.40
51	\$196,100.00 - \$199,799.99	\$5,000.00	\$158.28	\$143.90	\$131.90
52	\$199,800.00 - \$203,499.99	\$5,000.00	\$161.28	\$146.62	\$134.40
53	\$203,500.00 - \$207,199.99	\$5,000.00	\$164.28	\$149.34	\$136.90
54	\$207,200.00 - \$210,899.99	\$5,000.00	\$167.28	\$152.08	\$139.40
55	\$210,900.00 - \$214,599.99	\$5,000.00	\$170.28	\$154.80	\$141.90
56	\$214,600.00 - \$218,299.99	\$5,000.00	\$173.28	\$157.52	\$144.40
57	\$218,300.00 - \$221,999.99	\$5,000.00	\$176.28	\$160.26	\$146.90
58	\$222,000.00 - \$225,699.99	\$5,000.00	\$179.28	\$162.98	\$149.40
59	\$225,700.00 - \$229,399.99	\$5,000.00	\$182.28	\$165.70	\$151.90
60	\$229,400.00 - \$233,099.99	\$5,000.00	\$185.28	\$168.44	\$154.40
61	\$233,100.00 - \$236,799.99	\$5,000.00	\$188.28	\$171.16	\$156.90
62	\$236,800.00 - \$240,499.99	\$5,000.00	\$191.28	\$173.90	\$159.40
63	\$240,500.00 - \$244,199.99	\$5,000.00	\$194.28	\$176.62	\$161.90
64	\$244,200.00 - \$247,899.99	\$5,000.00	\$197.28	\$179.34	\$164.40
65	\$247,900.00 - \$251,599.99	\$5,000.00	\$200.28	\$182.08	\$166.90
66	\$251,600.00 - \$255,299.99	\$5,000.00	\$203.28	\$184.80	\$169.40
67	\$255,300.00 - \$258,999.99	\$5,000.00	\$206.28	\$187.52	\$171.90
68	\$259,000.00 - \$262,699.99	\$5,000.00	\$209.28	\$190.26	\$174.40
69	\$262,700.00 - \$266,399.99	\$5,000.00	\$212.28	\$192.98	\$176.90
70	\$266,400.00 - \$270,099.99	\$5,000.00	\$215.28	\$195.70	\$179.40
71	\$270,100.00 - \$273,799.99	\$5,000.00	\$218.28	\$198.44	\$181.90
72	\$273,800.00 - \$277,499.99	\$5,000.00	\$221.28	\$201.16	\$184.40
73	\$277,500.00 - \$281,199.99	\$5,000.00	\$224.28	\$203.90	\$186.90
74	\$281,200.00 - \$284,899.99	\$5,000.00	\$227.28	\$206.62	\$189.40
75	\$284,900.00 - \$288,599.99	\$5,000.00	\$230.28	\$209.34	\$191.90
76	\$288,600.00 - \$292,299.99	\$5,000.00	\$233.28	\$212.08	\$194.40
77	\$292,300.00 - \$295,999.99	\$5,000.00	\$236.28	\$214.80	\$196.90
78	\$296,000.00 - \$300,000.00	\$5,000.00	\$239.28	\$217.52	\$199.40

This insert outlines how the Plan works under the Policy. It MUST be used in conjunction with AF-2472 that defines: Eligibility, Effective Date, Disabled Due to a Covered Disability and Not Working, Disabled Due to a Covered Disability and Working, Deductible Sources of Income, Exclusions, Pre-Existing Condition, Disability, and Termination of Insurance.

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