

## Plan Highlights

# Voluntary Group Short Term Disability Insurance



### Southgate Community School District

#### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

Each Active Full-Time and Part-Time Employee working 10 hours or more per week, except for any person working on a temporary or seasonal basis.

#### BENEFIT AMOUNT

The benefit amount is equal to 66.67% of your weekly covered earnings, from a minimum of \$25, to a maximum benefit of \$1,000 per week.

#### DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 1st consecutive day of disability.

Sickness (illness): Benefits begin on the 15th consecutive day of disability.

#### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 13 weeks.

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

#### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability
- ▶ Transfer of Coverage provision

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### RATES

See attached Rate Sheet

## Premium Worksheet



# Voluntary Group Short Term Disability Insurance

### Southgate Community School District

The benefit amount is equal to 66.67% of your weekly covered earnings, to a maximum benefit of \$1,000 per week.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your **Weekly Earnings**, not to exceed **\$1,500**. 1. \$ \_\_\_\_\_
2. **Multiply** the amount on Line 1 by **0.6667**. 2. \$ \_\_\_\_\_
3. Find your rate from the age table displayed. 3. \$ \_\_\_\_\_
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ \_\_\_\_\_
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ \_\_\_\_\_

Age	Rate per \$10 benefit
18-24	\$0.914
25-29	\$1.065
30-34	\$0.916
35-39	\$0.649
40-44	\$0.462
45-49	\$0.469
50-54	\$0.548
55-59	\$0.714
60-64	\$0.925
65-69	\$1.070
70+	\$1.486

**Example Calculation: Jane Smith is age 35.**

1. Enter your **Weekly Earnings**, not to exceed **\$1,500**. 1. \$ 400
2. **Multiply** the amount on Line 1 by **0.6667**. 2. \$ 267 (maximum weekly benefit)
3. Find your rate from the age table displayed. 3. \$ 0.649
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ 173.28
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 17.33 (monthly payroll deduction)