

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP SHORT TERM DISABILITY INSURANCE LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment
 - You have already satisfied the pre-existing condition requirement of your previous insurer

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's weekly [Pre-Disability Earnings/Basic weekly Pay] \$1,000
Short term disability benefits percentage x 60%
Unreduced maximum benefit \$600
Less Social Security disability benefit per week - \$300
Less state disability income benefit per week - \$100
Total amount of short term disability benefit per week \$200

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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¹U.S. Social Security Administration Fact Sheet. Web. 14 October 2020 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

²Rates and/or benefits may be changed on a class basis.

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Katy ISD - Voluntary STD Semi-Monthly Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY SHORT TERM DISABILITY INSURANCE

Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)

To calculate your semi-monthly premium amount, use the following formula.

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \div 52 = & \underline{\hspace{2cm}} & \times 66.67\% & \div 10 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{Your Annual} & & \text{Your Weekly} & & & \text{Weekly Benefit Max} & & \text{\$0.2945} & & \text{Premium Amount} \\
 \text{Earnings} & & \text{Earnings} & & & \text{= \$1,154} & & \text{Rate} & & \\
 \end{array}$$

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