

# GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).<sup>1</sup>

## Katy Independent School District

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Short-Term Disability insurance, visit [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
66.67%	\$1,154	On the 15 <sup>th</sup> day	On the 15 <sup>th</sup> day	11 weeks

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 15 hours per week on a regularly scheduled basis.

### AM I GUARANTEED COVERAGE?

If you elect coverage during your scheduled enrollment period or if this is the first time you are eligible to elect coverage, evidence of insurability is not required.

Outside your scheduled enrollment period and during a family status change period, evidence of insurability is required to elect coverage for the first time.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premium is provided on the Premium Worksheet.

Premium will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

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

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

### **The Buck's Got Your Back<sup>®</sup>**

The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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# 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

### 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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# 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.

$$\begin{array}{ccccccc} \underline{\hspace{2cm}} & \div 52 = & \underline{\hspace{2cm}} & \times 66.67\% & = & \underline{\hspace{2cm}} & \div 10 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ \text{Your Annual} & & \text{Your Weekly} & & & \text{Weekly Benefit Max} & & & & \text{\$0.2770} & & \text{Premium Amount} \\ \text{Earnings} & & \text{Earnings} & & & \text{= \$1,154} & & & & \text{Rate} & & \end{array}$$

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