

Educator Salary Protection Insurance Plan



Volusia County School District

Disability Insurance Plans are offered and underwritten by Unum Life Insurance Company



WHAT IF YOU WEREN'T GETTING A PAYCHECK?

Chances are, work plays an important role in your life. So what if a disabling sickness or injury kept you from the workplace? How long would your savings hold out? How would you maintain your independence?

Certainly, there's a lot depending on your income. That's why your employer has teamed up with Unum to offer disability income protection insurance. Should a disability prevent you from working and earning a living, this insurance can help. It's valuable insurance protection designed to help protect against the big "what ifs" in life.

UNUM *Educator Salary Protection Insurance Plan*

Your employer has recognized the importance of offering disability insurance and has chosen Unum to provide this important coverage.

- It can help replace a portion of your income when you are disabled as the result of a covered sickness or injury.
- It is available to you at affordable group rates.
- Premiums are conveniently payroll-deducted.

Unum is the leader in income protection¹, providing integrated product choices, benefits that help return people to work, and highly responsive service.

Take advantage of the opportunity your employer has given you to purchase this important protection. It could make all the difference to you.

¹ *Unum represents the multiple insuring subsidiaries of Unum Corporation, including the #1 group and individual income protection carriers in the United States, according to the JHLA 2003 U.S. Group Disability Market Survey, 2004 and JHLA 2003 U.S. Individual Disability Market Surveys, 2004.*

HIGHLIGHTS of the *Educator Salary Protection Insurance Plan*

ELIGIBILITY

Your employer will determine plan eligibility based on options available under the Educator Salary Protection Plan. This includes all employees in active employment* working at least 20 hours per week for your employer.

The date you are eligible for coverage is the later of:

- the plan effective date; or
- the day after you complete the waiting period.

For eligible employees, coverage will begin on the first of the month coincident with or next following the first day of the pay period for which you have made contributions that follows the later of:

- the date you are eligible for coverage, if you apply on or before that date; or
- the date you apply for insurance, if you apply within 60 days after the date you are eligible for coverage.

If you do not apply for coverage within 60 days of the date you are initially eligible for coverage, you can apply only during an annual enrollment period.

If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date of your effective date of coverage, coverage will begin on the date you return to active employment.

In order for coverage under the plan issued to your employer to take effect and remain in effect, a minimum of 25 percent of all eligible employees must participate in the plan.

*Being actively at work means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at the location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on leave of absence.

BENEFIT AMOUNT

You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to two-thirds of your monthly earnings to a maximum monthly benefit of \$7,500.

ELIMINATION PERIOD

The elimination period is the length of time of continuous disability due to a covered sickness or injury, which must be satisfied before you are eligible to receive benefits. Your employer may choose to make multiple elimination periods available.

If you have selected an elimination period of 30 days or less, and if because of your disability you are hospital confined as an inpatient, benefits will begin immediately and the remainder of the elimination period will be waived.

DURATION OF BENEFITS

PLATINUM PLAN:

Your duration of benefits is based on your age when the disability occurs as shown in the following table:

<u>Age at Disability</u>	<u>Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60-64	5 years
Age 65-69	To age 70, but not less than 1 year
Age 70 and over	1 year

GOLD PLAN:

Your duration of benefits is based on your age when the disability occurs and whether the disability is due to an injury or sickness, as shown in the following tables.

INJURY

<u>Age at Disability</u>	<u>Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60-64	5 years
Age 65-69	To age 70, but not less than 1 year
Age 70 and over	1 year

SICKNESS

<u>Age at Disability</u>	<u>Duration of Benefits</u>
Less than age 65	5 Years
Age 65 through 69	To age 70, but not less than 1 year
Age 69 and over	1 year

MONTHLY HOSPITAL INDEMNITY BENEFIT

A Monthly Hospital Indemnity Benefit equal to two times the gross disability payment will be paid beginning on the first day of inpatient hospital confinement if you:

- are receiving or are entitled to receive disability payments under the plan; or
- have not completed the elimination period but would be entitled to receive disability payments under the plan upon completion of the elimination period.

The maximum Hospital Indemnity Benefit is 90 days. This benefit is paid instead of the disability monthly payment and it counts toward the maximum duration of disability payment.

ACCIDENTAL DEATH AND DISMEMBERMENT

An Accidental Death and Dismemberment payment will be made according to the Covered Losses and Benefit Amounts listed below if:

- death occurs within 90 days from the date of the accident; or

- the accidental bodily injury(ies) results in one or more covered losses within 90 days from the date of the accident.

Covered Loss

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life	The Full Amount
One Hand or one Foot	One-Half of the Full Amount
Sight of One Eye	One-Half of the Full Amount

The Full Amount is 10 times the gross disability payment. The most that will be paid for any combination of covered losses from any one injury is the Full Amount.

SURVIVOR BENEFIT

Your eligible survivor will be paid a lump sum benefit equal to three times the gross disability payment if, on the date of your death:

- your disability had continued for 180 or more consecutive days; and
- you were receiving or were entitled to receive payments under the plan.

If you have no eligible survivors, payment will be made to your estate, unless there is no estate. In this case, no payment will be made.

ACCELERATED SURVIVOR BENEFIT

Under certain conditions, an Accelerated Survivor Benefit may be paid to you if you are terminally ill. It is payable in a lump sum equal to three times the gross disability payment. An election to receive the Accelerated Survivor Benefit will result in the Survivor Benefit not being paid when you die.

PARTIAL DISABILITY & THE WORK INCENTIVE BENEFIT

Because no employee wants to be out of work longer than absolutely necessary, Unum supports efforts that enable a disabled employee to remain on the job or return to work as soon as possible. We will continue to send monthly payments to an employee with a disability who is working as described below:

- If you are disabled and your monthly disability earnings are between 20% and 80% of your indexed monthly earnings due to the same sickness or injury, we will provide partial benefits based on the percentage of income you are losing due to your disability.

- During the first 12 months, the monthly benefit will not be reduced by any earnings until the gross disability payment, plus your disability earnings, exceed 100% of your indexed monthly earnings. The monthly benefit will then be reduced by that amount.

- After 12 months of payments, you will receive payments based on the percentage of income you are losing due to your disability.

WORKSITE MODIFICATION

If a worksite modification will enable you to remain at work or return to work, a designated Unum professional will assist in identifying what's needed. A written agreement must be signed by you, your employer and Unum, and we will reimburse your employer for the greater of \$1,000 or the equivalent of two months of your disability benefit.

PREGNANCY BENEFIT

Pregnancy or complications of pregnancy will be considered to be a sickness when applying the definition of disability.

DRUG AND ALCOHOL BENEFIT

Alcoholism or drug abuse will be considered to be a sickness when applying the definition of disability.

WAIVER OF PREMIUM

After you have received disability payments under the Plan for 90 consecutive days, from that point forward no premium payments are required while you are receiving disability payments under the Plan.

SOCIAL SECURITY CLAIMANT ADVOCACY PROGRAM

Unum's full-time Social Security specialists review claims in which Social Security benefits have been denied and guide claimants through the complexity of the application and appeals processes.

EDUCATOR Salary Protection Insurance Plan Provisions

PRE-EXISTING CONDITION EXCLUSION

The plan will not cover any disability that begins in the first 12 months after your effective date of coverage that is caused by, contributed to by, or resulting from a pre-existing condition.

Pre-existing condition means a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three (3) months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

In addition, if during an annual enrollment period you apply for additional benefit units or select a shorter elimination period, this plan will not cover the increase in your coverage if you have a pre-existing condition. You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to the date your coverage increased; and
- The disability begins in the first 12 months after the date your coverage increased

However, the above pre-existing condition provision will not apply to you if, during an annual enrollment period, you increase your coverage to an amount equal to 66.6667% of your monthly earnings and your coverage amount prior to the date your coverage increased was already equal to 66.6667% of your monthly earnings.

DEFINITION OF DISABILITY

You would be considered disabled and eligible for benefits if, due to a covered injury or sickness:

- you are limited from performing the material and substantial duties of your regular occupation due to sickness or injury;
- you have a 20% or greater loss in indexed monthly earnings due to the same sickness or injury; and
- during the elimination period, you are unable to perform any of the material and substantial duties of your regular occupation.

After 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience. You must be under the regular care of a doctor in order to be considered disabled.

RECURRENT DISABILITY

If you have a recurrent disability, under certain circumstances Unum may treat that disability as part of the prior claim, and you will not have to complete another elimination period.

BENEFIT INTEGRATION

The gross disability payment will be reduced immediately by the following deductible sources of income:

- The amount of earnings that you receive from your employer's sabbatical leave plan or similar leave of

absence plan, less the cost of paying a substitute teacher if you are required to do so.

- The amount of earnings you receive from your employer's assault leave plan, or similar leave of absence plan, as a result of your being physically assaulted while acting in your official capacity.
- The amount that you receive or are entitled to receive as disability payments under any state compulsory benefit act or law, other group insurance plan, or governmental retirement system.
- The amount that you, your spouse and children receive or are entitled to receive as disability payments because of your disability under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan or any similar plan or act.
- The amount that you receive as retirement payments or the amount your spouse and children receive as retirement payments because you are receiving retirement payments under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan or any similar plan or act.
- The amount that you voluntarily elect to receive as retirement payments under your employer's retirement plan or receive as retirement payments when you reach the later of age 62 or normal retirement age, as defined in your employer's retirement plan.
- The amount that you receive under Title 46, United States Code Section 688 (The Jones Act).

After you have been disabled for one year, the following additional deductible source of income will be subtracted from your gross disability payment in addition to the deductible sources of income mentioned above:

- The amount that you receive under a salary continuation or accumulated sick leave plan.

Regardless of deductible sources of income, an employee who qualifies for disability benefits is guaranteed to receive a minimum benefit amount of 10% of the gross disability payment.

SELF-REPORTED SYMPTOMS/MENTAL ILLNESS LIMITATION

Unum will pay benefits for disabilities due to a sickness or injury that are primarily based on self-reported symptoms and disabilities due to mental illness for up to 12 months. If you are confined to a hospital at the end of 12 months, benefits will continue during the confinement.

Self-Reported Symptoms means the manifestations of your condition that you tell your doctor, which are not verifiable using tests, procedures or clinical examinations standardly accepted in the practice of medicine. Examples of self-reported symptoms include, but are not limited to headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness and loss of energy.

GENERAL EXCLUSIONS

The Plan does not cover any disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- Loss of a professional license, occupational license or certification;
- Commission of a crime for which you have been convicted.
- Service on full-time active duty in the Armed Forces of any country or international authority;
- Traveling in experimental aircraft or any government aircraft;
- Serving as a pilot or crew member of any aircraft including those that are not motor driven, with the exception of commercial airlines flying between established routes on a regular schedule;
- Taking student flying lessons;
- Airborne recreational activities, including but not limited to hang gliding, parachuting, and hot air ballooning;
- Pre-existing conditions;
- **Your occupational sickness or injury.** However, the plan will cover disabilities due to occupational sicknesses or injuries for partners or sole proprietors who cannot be covered by a workers compensation law.

Your plan will not cover a disability due to war, declared or undeclared, or any act of war.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

TERMINATION PROVISIONS

Your coverage under the plan ends on the earliest of:

- the date your employer's plan is cancelled.
- the date you no longer are in an eligible group.
- the date your eligible group is no longer covered.
- the last day of the period for which you made any required contributions.
- the later of:
 - the last day you are in active employment, except as provided under the covered layoff or leave of absence provision; or
 - the last day of your contract (if applicable) with your Employer but not beyond the end of your Employer's current school contract year.

This plan highlight summary is provided to help you understand your insurance coverage from Unum. If the terms of this plan highlight summary or your certificate differ from the policy, the policy will govern. The policy has exclusions and limitations which may affect any benefits payable.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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