

For eligible employees of:

## Sarasota County Schools

Presented by:



August 20, 2012  
Proposals expires in 90 days

# Group Disability Proposal

Underwritten by  
Continental American Insurance Company  
2801 Devine Street | Columbia, South Carolina 29205



## Plan Description

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The plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an Injury or Sickness. Benefit payments begin following the satisfaction of any applicable Elimination Period and continue during disability, up to a maximum benefit period.

## Why Offer Group Disability Income Insurance?

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Group Disability Income is paycheck insurance. It insures a portion of your paycheck in the event you become disabled and unable to work due to Injury or Sickness.

## Plan Features

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- ◆ **Guaranteed Issue** – Guaranteed issue is available during the initial enrollment.
- ◆ **Payroll Deduction** – Premiums are paid through convenient payroll deduction.
- ◆ **Non-Occupational Coverage** – Covers disability due to off-the-job Injuries and Sickness.
- ◆ **Partial Disability Benefit** – Partial Disability benefits allows a transition period before returning to full-time employment.
- ◆ **Portable Coverage** – Employees can continue coverage when they leave employment, with certain stipulations.
- ◆ **Minimum and Maximum Benefit** – \$300 to \$3,000.
- ◆ **Maximum Income Replacement Percentage** – The maximum income replacement is 50 percent of salary.
- ◆ **Waiver of Premium** – Premium payments are waived after 90 days of Total Disability.

## Benefits

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### **Total Disability**

Pays the monthly benefit when a covered employee is totally disabled and unable to work. Benefits begin following the expiration of an applicable Elimination Period and continue, so long as the covered employee remains disabled, up to the maximum benefit period.

### **Partial Disability**

If the covered employee is partially disabled, the plan provides fifty percent (50%) of the applicable monthly benefit for a maximum of 90 days, immediately following a period in which Total Disability benefits were paid. Partial Disability is when the covered employee is unable to work for more than 4 hours per day and is under the care of a Physician that is appropriate for the condition causing the disability.

## Additional Features

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### Guaranteed Issue

Guaranteed Issue allows the eligible employees to purchase disability income protection up to a specified amount without health underwriting. Guaranteed Issue is available during the initial enrollment and for new hires thereafter up to the amount shown in the benefit summary.

- 20% / 40% / 50% choice of benefit. Benefit amounts will be rounded to the nearest \$50 using standard rounding rules.
- \$3000 maximum monthly benefit.
- In years 2 through 5 the employee can increase benefit by \$250.00 as long as it does not exceed 50% of income and \$3,000 max benefit.
- In the event the employee does not participate in year one then they can only enter in at the 20% benefit up to \$3,000.
- Existing Aflac insureds on the individual side will continue with their existing product.

### Waiver of Premium

Premium payments are waived after 90 days of Total Disability. Premiums will continue to be waived so long as the covered employee is receiving Total Disability benefits. After Total Disability benefits end, the covered employee must pay the required premiums to keep the coverage in force. Waiver of premium does not apply to plans with a three (3) month maximum benefit period.

### Portability

This valuable coverage may be continued, even if the covered employee changes employers. The covered employee must have been continuously insured for at least six (6) months and make a written application to continue coverage within 31 days of ending employment with the employer. The employee must be working as a full-time employee with a new employer and pay the required premiums. The coverage continued will include the same benefits, same plan provisions, and same premium rates as previously issued. The coverage may be continued, so long as the required premiums are paid and the group policy issued to the employer remains in force.

### Group Eligibility

Product is only available through payroll deduction. Minimum group size is 25 approved employee applicants.

### Eligibility

#### Issue Ages

Employee 18-69

Full-time, benefit eligible employees working at least 30 hours or more per week. Eligible employees have at least 30 days of continuous employment by the date of the enrollment. Seasonal and temporary employees are not eligible. No spouse coverage is available.

## GROUP DISABILITY INSURANCE

# DI<sup>G</sup>

Florida - Weekly (52pp/yr)

### Benefit Summary:

Non-Occupational Disability Income

### Elimination Period

Accident Elimination Period: 0 Days

Sickness Elimination Period: 7 Days

### Benefit Duration:

Maximum Benefit Period: 3 Months

### Group Risk Classification:

The group risk classification is Premier

### Occupations

The Premier risk classification is solely for occupations that are sedentary, professional in nature, and do not require travel outside of the office.

### Guaranteed Issue Amount

The guaranteed issue amount for the group risk classification is \$3,000.

| Premier Risk Non-Occupational |         |         |         |
|-------------------------------|---------|---------|---------|
| Age Band                      | 17-49   | 50-59   | 60-69   |
| Premium Rate                  | \$ 0.66 | \$ 0.73 | \$ 0.95 |

Rates per \$100 of Monthly Benefit - Weekly (52pp/yr) Premium

Please Note: Premiums shown are accurate as of publication. They are subject to change.



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## Exclusions and Limitations

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### Exclusions

Benefits will not be paid for disability due to:

1. Any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot;
2. An intentionally self-inflicted Injury;
3. A commission of, or attempt to commit, an assault, battery, or felony, or engagement in any illegal occupation;
4. Travel in, jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft;
5. Mental or emotional disorders without demonstrable organic disease;
6. Alcoholism or drug addiction;
7. An Injury arising from any employment; and
8. Injury or Sickness covered by Worker's Compensation.

### Pre-existing Condition Limitation

Pre-existing Condition means a sickness or physical condition which, within the 12 month period prior to the Effective Date of your certificate resulted in your receiving medical advice or treatment.

We will not pay benefits for any period of Total Disability starting within 12 months of the Effective Date of your certificate which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from the Effective Date of your certificate will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date of your certificate.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

*Note: If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.*

## Definitions

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### **Total Disability**

Before benefits have been paid for one year for a period of disability, means that due to Injuries or Sickness the insured must:

1. Not be able to perform the substantial and material duties of the employee's occupation; and
2. Be receiving care by a Physician which is appropriate for the condition causing the disability; and
3. Not be gainfully employed or occupied in any other occupation.

After benefits have been paid for one year for a period of disability, means that due to Injuries or Sickness the insured must:

1. Be unable to engage in any gainful occupation that might be reasonably expected because of training, education or experience; and
2. Be receiving care by a Physician which is appropriate for the condition causing the disability; and
3. Not be gainfully employed or occupied in any other occupation.

Nothing in this definition extends the maximum benefit period.

### **Elimination Period**

The number of days of Total Disability that must elapse in a period of disability before benefits become payable. These days need not be consecutive; they can be accumulated during a Period of Disability to satisfy an Elimination Period. Benefits are not payable, nor do they accrue, during an Elimination Period.

### **Period of Disability**

The length of time the insured is totally disabled from one or more causes. It starts on the first full day of Total Disability after ceasing active employment and ends on the earlier of the date the insured:

1. Ceases to be totally disabled; or
2. Goes back to active work for any employer.

During the Elimination Period, two or more periods of Total Disability due to the same or related causes will be termed one period if they are not separated by a total of at least 31 days of full-time work.

After the Elimination Period, two or more periods of Total Disability due to the same or related causes will be termed one period if:

1. They are due to the same or related causes and are not separated by a total of at least 90 consecutive days of full-time work; or
2. They are due to an unrelated cause and are not separated by a return to full-time work.

The Total Disability must occur while the employee covered under the Plan.

## **Definitions** (Continued)

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### **Partial Disability**

Partial Disability or partially disabled means that due to Injuries or Sickness the insured is unable to work in any occupation for more than 4 hours per day and is under the care of a Physician which is appropriate for the condition causing the disability.

### **Period of Partial Disability**

Successive periods of Partial Disability will be considered as separate periods of disability if the later period is due to the same or related cause and is separated by at least 31 consecutive days during which the insured has worked on a full-time basis.

### **Actively at Work**

An insured is considered actively at work while performing the regular duties of employment for a full normal work day at the regular place of business of the group policyholder or at a location that the employee may be required to travel to perform regular employment duties.

### **Injuries**

An Injury is accidental bodily Injuries occurring while coverage is in force.

### **Sickness**

Means sickness or disease which is first manifested and begins while your certificate is in force. Pregnancy and complications of pregnancy are considered as sicknesses.

### **Physician**

Means any person other than the insured who is licensed by law, and is acting within the scope of the license, to treat Injuries or Sickness which results in covered loss.