AF™ Disability Income Insurance
Protection Plan

A Plan Designed For Claremont CSEA Chapter 200

AMERICAN FIDELITY
a different opinion
Eligibility
All classified employees that are members of the CSEA with annual contract salary, who work 15 hours or more per week at 50% contract or greater.

- **Class 1 Insureds**
  On the date you become disabled, you have 5 or more years of credited service under the California State Teachers Retirement System (STRS) or Public Employees Retirement System (PERS).

- **Class 2 Insureds**
  On the date you become disabled, you participate in but have less than 5 years of credited service under the California State Teachers Retirement System (STRS) or Public Employees Retirement System (PERS).

### Monthly Premium
$0.60 per $100 of monthly salary.

### Effective Date Of Coverage
Certificates will become effective the first of the month following the date we approve the application, providing you are actively employed and first premium has been paid.

### $50,000 Accidental Death and Dismemberment Benefit
A lump sum of $50,000 will be paid if you die as the direct result of an injury within 90 days after the injury. If you lose one or more members which include hands, feet, and eyes you will receive a percentage of the benefit amount.

### Short Term Disability Income Benefit
The following benefit amount for each period of disability is payable during the first 2 benefit years for **Class 1 and Class 2 Insureds** beginning on the 8th consecutive Regular Day of Required Attendance missed during Disability. **Regular Days of Required Attendance** means any day of teacher attendance required by regulations of the employing unit.

- **While eligible to receive fully paid sick leave**
  $25.00 for each Regular Day of Required Attendance missed during disability or $35.00 while confined to a Hospital for at least 18 continuous hours in duration.

- **While not eligible to receive fully paid sick leave**
  75% of the Regular Daily Contract Salary less any deductible sources of income, for each Regular Day of Required Attendance missed during Disability. The minimum disability benefit will be the lesser of 75% of the regular daily contract salary or $30.00.

### Long Term Disability Income Benefit
The following benefit amount for each period of Disability is payable after the expiration of the period for which short term disability income benefits are provided (after the second benefit year).

- **Class 1 Insureds**
  10% of the regular monthly contract salary up to a maximum covered salary of $111,000.00. The disability benefit, together with all deductible sources of income, shall not exceed 80% of your regular monthly contract salary.

- **Class 2 Insureds**
  60% of the regular monthly contract salary up to a maximum covered salary of $111,000.00 less any deductible sources of income.

### Return to Work Incentives: Disabled and Working (Long Term Disability Benefits Only)
If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your regular monthly contract salary, payments will stop and your claim will end.

- **Worksite Accommodation**
  As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

### Benefits Are Payable
Up to the period of time shown in the table below, based on your age as of the date Disability begins.

<table>
<thead>
<tr>
<th>Age</th>
<th>Maximum Benefit Period</th>
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<tbody>
<tr>
<td>59 or younger</td>
<td>To age 65</td>
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<tr>
<td>60 through 64</td>
<td>3 years</td>
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<tr>
<td>65 or older</td>
<td>To age 70, but not less than 1 year</td>
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</tbody>
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The minimum disability benefit will be $100.00 per month. Long term disability income benefits are not payable for Disability caused by mental illness, alcoholism or drug addiction, unless you are hospital confined. Long Term Disability Income benefits are not payable for Disability caused by special conditions. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

### Disability
For the first 2 benefit years that disability benefits are paid means that you are unable to perform with reasonable continuity the material and substantial duties of your regular occupation in the usual and customary way. After that, Disability means you are unable to perform with reasonable continuity the material and substantial duties of any gainful occupation that you reasonably could be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

### Accidental Injury
Means accidental bodily injuries sustained by you which are independent of disease or bodily infirmity or any other cause, and takes place while your coverage is in force.

### Sickness
Means a disease or illness (including pregnancy). Disability must begin while your coverage is in force.

### Hospital
The term “Hospital” shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

### Regular Daily Contract Salary
Means the gross salary payable to you for the regular school year, divided by the number of Regular Days of Required Attendance specified by the district for the contract year during which Disability begins up to the amount for which premium is paid. It may also include other equivalent compensation arrangements for the regular school year as mutually agreed upon by the policyholder and us. It excludes any additional compensation, including but not limited to, overtime pay, weekend or summer school work compensation, bonuses or district-funded fringe benefits.
Important Policy Provisions (continued)

Survivor Benefit (Short Term Disability Benefits Only)
A lump sum benefit equal to the dollar amount of the daily benefit will be paid to you if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive short term disability income benefits under this policy. This benefit will be paid to the end of your maximum disability period, or 100 Regular Required Days of Attendance, whichever is less. If you have no eligible survivors, no payment will be made.

Waiver of Premium
No premium payments are required while you are receiving payments under the plan after disability payments have been received for 90 consecutive days. We will require proof annually that you remain disabled during that time.

Summer Benefit
$200.00 per month for Disability beginning and satisfying the elimination period prior to the end of the regular school year.

Donor Benefit
If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

Pre-Existing Condition
Means a disease, Accidental Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician; during the 12-month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, Accidental Injury, Sickness, physical condition, or mental illness.

Pre-Existing Condition Limitation
If Disability is due to a Pre-Existing Condition and begins before you have been continuously covered under the policy for 24 months, no disability benefit will be payable. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician for 12 consecutive months for such condition(s). Benefits will not be excluded for Disability due to a Pre-Existing Condition, which begins after you have been continuously covered under the policy for 24 months. Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

Mental Illness Limited Benefit
If you are disabled due to a mental illness, regardless of the cause, disability benefits will be provided for up to 6 months. After 6 months, benefits will be paid only if you are confined to a hospital.

Alcoholism And Drug Addiction Limited Benefit
If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 14 days for each Disability will be paid. In no event will benefits be paid for more than 14 days of Disability in any 12-month period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Accidental Injury or Sickness, it will be covered the same as any other illness.

Special Conditions Limited Benefit
This provides a benefit up to 2 years due to special conditions if you are disabled and under the regular and appropriate care of your physician. Eligible conditions include: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident, or injury of the neck or back not resulting in hemiplegia, paraplegia or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Deductible Sources Of Income Will Include
Income which you are eligible to receive from your employer; disability benefits you receive or which you are eligible to receive under any other group disability insurance plan including those required under any employer’s liability law; disability, pension or retirement benefits, including the Public Employees Retirement System; any governmental plan, including social security benefits or negotiated alternative Social Security benefit plans payable to you and your dependents, which you are eligible to receive, regardless of whether application has been made for such benefits, except that: military disability allowances and/or military service retirement benefits received due to prior service connected disabilities, are excluded, unless you apply for these after you become disabled; disability allowances and service retirement benefits received under the California State Teachers Retirement System, or the Public Employees Retirement System are excluded during the first 6 months of Disability.

Exclusions
The policy does not cover any loss, fatal or non-fatal, which results from: a disability, which starts while you are not working on a regularly scheduled basis due to lay-off, labor disputes or any leave of absence; intentionally self-inflicted injury while sane or insane; War; war or acts of war when serving as a member of any military, air force, naval organization, or an auxiliary unit thereto. This exclusion includes Accidental Injury sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war or act of war. We will refund the pro rata unearned premium for any such period you or your dependent(s) are not covered. Accidental injury sustained or sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. We will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Accidental Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers’ Compensation*. The term ‘entitled to Workers’ Compensation’ shall also include Workers’ Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which you are entitled to Workers’ Compensation benefits.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.
How AF™ Disability Income Insurance Works

**WAITING PERIOD—7 CONSECUTIVE WORK DAYS**

**DURING SICK PAY PERIOD**
$25 per scheduled work day, in addition to fully paid sick leave. $35 for each day in the hospital (in lieu of other benefits payable during sick leave).

**AFTER SICK PAY PERIOD ENDS THROUGH THE SECOND BENEFIT YEAR**
Up to 75% of each regular day of required attendance (reduced by deductible sources of income). The minimum disability benefit will be $30 per regular day of required attendance.

**AFTER SECOND BENEFIT YEAR**
Employees with more than 5 years strs/pers credit receive 10% of regular monthly contract salary subject to plan provisions to age 65. Total benefits from all sources shall not exceed 80% of regular monthly contract salary.

Employees with less than 5 years strs/pers credit receive 60% of regular monthly contract salary (reduced by deductible sources of income).

*Please refer to the STRS/PERS booklet for details. After the second benefit year, the minimum benefit will be $100 per month.*

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