

Group Customized Disability Benefits



Benefit Highlights

for All Eligible Employees of United Independent School District - #222916

Benefits

- Coverage for All Full-Time United States Employees working in the United States working 30 hours or more per week.
- This Customized Disability plan from Sun Life allows you to customize your coverage from the following options:
 - **Benefit Duration:** allows you to select the duration of coverage for disabilities due to injuries and sickness. Options are 36 months, or To age 65 ADEA.
Benefit Amount: this plan allows you to select a benefit amount between \$200 and \$7,500 per month, in increments of \$100. The benefit elected cannot exceed 66.67% of your monthly salary.
 - **Elimination Period:** allows you to select the number of days that you must be disabled before benefits are available. Options are after 14 days, after 30 days, or after 60 days for absences due to covered injuries and sickness.
- Employees must meet the definition of Total Disability as defined in the policy to be eligible for the benefits described here.
- Benefits are not payable under the 3/12 pre-existing conditions clause as defined in the policy.
- **Included Benefits:** In addition, your coverage is enhanced by the following benefits:
 - **Child Care Benefit:** Pays an additional benefit to insured in an approved rehabilitation program if they have a qualifying dependent enrolled in approved child care.
 - **Survivor Benefit (SB):** Pays a 3 months lump sum gross Survivor benefit.

Features of the Plan:

- **A portion of your salary is protected if you can't work.** You receive a percentage of your income when a covered disability prevents you from working. By having a portion of your income coming in, you may avoid having to rely on your savings to cover expenses in case you become ill or get injured.
- **You get personal service.** When you file a claim, you are assigned to a benefits expert who will guide you through the process and answer any questions.
- **You will also receive comprehensive rehabilitation services.** Using a team approach, our medical, psychiatric, and vocational professionals actively manage your disability claim and work together to create a return-to-work plan designed just for you. We offer vocational rehabilitation, job search assistance, and financial assistance for worksite accommodations and other expenses.
- **You get extra benefits if you become Totally Disabled.** Our Retro Disability Benefits[®] gives you an extra lump sum payment should you face a catastrophic illness or injury requiring an immediate and prolonged hospital stay. To qualify for Retro Disability Benefits[®], you must have been continuously hospitalized for 14 days or more at the onset of an approved Total Disability.
- **You have access to Convenience Resources and Adult/Elder Care Support.** These services help simplify your day-to-day activities. Convenience Resource specialists help you save time and complete tasks by bringing you resources and referrals for everyday needs, from gift and travel ideas to pet grooming. And when life presents a challenge, you can talk with an Adult/Elder Care specialist on topics ranging from coping with a disability to finding a caregiver for an elderly parent.

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Benefit Highlights (continued)

Cost to you

- Customized Disability Insurance coverage is contributory, meaning that you are responsible for paying for all of the cost through payroll deduction.
- Calculate your cost by dividing your monthly benefit by 100 and multiplying the result by the rate found in the chart below. Follow the example below to determine your monthly cost.

Choice 1		Choice 2		Choice 3	
Benefit Duration:	To age 65 ADEA	Benefit Duration:	To age 65 ADEA	Benefit Duration:	To age 65 ADEA
Benefit Amount:	\$100 Increments	Benefit Amount:	\$100 Increments	Benefit Amount:	\$100 Increments
Elimination Period:	14 days	Elimination Period:	30 days	Elimination Period:	60 days
Included Benefits: <i>See first page for descriptions of benefits</i> <ul style="list-style-type: none"> • Child Care Benefit • Survivor Benefit 		Included Benefits: <i>See first page for descriptions of benefits</i> <ul style="list-style-type: none"> • Child Care Benefit • Survivor Benefit 		Included Benefits: <i>See first page for descriptions of benefits</i> <ul style="list-style-type: none"> • Child Care Benefit • Survivor Benefit 	
Your Age	Rate per \$100	Your Age	Rate per \$100	Your Age	Rate per \$100
Under 25	\$1.50	Under 25	\$1.07	Under 25	\$0.76
25-29	\$1.50	25-29	\$1.07	25-29	\$0.76
30-34	\$1.75	30-34	\$1.22	30-34	\$0.88
35-39	\$1.95	35-39	\$1.45	35-39	\$1.06
40-44	\$2.18	40-44	\$1.74	40-44	\$1.33
45-49	\$2.86	45-49	\$2.34	45-49	\$1.85
50-54	\$3.76	50-54	\$3.07	50-54	\$2.47
55-59	\$5.02	55-59	\$3.98	55-59	\$3.36
60-64	\$5.06	60-64	\$3.56	60-64	\$2.93
65-69	\$6.69	65-69	\$4.66	65-69	\$3.78
70 and over	\$6.69	70 and over	\$4.66	70 and over	\$3.78

These are the rates in effect for 09/01/2015.

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Benefit Highlights (continued)

Choice 4		Choice 5		Choice 6	
Benefit Duration:	36 months	Benefit Duration:	36 months	Benefit Duration:	36 months
Benefit Amount:	\$100 Increments	Benefit Amount:	\$100 Increments	Benefit Amount:	\$100 Increments
Elimination Period:	14 days	Elimination Period:	30 days	Elimination Period:	60 days
Included Benefits: <i>See first page for descriptions of benefits</i> <ul style="list-style-type: none"> Child Care Benefit Survivor Benefit 		Included Benefits: <i>See first page for descriptions of benefits</i> <ul style="list-style-type: none"> Child Care Benefit Survivor Benefit 		Included Benefits: <i>See first page for descriptions of benefits</i> <ul style="list-style-type: none"> Child Care Benefit Survivor Benefit 	
Your Age	Rate per \$100	Your Age	Rate per \$100	Your Age	Rate per \$100
Under 25	\$1.24	Under 25	\$0.82	Under 25	\$0.50
25-29	\$1.24	25-29	\$0.82	25-29	\$0.50
30-34	\$1.43	30-34	\$0.89	30-34	\$0.55
35-39	\$1.52	35-39	\$1.02	35-39	\$0.62
40-44	\$1.58	40-44	\$1.14	40-44	\$0.73
45-49	\$1.98	45-49	\$1.45	45-49	\$0.97
50-54	\$2.58	50-54	\$1.89	50-54	\$1.30
55-59	\$3.66	55-59	\$2.62	55-59	\$2.00
60-64	\$4.99	60-64	\$3.79	60-64	\$2.86
65-69	\$6.61	65-69	\$4.58	65-69	\$3.70
70 and over	\$6.61	70 and over	\$4.58	70 and over	\$3.70

These are the rates in effect for 09/01/2015.

Example Monthly Benefit	Divided by	Multiplied by	Example Cost*
	100	rate	
\$3,500	/ 100 = 35	X \$0.40	\$14.00
Your Monthly Benefit	Divided by	Multiplied by	Your Cost*
	100	rate	
\$	/ 100 =	x \$	\$

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Benefit Highlights (continued)

Disability can happen to anyone

Want to know more about your chances of becoming disabled? Sun Life Financial is a founding member of the Council for Disability Awareness. Visit www.disabilitycanhappen.org and find out your Personal Disability Quotient.

For complete plan details

- This is an overview of the benefits available from your employer and is not a complete description of plan provisions. It does not certify eligibility for benefits under this plan.
- For complete plan designs, you may request a copy of the Sun Life Financial Group booklet from your employer.

Limitations

Limitations include but are not limited to, the list below. Limitations may vary depending on your specific benefit plan. No Customized Disability Insurance benefit will be payable for any Total or Partial Disability during any of the following periods:

- any period you are not under the regular and continuing care of a physician providing appropriate treatment and regular examination and testing in accordance with the disabling condition, unless you reached a maximum point of recovery and still totally or partially disabled, or
- any period you fail to submit any medical examination or clinical assessment requested by Sun Life, or
- any period you are incarcerated.

Other limitations that are plan or state specific may apply. Please review the certificate for information on the specific limitations.

Exclusions

Exclusions include but are not limited to the list below. Exclusions may vary depending on your specific benefit plan. No Customized Disability benefit will be payable for any Total or Partial Disability that is due to:

- an intentionally self-inflicted injury,
- war, declared or undeclared, or any act of war,
- active participation in a riot, rebellion, or insurrection, or committing or attempting to commit an assault, felony, or other criminal act.

If a pre-existing condition limitation applies to the plan, then no Customized Disability benefit is payable for any period of disability that occurs within the exclusionary period and is caused by, contributed to by, or resulting from a pre-existing condition. For more information, consult with your Benefits Administrator.

Exclusions may vary depending on your specific benefit plan and state requirements.

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy. This 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 Insurance Department.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 02-SL, 07-SL and 01C-LH-PT. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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