



# Customized Disability insurance

## Benefit Highlights

For all eligible employees of Cypress Fairbanks Independent School District, Policy #930912

Customized Disability insurance provides you with a monthly benefit for a covered disability like a back injury or chronic illness that takes you away from work for an extended time. Your cost depends on your plan selection, coverage amount, and the elimination period you choose.

### Plan Selection

- **PLAN A:** Receive benefits after your claim is approved, until you reach the Social Security Normal Retirement Age, as long as you are still unable to work due to a covered disability for an Accident or Sickness.
- **PLAN B:** Receive benefits after your claim is approved, until you reach the Social Security Normal Retirement Age, as long as you are still unable to work due to a covered disability for Accident, and 5 years for Sickness.

### Coverage Amount

Choose the benefit amount that best meets your needs and your budget

- You may participate in the plan under any one of the benefit levels outlined in the Rate Schedule, provided the monthly benefit level you select does not exceed 66 2/3% of your monthly earnings from your employer. If, at any time, the monthly benefit you have chosen exceeds 66 2/3% of your monthly earnings, your benefit amount will be reduced to the highest benefit level for which you are eligible.
- Keep in mind that other sources of income could impact your benefit amount after 12 months of benefit payments.

### Elimination Period

The elimination period is the number of consecutive days of Disability, which must be completed before we will pay you a benefit. No benefits will be paid to you for any portion of your Disability that occurs during your Elimination Period. If you are confined to a Hospital for at least 24 hours, we will waive your Elimination Period. There are three elimination periods to choose from:

- 0/7 - 0 days for injury, 7 days for sickness
- 14/14 - 14 days for injury, 14 days for sickness
- 30/30 - 30 days for injury, 30 days for sickness

#### How Sun Life's Customized Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for Customized Disability insurance through work. Mark filed a claim because he was unable to work due to a covered disability. After his claim was approved, he started receiving monthly benefits after he satisfied the elimination period and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having disability insurance allowed Mark to focus on returning to work and not on his finances.

## Disability Q&A

### What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim. You will have to wait a certain number of days for your benefits to kick in after you are no longer able to work due to a covered disability.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period and meet the definition of disability.

### What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

### Do I need to answer any health questions to enroll for this coverage?

No health questions are required to enroll.

### What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we will not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, or took prescribed drugs or medicine for, regardless of whether the condition was diagnosed or suspected at that time. Read the exclusions and limitations for more information.

### How do I file a claim?

To file your claim, we need to receive information from you, your doctor, and your Employer. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from [www.yourbenefitstation.com](http://www.yourbenefitstation.com). Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

### Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

# Important Plan Provisions

## Limitations and exclusions\*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-existing Condition - Benefits will not be paid if your disability begins in the first 12 months following the effective date of your coverage; and your disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which:
  1. you received medical treatment, consultation, care or services, including diagnostic measures, or were prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; or
  2. you had symptoms for which an ordinarily prudent person would have consulted a doctor in the 3 months just prior to your effective date of coverage.
- Increases or additional coverage are also subject to the pre-existing condition limitation, as of the effective date of the increase or additional coverage.
- cost of living, contract, or periodic salary review increases;
- your active Participation in a Riot, Rebellion or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

\*The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

**Keep your life, and your bills, on track while you recover from an illness or injury.**



This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group customized disability insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01 and 12-DI-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Find your Annual/Monthly Earnings below to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit.

## CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT Rate Schedule

Costs below are based on a Monthly payroll deduction

Product: Educator Benefit Solutions			Plan A			Plan B		
			Duration of Benefits SSNRA for Disability or Sickness			Duration of Benefits SSNRA for Disability & 5 Yrs for Sickness		
			Elimination Period (Days)			Elimination Period (Days)		
			Injury (Days)	0*	14*	30*	0*	14*
Sickness (Days)			7*	14*	30*	7*	14*	30*
Annual Salary	Monthly Salary	Monthly Benefit						
3600	300	200	8.44	6.74	5.56	7.52	5.96	4.98
5400	450	300	12.66	10.10	8.34	11.28	8.92	7.46
7200	600	400	16.88	13.46	11.12	15.04	11.90	9.96
9000	750	500	21.08	16.84	13.88	18.80	14.88	12.44
10800	900	600	25.30	20.20	16.66	22.56	17.84	14.92
12600	1050	700	29.52	23.56	19.44	26.32	20.82	17.42
14400	1200	800	33.74	26.94	22.22	30.08	23.80	19.90
16200	1350	900	37.96	30.30	25.00	33.84	26.76	22.38
18000	1500	1000	42.18	33.66	27.78	37.60	29.74	24.88
19800	1650	1100	46.40	37.04	30.56	41.36	32.72	27.36
21600	1800	1200	50.60	40.40	33.32	45.10	35.68	29.86
23400	1950	1300	54.82	43.76	36.10	48.86	38.66	32.34
25200	2100	1400	59.04	47.12	38.88	52.62	41.64	34.82
27000	2250	1500	63.26	50.50	41.66	56.38	44.60	37.32
28800	2400	1600	67.48	53.86	44.44	60.14	47.58	39.80
30600	1550	1700	71.70	57.22	47.22	63.90	50.56	42.28
32400	2700	1800	75.90	60.60	50.00	67.66	53.52	44.78
34200	2850	1900	80.12	63.96	52.76	71.42	56.50	47.26
36000	3000	2000	84.34	67.32	55.54	75.18	59.48	49.74
37800	3150	2100	88.56	70.70	58.32	78.94	62.44	52.24
39600	3300	2200	92.78	74.06	61.10	82.70	65.42	54.72
41400	3450	2300	97.00	77.42	63.88	86.46	68.40	57.20
43200	3600	2400	101.20	80.78	66.66	90.22	71.36	59.70
45000	3750	2500	105.42	84.16	69.42	93.98	74.34	62.18
46800	3900	2600	109.64	87.52	72.20	97.74	77.32	64.66
48600	4050	2700	113.86	90.88	74.98	101.48	80.28	67.16
50400	4200	2800	118.08	94.26	77.76	105.24	83.26	69.64
52200	4350	2900	122.30	97.62	80.54	109.00	86.24	72.14
54000	4500	3000	126.52	100.98	83.32	112.76	89.20	74.62
55800	4650	3100	130.72	104.36	86.10	116.52	92.18	77.10
57600	4800	3200	134.94	107.72	88.86	120.28	95.16	79.60
59400	4950	3300	139.16	111.08	91.64	124.04	98.12	82.08
61200	5100	3400	143.38	114.44	94.42	127.80	101.10	84.56
63000	5250	3500	147.60	117.82	97.20	131.56	104.08	87.06
64800	5400	3600	151.80	121.18	99.98	135.32	107.04	89.54
66600	5550	3700	156.02	124.54	102.76	139.08	110.02	92.02
68400	5700	3800	160.24	127.92	105.52	142.84	113.00	94.52
70200	5850	3900	164.46	131.28	108.30	146.60	115.96	97.00
72000	6000	4000	168.68	134.64	111.08	150.36	118.94	99.48
73800	6150	4100	172.90	138.02	113.86	154.12	121.92	101.98

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			Elimination Period (Days)			Elimination Period (Days)		
Injury (Days)			0*	14*	30*	0*	14*	30*
Sickness (Days)			7*	14*	30*	7*	14*	30*
Annual Salary	Monthly Salary	Monthly Benefit						
75600	6300	4200	177.12	141.38	116.64	157.88	124.88	104.46
77400	6450	4300	181.32	144.74	119.42	161.62	127.86	106.96
79200	6600	4400	185.54	148.10	122.20	165.38	130.84	109.44
81000	6750	4500	189.76	151.48	124.96	169.14	133.80	111.92
82800	6900	4600	193.98	154.84	127.74	172.90	136.78	114.42
84600	7050	4700	198.20	158.20	130.52	176.66	139.76	116.90
86400	7200	4800	202.42	161.58	133.30	180.42	142.72	119.38
88200	7350	4900	206.64	164.94	136.08	184.18	145.70	121.88
90000	7500	5000	210.84	168.30	138.86	187.94	148.68	124.36
91800	7650	5100	215.06	171.68	141.62	191.70	151.64	126.84
93600	7800	5200	219.28	175.04	144.40	195.46	154.62	129.34
95400	7950	5300	223.50	178.40	147.18	199.22	157.58	131.82
97200	8100	5400	227.72	181.76	149.96	202.98	160.56	134.30
99000	8250	5500	231.94	185.14	152.74	206.74	163.54	136.80
100800	8400	5600	236.14	188.50	155.52	210.50	166.50	139.28
102600	8550	5700	240.36	191.86	158.30	214.26	169.48	141.76
104400	8700	5800	244.58	195.24	161.06	218.00	172.46	144.26
106200	8850	5900	248.80	198.60	163.84	221.76	175.42	146.74
108000	9000	6000	253.02	201.96	166.62	225.52	178.40	149.24
109800	9150	6100	257.24	205.34	169.40	229.28	181.38	151.72
111600	9300	6200	261.44	208.70	172.18	233.04	184.34	154.20
113400	9450	6300	265.66	212.06	174.96	236.80	187.32	156.70
115200	9600	6400	269.88	215.42	177.72	240.56	190.30	159.18
117000	9750	6500	274.10	218.80	180.50	244.32	193.26	161.66
118800	9900	6600	278.32	222.16	183.28	248.08	196.24	164.16
120600	10050	6700	282.54	225.52	186.06	251.84	199.22	166.64
122400	10200	6800	286.76	228.90	188.84	255.60	202.18	169.12
124200	10350	6900	290.96	232.26	191.62	259.36	205.16	171.62
126000	10500	7000	295.18	235.62	194.40	263.12	208.14	174.10
127800	10650	7100	299.40	239.00	197.16	266.88	211.10	176.58
129600	10800	7200	303.62	242.36	199.94	270.64	214.08	179.08
	10950	7300	307.84	245.72	202.72	274.40	217.06	181.56
	11100	7400	312.06	249.08	205.50	278.14	220.02	184.06
135000	11250	7500	316.26	252.46	208.28	281.90	223.00	186.54