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# CROSBY ISD

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## UNUM LIFE

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- This is a group term life policy with rates based on 5 year age bands.
- New hires can purchase up to the guaranteed amount of \$100K in coverage without any medical questions for themselves, up to \$25K for a spouse, and up to \$10K for dependent children.
- As long as you purchase at least the minimum amount when you initially hire on, you can buy up to the guaranteed amount at any subsequent open enrollment without an Evidence of Insurability. The minimum amount that you can purchase is \$10K for an employee, \$5K for a spouse, and \$2K for children.
- Coverage for dependent children ends at age 26
- Policy is subject to the following age reduction formula: coverage reduces to 65% of the original purchase amount at age 70, and reduces again to 50% of the original purchase amount at age 75. These decreases in coverage will reflect a decrease in rate as well. Also, once you reach the age of 70 you can no longer increase the amount of your life insurance.
- Policy is effective first of the month following date of hire. Guaranteed issue is only during this time. Full Medical underwriting all other times.
- It is the insured's responsibility to report all status changes immediately (ie: divorce, marriage, dependent age, etc).
- This policy can be converted into an individual policy that you can retain should you leave the district

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## SHORT-TERM & LONG-TERM DISABILITY

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- This is a group policy with rates based on 5 year age bands.
- Short-term disability is guaranteed issued for new hires, meaning there are no medical questions asked
- Short-term disability will begin to pay on the 15<sup>th</sup> day that the employee has met disability requirements and can continue up to 90 days
- Long-term disability will begin on the 91<sup>st</sup> day and can continue until age 65
- Long-term disability IS subject to pre-existing conditions. For the purpose of this policy ONLY, a pre-existing condition is defined as:  
"any condition that you have received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date or coverage"; and  
"any disability that begins in the first 24 months after your effective date of coverage unless you have been **treatment free** for 12 consecutive months after your effective date of coverage"
- Long-term disability can be purchased on its own, or short and long-term disability can be purchased together. Short-term disability cannot be purchased on its own. Policy is effective first of the month following date of hire. Guaranteed issue is only during this time. Full Medical underwriting all other times.

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## COLONIAL

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- Colonial offers the following policies: Accident, Critical Illness, Hospital Confinement, Group Cancer, Short-term Disability, Flex Life, & Term Life
- All policies can be continued should you leave the district
- Changes to pre-tax policies can only be made at open enrollment, unless there is a qualifying event. Colonial pretax policies are: cancer, accident, and hospital confinement
- For Colonial policies ONLY, a pre-existing condition is defined as:  
"a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months prior to the effective date of coverage"

- The short-term disability policy has the following pre-existing condition limitation: no benefits will be paid in the first 12 months after the effective date for any condition arising from any pre-existing condition present in the 12 months prior to the effective date.
- The cancer policy is guaranteed issue if you are a new hire. However, after the initial enrollment it will be subject to the following pre-existing condition limitation. If the insured has been diagnosed with cancer and/or received treatment for cancer in the 12 months prior to the effective date, no benefits will be paid in the first 12 months after the effective date. Also, the policy will not pay for reconstructive surgery, a second medical opinion, transportation, or transportation for companion benefits for skin cancer. Additionally, if cancer is not pathologically or clinically diagnosed until after death, it will pay benefits for the treatment of cancer (or specified disease if applicable) performed during a specified number of days before death.
- The Hospital Confinement policy is subject to pre-existing conditions, as well as the following terms:  
"Benefits will not be paid for Hospital Confinement or Rehabilitation Unit Confinement for any covered person when such loss results from a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Policy Schedule. Birth Limitation We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the effective date of the policy as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness"

## VISION

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- Benefits do NOT reset every January. Instead they reset according to when you last utilized your benefits.
- Coverage for dependent children ends at age 26
- While there are out-of-network benefits, to get the most from your plan it is advised that you utilize in-network providers/services due to the fact that there are significantly higher benefits when you go in-network.

## DENTAL

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- Benefits do NOT reset at the beginning of every school year. Instead they are based on a Jan-Dec calendar year and reset every January.
- Coverage for dependent children ends at age 26.
- While there are out-of-network benefits, to get the most from your plan it is advised that you utilize in-network providers/services due to the fact that there are significantly higher benefits when you go in-network. The Network is Advantage Plus.

## FSA

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- Benefits do NOT reset at the beginning of every school year. Instead they are based on a November 1-October 31 plan year. Please refer to Section 213(d) of the Internal Revenue Code for the definition of deductible medical expenses that are eligible for reimbursement. Note: An expense is not eligible if it is for cosmetic reasons only. Also, insurance premiums and long term care expenses are not eligible for reimbursement.

\*Effective January 1, 2011, all over-the-counter (OTC) drugs and medicines will require a prescription to be eligible for reimbursement from an FSA.

2020 FSA contribution rises to \$2,750 for medical reimbursement accounts. Dependent care reimbursement account maximums: \$2,500 if married and files a separate tax return; \$5,000 if married and files a joint tax return

## HSA

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☒ **HEALTH SAVINGS ACCOUNT** With health insurance premiums ever on the rise, employers and employees must cope with higher co-payments, higher deductibles, and increased provider restrictions. Many employers are now exploring alternatives to standard medical care that combine high-deductible health plans (HDHP) with Health Savings Accounts (HSA) to ease this burden.

An HSA is a tax-advantaged account that allows participants to set aside pre-tax funds to pay for qualified medical expenses incurred by the participant, their spouse, and any tax dependents covered under the participant's qualified HDHP.

HSAs are similar to FSAs, but with a few important differences. Unlike an FSA, funds in an HSA roll over from year to year, earning interest over time. Since the HSA is individually-owned, the funds always belong to the account holder, even if they switch jobs or insurance plans.

The Health Savings Account annual maximum for 2020 is \$3,550 for Employee Only, \$7100 for Family.

**THIS IS NOT AN APPLICATION FOR INSURANCE:** This is an enrollment form. Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.



Crosby Independent School District

### Complete your personal information

First name (please print)  M. initial  Last name

Social Security Number  Gender (M/F)  Date of birth (mm-dd-yyyy)  Original hire date (mm-dd-yyyy)

Annual salary \$  Hours worked per week  Occupation

Did you recently become eligible for benefits? (Y/N)  Have you been rehired by your company? (Y/N)  If so, please provide a date (mm-dd-yyyy)

### Short Term Disability Insurance

111016-001

#### Choose your coverage

**This plan provides a 60% benefit.**

To calculate your cost per paycheck, refer to the disability worksheet under "Calculate your costs".

If you were previously eligible and didn't purchase coverage, please complete Evidence of Insurability. Ask your plan administrator for details.

Your actual billed amount may vary slightly.

### Long Term Disability Insurance

111016-001

#### Choose your coverage

**This plan provides a 60% benefit.**

To calculate your cost per paycheck, refer to the disability worksheet under "Calculate your costs".

If you were previously eligible and didn't purchase coverage, please complete Evidence of Insurability. Ask your plan administrator for details.

Your actual billed amount may vary slightly.

Return forms to: plan administrator

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective

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350776-1

**Disability Insurance — SIGN AND CERTIFY**

YES — I want the disability coverage checked below	NO — I do not want disability coverage checked below
<input type="checkbox"/> I DO want <b>Short Term Disability Insurance</b>  <input type="checkbox"/> I DO want <b>Long Term Disability Insurance</b>	<input type="checkbox"/> I DO NOT want <b>Short Term Disability Insurance</b>  <input type="checkbox"/> I DO NOT want <b>Long Term Disability Insurance</b>
<p>YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.</p> <p>_____/_____/_____ Signature Date</p>	<p>I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.</p> <p>_____/_____/_____ Signature Date</p>

Required:

First name (please print)

M. initial Last name

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[Return forms to: plan administrator](#)

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 AE-1224 (2-18) FOR EMPLOYEES





# Term Life Insurance

**Complete this form to enroll.** THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Crosby Independent School District

## Step 1: Complete your personal information

111017-001

First name (please print)  M. initial  Last name

Social Security Number  Gender  Date of birth (mm-dd-yyyy)  Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)

Street address  Apartment #

City  State  ZIP code

Original hire date  Annual salary \$  Occupation  Hours worked per week

Did you recently become eligible for benefits? (Y/N)  Have you been rehired by your company? (Y/N)  If so, please provide a date (mm-dd-yyyy)

Spouse first name (please print)  M. initial  Last name

Date of birth (mm/dd/yyyy)

## Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

### Term Life Insurance

\* If you previously purchased coverage and are now electing an amount over \$100,000 for you or \$25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete an Evidence of Insurability form. Ask your Plan Administrator for details.

Employee	Spouse	Child
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$100,000 *	<input type="checkbox"/> \$25,000 *	

Want a different amount?  \$ \_\_\_\_\_  \$ \_\_\_\_\_

### AD&D insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.29	<input type="checkbox"/> \$10,000	\$0.30	<input type="checkbox"/> \$2,000	\$0.07
<input type="checkbox"/> \$20,000	\$0.57	<input type="checkbox"/> \$15,000	\$0.45	<input type="checkbox"/> \$6,000	\$0.21
<input type="checkbox"/> \$50,000	\$1.43	<input type="checkbox"/> \$20,000	\$0.60	<input type="checkbox"/> \$10,000	\$0.35
<input type="checkbox"/> \$100,000	\$2.85	<input type="checkbox"/> \$25,000	\$0.75		

Want a different amount?  \$ \_\_\_\_\_  \$ \_\_\_\_\_

### Step 3: Name your beneficiaries

OPTIONAL

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_  
Date

No, I do not want coverage under the **Term Life Insurance**.

No, I do not want coverage under **Accidental Death & Dismemberment**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_  
Date

Return forms to: plan administrator  
By: 10/31/2019

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

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**Long Term Disability Insurance** can replace part of your income if a disability keeps you out of work for a long period of time.

Eligibility: All employees

**How does it work?**

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

**Why is this coverage so valuable?**

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

**What's covered?**

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:<sup>1</sup>

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

**What else is included?**

**Work-life balance EAP**

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

**Worldwide emergency travel assistance**

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

**Survivor benefit**

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

**Waiver of premium**

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

**Consider your monthly expenses**

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	<b>Total monthly expenses</b>	<b>\$ _____</b>



<sup>1</sup> Unum internal data, 2018. **Note:** Causes are listed in ranked order.



## Long Term Disability Insurance

### How much coverage can I get?

#### You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.

#### Coverage amounts

Cover 60% of your monthly income, up to a maximum payment of \$6,000. The monthly benefit may be reduced or offset by other sources of income.

\*See the Legal Disclosures for more information.

If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

#### Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

#### Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits to age 65.

### Calculate your cost

- Use \$120,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate. Use the rate table to find the rate based on your age.

(Choose the age you will be when your coverage becomes effective on 11/01/2020.)

#### Disability worksheet

##### 1 Enter your annual earnings and calculate your maximum monthly benefit available.

$\$ \underline{\hspace{2cm}} \div 12 = \$ \underline{\hspace{2cm}} \times 60\% =$ 
 $\$ \underline{\hspace{2cm}}$   
 Your annual earnings      Your monthly earnings      (Max % of income covered)      Max monthly benefit available (if the amount exceeds the plan max of \$6,000, enter \$6,000)

##### 2 Calculate your cost per paycheck

$\$ \underline{\hspace{2cm}} \div 100 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} =$ 
 $\$ \underline{\hspace{2cm}} \div 12 =$ 
 $\$ \underline{\hspace{2cm}}$   
 Your annual earnings      Rate      Number of paychecks per year      Total cost per paycheck

Age	Rates
15-24	\$0.320
25-29	\$0.320
30-34	\$0.390
35-39	\$0.500
40-44	\$0.680
45-49	\$0.950
50-54	\$1.270
55-59	\$1.700
60-64	\$1.840
65-69	\$2.060
70+	\$3.290

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

## Long Term Disability Insurance

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Crosby Independent School District for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

#### Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the 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 physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Recovery Income Benefit

Unum will send you the monthly payment if you have been disabled and you satisfy each of the following:

- You have satisfied the elimination period for that disability;
- You return to your regular occupation full time with the Employer on the earlier of the date your disability ends or the date your benefits cease;
- You have a 20% or more loss in your indexed monthly earnings due to the same disability; and
- You have received at 3 months of disability payments for that disability under the plan.

Recovery income protection benefit payments will end on the earliest of the following:

- The date months recovery income protection benefits have been paid; or
- The date your current earnings exceed 80% of your indexed monthly earnings.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 12
- The disability begins in the first 24 months after your effective date of coverage, unless you have been treatment-free from the pre-existing condition for 12 consecutive months after your effective date.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability. Unum will not pay a benefit for any period of disability during which you are incarcerated. The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or 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 last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. 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. For complete details of coverage and availability, please refer to Policy Form C-FP-1 et al. or contact your Unum representative.

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**Term Life and Accidental Death & Dismemberment (AD&D) Insurance** can provide money for your family if you die or are diagnosed with a terminal illness.

**Eligibility:** All employees

**How does it work?**

You choose the amount of coverage that’s right for you, and you keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

**Why is this coverage so valuable?**

If you previously purchased coverage, you can increase it up to \$100,000 to meet your growing needs — with no health questions or exams.

**Who can get Term Life coverage?**

If you are actively at work at least 20 hours per week, you may apply for coverage for:

<b>You:</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.  If you previously purchased coverage, you can increase it up to \$100,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
<b>Your spouse:</b>	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.  If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
<b>Your children:</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday.  The maximum benefit for children live birth to 6 months is \$1,000.

**What else is included?**

**A ‘Living’ Benefit**

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit. These benefit payments may adversely affect the recipient’s eligibility for Medicaid or other government benefits or entitlement, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium**

Your cost may be waived if you are totally disabled for a period of time.

**Portability**

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

**Who can get Accidental Death & Dismemberment (AD&D) coverage?**

<b>You:</b>	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
<b>Your spouse:</b>	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

## Term Life and Accidental Death & Dismemberment (AD&D) Insurance

### How much coverage can I get?

#### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective on 11/01/2020. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 11/01/2020.)

4. Enter your cost.

	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
<b>Total cost</b>				

Employee monthly rate			Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage		Per \$5,000 of coverage	\$0.459 per \$2,000 of coverage
	Tobacco <sup>††</sup>	Non-tobacco	Cost	
15-24	\$0.996	\$0.559	\$0.437	
25-29	\$0.996	\$0.559	\$0.437	
30-34	\$1.377	\$0.640	\$0.478	
35-39	\$1.952	\$0.842	\$0.608	
40-44	\$2.916	\$1.191	\$0.956	
45-49	\$4.884	\$1.944	\$1.709	
50-54	\$7.889	\$3.281	\$2.803	
55-59	\$11.008	\$5.014	\$4.058	
60-64	\$13.559	\$6.780	\$6.221	
65-69	\$23.927	\$13.325	\$11.470	
70-74	\$39.763	\$24.883	\$19.967	
75+	\$64.112	\$49.280	\$38.354	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.285	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$0.150	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$0.070	= \$ _____
<b>Total cost</b>				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.285
Spouse	per \$5,000 of coverage	\$0.150
Child	per \$2,000 of coverage	\$0.070

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. †† A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

## Term Life and Accidental Death & Dismemberment (AD&D) Insurance

### Exclusions and limitations

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body, diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication - "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or 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 last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage

available. 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. For complete details of coverage and availability, please refer to Policy Form C FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**Short Term Disability Insurance**  
pays you a weekly benefit if you have a covered disability that keeps you from working.

Eligibility: All employees enrolled in the Long Term Disability plan

**How does it work?**

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

**Why is this coverage so valuable?**

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

**What's covered?**

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries, excluding back
- Joint disorders
- Cancer
- Digestive disorders

**Consider your weekly expenses**

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	<b>Total weekly expenses</b>	\$ _____



<sup>1</sup> Unum internal data, 2018. **Note:** Causes are listed in ranked order.

## Short Term Disability Insurance

### How much coverage can I get?

<b>You*</b>	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.</p> <p><b>Coverage amounts</b> Cover 60% of your weekly income, up to a maximum benefit of \$1,500 per week.</p> <p><small>*See the Legal Disclosures on the back for more information.</small></p>
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The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

- If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

### Calculate your benefit and cost

Disability worksheet				
<b>1 Calculate your weekly disability benefit.</b>				
\$ _____ ÷ 52 = \$ _____	Your annual earnings	÷	\$ _____ x 60% = \$ _____	Max weekly benefit available (if the amount exceeds the plan max of \$1,500, enter \$1,500).
	Your weekly earnings		(Max % of income covered)	
<b>2 Calculate your cost per paycheck.</b>				
\$ _____ ÷ 100 = \$ _____	Your annual earnings	x	\$0.900 = \$ _____	÷ 12 = \$ _____
	Your rate		Number of paychecks per year	Total cost per paycheck

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

## Short Term Disability Insurance

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Crosby Independent School District for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

#### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or 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 last day you are in active employment except as provided under the covered layoff or leave of absence provision

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. 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. For complete details of coverage and availability, please refer to Policy Form C.F.P. 1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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