



**ASSURANT**  
Employee  
Benefits®

## **VOLUNTARY LONG-TERM DISABILITY INSURANCE**

### ***FOR THE EMPLOYEES OF***

## **CYPRESS FAIRBANKS INDEPENDENT SCHOOL DISTRICT**

If you were disabled due to an

- Injury
- Sickness
- Pregnancy

How would you pay the expenses that continue?

- Mortgage
- Groceries
- Insurance
- Car Payments

Would you still need a paycheck?

***Sign up today and let Assurant Employee Benefits  
help protect your most valuable asset – your paycheck!***

***PLANS CONTAIN LIMITATIONS AND EXCLUSIONS***





**ASSURANT**  
Employee  
Benefits®

**VOLUNTARY LONG-TERM DISABILITY INSURANCE  
NON-OCCUPATIONAL COVERAGE**

**SUMMARY OF BENEFITS  
FOR THE EMPLOYEES OF CYPRESS FAIRBANKS INDEPENDENT  
SCHOOL DISTRICT**

This summary provides a brief description of the Long-Term Disability benefits available to all eligible employees. This is not a Certificate of Coverage. Nothing contained herein will guarantee, waive or alter any terms of any subsequently issued plan. The provisions of such actually issued plan will be based on the insurance applied for by your employer and agreed upon by Union Security Insurance Company. Further, depending on the governing jurisdiction, the actual text of provisions and availability of either the product or product feature(s) may differ from what is presented in this summary of benefits.

This plan **does not** cover any disabilities caused by, contributed to by, or resulting from an occupational sickness or injury.

**ELIGIBILITY**

You are eligible for coverage if you are an employee, in an eligible class, in active employment, working at least the minimum number of hours required under the plan, and you have satisfied any applicable waiting periods. When you first become eligible for coverage, you can enroll for coverage within 30 days of the date you become eligible, subject to any plan benefit maximums.

**ENROLLMENT AND EFFECTIVE DATE**

If you enroll for insurance on or before the date you first become eligible for coverage, you will be covered on the first of the month coincident with or following the date you are eligible for coverage. If you apply within 30 days or less after your eligibility date, you will be covered the first of the month following the date you apply for insurance.

If you do not enroll for coverage when you are first eligible, you must wait for the next annual enrollment period to enroll for coverage.

You must be in active employment for your coverage to begin.

**CHANGES TO COVERAGE**

You can enroll for additional coverage only during an annual enrollment period. You must be in active employment for your additional coverage to begin.

You can decrease or cancel your coverage any time during the plan year.



# ASSURANT

## Employee Benefits®

### **BENEFIT AMOUNT**

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.

### **ELIMINATION PERIOD**

If you elect or apply for Long-Term Disability coverage, you may select from the following elimination period options:

1. 0 days for injury, 7 days for sickness
2. 14 days for injury, 14 days for sickness
3. 30 days for injury, 30 days for sickness

If you are hospital confined as an in-patient because of your disability, benefits begin immediately. In-patient means you are physically confined for an overnight stay, as a registered bed patient in a hospital, health facility, or institution, as defined in the plan.

### **MAXIMUM PERIOD OF PAYMENT**

If you elect or apply for Long-Term Disability coverage, you may select from one of the below maximum period of payment options:

During a continuous period of disability. . .

#### **PLAN A) SSNRA PLAN**

- For disabilities due to **Injury** or **Sickness** that begin prior to age 60, Long-Term Disability benefits are payable for up to Social Security Normal Retirement Age\*. For disabilities that begin on or after age 60, a reducing benefit schedule will apply.

#### **PLAN B) SSNRA/5 YEAR PLAN**

- For disabilities due to **Injury** that begin prior to age 60, Long-Term Disability benefits are payable for up to Social Security Normal Retirement Age\*. For disabilities due to **Injury** that begin on or after you reach age 60, a reducing benefit duration or SSNRA will apply. For disabilities due to **Sickness** that begin prior to age 60, Long-Term Disability benefits are payable for up to 60 months. For disabilities due to **Sickness** that begin on or after age 60, a reducing benefit schedule will apply.



**ASSURANT**  
Employee  
Benefits®

\*Social Security Normal Retirement Age ranges from age 65 to age 67, depending on the year in which you were born. Social Security Normal Retirement Age (SSNRA) is shown in the following table:

<u>Year of Birth</u>	<u>Social Security Normal Retirement Age</u>
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

*For additional information about the Maximum Period of Payment provision, please contact your agent.*