



Disability Insurance

Benefit Highlights for:

**Denison Independent School District**

<p><b>What is Disability Insurance?</b></p>	<p>Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Disability Insurance through your employer.</p> <p>This highlight sheet is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
<p><b>Why do I need Disability Coverage?</b></p>	<p>Most accidents and injuries that keep people off the job happen outside the workplace and therefore are not covered by worker's compensation. When you consider that nearly three in 10 workers entering the workforce today will become disabled before retiring<sup>1</sup>, it's protection you won't want to be without.</p> <p><sup>1</sup> Social Security Administration, Fact Sheet 2007.</p>
<p><b>What is disability?</b></p>	<p>Disability is defined in The Hartford's* contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.</p> <p>Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.</p>
<p><b>Am I eligible?</b></p>	<p>You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.</p>
<p><b>How much coverage would I have?</b></p>	<p>You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit of 25% of your elected benefit.</p> <p>Earnings are defined in The Hartford's contract with your employer.</p>
<p><b>When can I enroll?</b></p>	<p>If you choose not to elect coverage during this period, you will not be eligible to elect coverage until the next annual enrollment period without a qualifying change in family status.</p>
<p><b>When is it effective?</b></p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than February 1, 2010. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.</p>
<p><b>What does "Actively at Work" mean?</b></p>	<p>You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.</p>

<p><b>How long do I have to wait before I can receive my benefit?</b></p>	<p>You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Long-Term Disability benefit payment.</p> <p>For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.</p>
<p><b>What is an elimination period?</b></p>	<p>The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.</p>
<p><b>Are there other limitations to enrollment?</b></p>	<p>This coverage, like most group benefit insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.</p>
<p><b>I already have Disability coverage; do I have to do anything?</b></p>	<p>Your Disability coverage is now offered through The Hartford – your coverage will automatically transfer to The Hartford subject to the terms of the contract.</p> <p>If you are not changing the amount of your coverage or your elimination period option, you do not have to do anything. If you want to purchase Long-Term Disability insurance for the first time or change your coverage, please be sure to complete the enrollment form, which indicates your election, and return the signed form to your employer.</p>
<p><b>What other benefits are included in my disability coverage?</b></p>	<ul style="list-style-type: none"> <li>• <b>Workplace Modification</b> provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.</li> <li>• <b>Survivor Benefit</b> - If you die while receiving disability benefits, a benefit will be paid to your spouse, child or estate equal to three times the last monthly gross benefit.</li> <li>• <b>The Hartford's Ability Assist</b> service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through <b>ComPsych®</b>, a leading provider of employee assistance and work/life services.</li> <li>• <b>Waiver of Premium</b> – Once your disability claim is approved and you have satisfied your elimination period, your coverage premiums will be waived.</li> <li>• <b>Travel Assistance Program</b> – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.</li> <li>• <b>Identity Theft Protection</b> – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.</li> </ul>
<p><b>How long will my disability payments continue? Can the duration of my benefit be reduced?</b></p>	<p>Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary.</p>

**How long will my disability benefits continue if I elect the Premium benefit option?**

**Premium Option:** For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury:

Age Disabled	Benefits Payable
Prior to Age 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

## Important Details

**Exclusions:** You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- You must be under the regular care of a physician to receive benefits.

### Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit.

**Pre-existing Conditions:** Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins. You may also be covered if you have already satisfied the pre-existing condition requirement of your previous insurer. If your disability is a result of a pre-existing condition we will pay benefits for a maximum of 4 weeks.

Your benefit payments **may be** reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan.)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Long-Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

# Denison Independent School District

Premium Option – Monthly Premium Cost (based on 12 payments per year)

Annual Earnings	Monthly Earnings	Monthly Benefit	Accident / Sickness Elimination Period in Days						
			0 / 7	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180	
\$3,600	\$300	\$200	\$7.22	\$6.90	\$5.76	\$4.18	\$3.26	\$2.50	
\$5,400	\$450	\$300	\$10.83	\$10.35	\$8.64	\$6.27	\$4.89	\$3.75	
\$7,200	\$600	\$400	\$14.44	\$13.80	\$11.52	\$8.36	\$6.52	\$5.00	
\$9,000	\$750	\$500	\$18.05	\$17.25	\$14.40	\$10.45	\$8.15	\$6.25	
\$10,800	\$900	\$600	\$21.66	\$20.70	\$17.28	\$12.54	\$9.78	\$7.50	
\$12,600	\$1,050	\$700	\$25.27	\$24.15	\$20.16	\$14.63	\$11.41	\$8.75	
\$14,400	\$1,200	\$800	\$28.88	\$27.60	\$23.04	\$16.72	\$13.04	\$10.00	
\$16,200	\$1,350	\$900	\$32.49	\$31.05	\$25.92	\$18.81	\$14.67	\$11.25	
\$18,000	\$1,500	\$1,000	\$36.10	\$34.50	\$28.80	\$20.90	\$16.30	\$12.50	
\$19,800	\$1,650	\$1,100	\$39.71	\$37.95	\$31.68	\$22.99	\$17.93	\$13.75	
\$21,600	\$1,800	\$1,200	\$43.32	\$41.40	\$34.56	\$25.08	\$19.56	\$15.00	
\$23,400	\$1,950	\$1,300	\$46.93	\$44.85	\$37.44	\$27.17	\$21.19	\$16.25	
\$25,200	\$2,100	\$1,400	\$50.54	\$48.30	\$40.32	\$29.26	\$22.82	\$17.50	
\$27,000	\$2,250	\$1,500	\$54.15	\$51.75	\$43.20	\$31.35	\$24.45	\$18.75	
\$28,800	\$2,400	\$1,600	\$57.76	\$55.20	\$46.08	\$33.44	\$26.08	\$20.00	
\$30,600	\$2,550	\$1,700	\$61.37	\$58.65	\$48.96	\$35.53	\$27.71	\$21.25	
\$32,400	\$2,700	\$1,800	\$64.98	\$62.10	\$51.84	\$37.62	\$29.34	\$22.50	
\$34,200	\$2,850	\$1,900	\$68.59	\$65.55	\$54.72	\$39.71	\$30.97	\$23.75	
\$36,000	\$3,000	\$2,000	\$72.20	\$69.00	\$57.60	\$41.80	\$32.60	\$25.00	
\$37,800	\$3,150	\$2,100	\$75.81	\$72.45	\$60.48	\$43.89	\$34.23	\$26.25	
\$39,600	\$3,300	\$2,200	\$79.42	\$75.90	\$63.36	\$45.98	\$35.86	\$27.50	
\$41,400	\$3,450	\$2,300	\$83.03	\$79.35	\$66.24	\$48.07	\$37.49	\$28.75	
\$43,200	\$3,600	\$2,400	\$86.64	\$82.80	\$69.12	\$50.16	\$39.12	\$30.00	
\$45,000	\$3,750	\$2,500	\$90.25	\$86.25	\$72.00	\$52.25	\$40.75	\$31.25	
\$46,800	\$3,900	\$2,600	\$93.86	\$89.70	\$74.88	\$54.34	\$42.38	\$32.50	
\$48,600	\$4,050	\$2,700	\$97.47	\$93.15	\$77.76	\$56.43	\$44.01	\$33.75	
\$50,400	\$4,200	\$2,800	\$101.08	\$96.60	\$80.64	\$58.52	\$45.64	\$35.00	
\$52,200	\$4,350	\$2,900	\$104.69	\$100.05	\$83.52	\$60.61	\$47.27	\$36.25	
\$54,000	\$4,500	\$3,000	\$108.30	\$103.50	\$86.40	\$62.70	\$48.90	\$37.50	
\$55,800	\$4,650	\$3,100	\$111.91	\$106.95	\$89.28	\$64.79	\$50.53	\$38.75	
\$57,600	\$4,800	\$3,200	\$115.52	\$110.40	\$92.16	\$66.88	\$52.16	\$40.00	
\$59,400	\$4,950	\$3,300	\$119.13	\$113.85	\$95.04	\$68.97	\$53.79	\$41.25	
\$61,200	\$5,100	\$3,400	\$122.74	\$117.30	\$97.92	\$71.06	\$55.42	\$42.50	
\$63,000	\$5,250	\$3,500	\$126.35	\$120.75	\$100.80	\$73.15	\$57.05	\$43.75	
\$64,800	\$5,400	\$3,600	\$129.96	\$124.20	\$103.68	\$75.24	\$58.68	\$45.00	
\$66,600	\$5,550	\$3,700	\$133.57	\$127.65	\$106.56	\$77.33	\$60.31	\$46.25	
\$68,400	\$5,700	\$3,800	\$137.18	\$131.10	\$109.44	\$79.42	\$61.94	\$47.50	
\$70,200	\$5,850	\$3,900	\$140.79	\$134.55	\$112.32	\$81.51	\$63.57	\$48.75	
\$72,000	\$6,000	\$4,000	\$144.40	\$138.00	\$115.20	\$83.60	\$65.20	\$50.00	
\$73,800	\$6,150	\$4,100	\$148.01	\$141.45	\$118.08	\$85.69	\$66.83	\$51.25	
\$75,600	\$6,300	\$4,200	\$151.62	\$144.90	\$120.96	\$87.78	\$68.46	\$52.50	
\$77,400	\$6,450	\$4,300	\$155.23	\$148.35	\$123.84	\$89.87	\$70.09	\$53.75	
\$79,200	\$6,600	\$4,400	\$158.84	\$151.80	\$126.72	\$91.96	\$71.72	\$55.00	
\$81,000	\$6,750	\$4,500	\$162.45	\$155.25	\$129.60	\$94.05	\$73.35	\$56.25	
\$82,800	\$6,900	\$4,600	\$166.06	\$158.70	\$132.48	\$96.14	\$74.98	\$57.50	
\$84,600	\$7,050	\$4,700	\$169.67	\$162.15	\$135.36	\$98.23	\$76.61	\$58.75	
\$86,400	\$7,200	\$4,800	\$173.28	\$165.60	\$138.24	\$100.32	\$78.24	\$60.00	
\$88,200	\$7,350	\$4,900	\$176.89	\$169.05	\$141.12	\$102.41	\$79.87	\$61.25	
\$90,000	\$7,500	\$5,000	\$180.50	\$172.50	\$144.00	\$104.50	\$81.50	\$62.50	
\$91,800	\$7,650	\$5,100	\$184.11	\$175.95	\$146.88	\$106.59	\$83.13	\$63.75	
\$93,600	\$7,800	\$5,200	\$187.72	\$179.40	\$149.76	\$108.68	\$84.76	\$65.00	
\$95,400	\$7,950	\$5,300	\$191.33	\$182.85	\$152.64	\$110.77	\$86.39	\$66.25	
\$97,200	\$8,100	\$5,400	\$194.94	\$186.30	\$155.52	\$112.86	\$88.02	\$67.50	
\$99,000	\$8,250	\$5,500	\$198.55	\$189.75	\$158.40	\$114.95	\$89.65	\$68.75	
\$100,800	\$8,400	\$5,600	\$202.16	\$193.20	\$161.28	\$117.04	\$91.28	\$70.00	
\$102,600	\$8,550	\$5,700	\$205.77	\$196.65	\$164.16	\$119.13	\$92.91	\$71.25	
\$104,400	\$8,700	\$5,800	\$209.38	\$200.10	\$167.04	\$121.22	\$94.54	\$72.50	
\$106,200	\$8,850	\$5,900	\$212.99	\$203.55	\$169.92	\$123.31	\$96.17	\$73.75	
\$108,000	\$9,000	\$6,000	\$216.60	\$207.00	\$172.80	\$125.40	\$97.80	\$75.00	
\$109,800	\$9,150	\$6,100	\$220.21	\$210.45	\$175.68	\$127.49	\$99.43	\$76.25	
\$111,600	\$9,300	\$6,200	\$223.82	\$213.90	\$178.56	\$129.58	\$101.06	\$77.50	
\$113,400	\$9,450	\$6,300	\$227.43	\$217.35	\$181.44	\$131.67	\$102.69	\$78.75	
\$115,200	\$9,600	\$6,400	\$231.04	\$220.80	\$184.32	\$133.76	\$104.32	\$80.00	
\$117,000	\$9,750	\$6,500	\$234.65	\$224.25	\$187.20	\$135.85	\$105.95	\$81.25	
\$118,800	\$9,900	\$6,600	\$238.26	\$227.70	\$190.08	\$137.94	\$107.58	\$82.50	
\$120,600	\$10,050	\$6,700	\$241.87	\$231.15	\$192.96	\$140.03	\$109.21	\$83.75	
\$122,400	\$10,200	\$6,800	\$245.48	\$234.60	\$195.84	\$142.12	\$110.84	\$85.00	
\$124,200	\$10,350	\$6,900	\$249.09	\$238.05	\$198.72	\$144.21	\$112.47	\$86.25	
\$126,000	\$10,500	\$7,000	\$252.70	\$241.50	\$201.60	\$146.30	\$114.10	\$87.50	
\$127,800	\$10,650	\$7,100	\$256.31	\$244.95	\$204.48	\$148.39	\$115.73	\$88.75	
\$129,600	\$10,800	\$7,200	\$259.92	\$248.40	\$207.36	\$150.48	\$117.36	\$90.00	
\$131,400	\$10,950	\$7,300	\$263.53	\$251.85	\$210.24	\$152.57	\$118.99	\$91.25	
\$133,200	\$11,100	\$7,400	\$267.14	\$255.30	\$213.12	\$154.66	\$120.62	\$92.50	
\$135,000	\$11,250	\$7,500	\$270.75	\$258.75	\$216.00	\$156.75	\$122.25	\$93.75	



# The Hartford Life Insurance Company

c/o MGM Benefits Group - Third Party Administrator  
2121 N Glenville Drive  
Richardson, TX 75082  
Fax: 972.881.2251

- Benefit Coverage**
- Initial Enrollment
  - New Hire
  - Annual Enrollment
  - Change Request

## Enrollment Form Educator Long-Term Disability

- If Change, type of Change:**
- Class Change
  - Name Change
  - Address Change
  - Salary Change

Section 1: Information About You			
Employer's Company Name			Effective Date
Employee Last Name	Employee First Name	MI	Social Security Number
Physical Address			Annual Salary
City		State	Zip Code
Date of Birth	Gender	Date of Hire	Hours Worked Per Week
Occupation		Class (if applicable)	
Section 2: Educator LTD Enrollment			
Plan: <input type="checkbox"/> Premium <input type="checkbox"/> Select			
Elimination Period:	<input type="checkbox"/> 0/7 Days <input type="checkbox"/> 14/14 Days <input type="checkbox"/> 30/30 Days <input type="checkbox"/> 60/60 Days <input type="checkbox"/> 90/90 Days <input type="checkbox"/> 180/180 Days		
Monthly Benefit Amount:	Monthly Premium:	Payroll Deduction Mode:	
\$	\$	<input type="checkbox"/> 10 Per Year <input type="checkbox"/> 12 Per Year <input type="checkbox"/> Other: _____	
What portion of your monthly premium is employer paid (if any)? _____ % or \$ _____			
Section 3: Employee Confirmation			
<p>I acknowledge that I have been given the opportunity to enroll in the insurance coverage described in the Benefit Highlight Sheet and offered through my employer. I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder (your employer) can fully describe the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.</p> <p>I authorize my employer to make the appropriate payroll deductions from my earnings.</p> <p>I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are not met, this policy will not be implemented and the coverage I have elected will not be in force.</p>			
Employee Signature:			Date:

