

Group Short Term Disability

for Camanche Community School District

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you are sick or injured and can't work.

Key Features

- **Pays benefits if you become totally disabled and can't perform the important duties of your occupation,** as long as you are not working another job and are under the care of a physician
- Weekly benefit from **$100 to $1,000** by $25 increments, subject to maximum benefit of 60% of weekly income
- **Pays 50% of your weekly total disability benefit if you return to work part time,** following a period of paid total disability

Know you and your family are protected.

It's easy — sign up today



Group Short-Term Disability Income Benefits - Class 1 - Iowa

Forms G H1808/G H1808C

Off-the-Job, Accident & Sickness Protection

Total Disability	After the elimination period has been satisfied, pays the total disability weekly benefit while the insured person is totally disabled due to an injury or sickness which occurs while not actively at work resulting in the insured person being unable to perform the important duties of their own occupation, not working at another job and requiring a physician's care appropriate for the condition. Benefits continue while the insured person is totally disabled, or to the end of the benefit period, whichever is first. Benefits are payable for only one of two or more concurrent disabilities.
Partial Disability	Pays 50% of the total disability weekly benefit while the insured person is partially disabled and has returned to work part-time immediately following a period of paid total disability, but still unable to perform all work duties resulting in a loss of income of at least 20%. Partial disability benefits will continue until the insured person is no longer partially disabled or to the end of the maximum benefit period, whichever is first, but in no case longer than: • 13 weeks if the maximum benefit period is 13 or 26 weeks; or • 26 weeks if the maximum benefit period is 52 or 104 weeks.
Presumptive Disability	Waives the elimination period and pays the total disability benefits for the maximum benefit period when an insured person suffers a permanent and irrevocable loss of speech, hearing in both ears, sight in both eyes, use of both feet, use of both hands, or use of one hand and one foot.
Recurrent Disability	Pays the weekly benefit for a recurrent total disability if it is separated from the ending date of the prior total disability by a period of 30 days, in which the insured person is actively employed on a continuous basis and not receiving any disability benefits under the certificate or any riders. The recurrent total disability is subject to a new elimination period and starts a new maximum benefit period.
Childbirth	For childbirth, the insured person will be considered totally disabled for a period of six weeks for non-Caesarean delivery or eight weeks for Caesarean delivery. The number of weekly benefits payable will be reduced by the elimination period. For example, if the elimination period for sickness is 14 days, the benefit is payable for four weeks for non-Caesarean delivery and six weeks for Caesarean delivery.
Organ Donor	Pays policy and rider benefits on the same basis as any other sickness if the insured person becomes disabled as the result of surgery for transplanting an organ or donating bone marrow from the insured person to another person.
Mental and Nervous Disorder	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of a mental or nervous disorder. Mental or nervous disorder related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: • 52 weeks if the maximum benefit period is 13 or 26 weeks; or • 104 weeks if the maximum benefit period is 52 or 104 weeks.
Substance Abuse	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of substance abuse. Substance abuse related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: • 52 weeks if the maximum benefit period is 13 or 26 weeks; or • 104 weeks if the maximum benefit period is 52 or 104 weeks.
Waiver of Premium	Waives premiums starting on the first premium due date after the insured person has been totally disabled for 30 days. Premiums continue to be waived until the insured person is no longer totally disabled or to the end of the maximum benefit period, whichever is first.
Accidental Death	Pays a lump sum benefit of 25 times the total disability weekly benefit if the insured person dies as the result of an injury sustained in a covered accident within 90 days of the date of the covered accident.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Group Short-Term Disability Income insurance may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage.

Group Short-Term Disability Income Benefits - Class 1 - Iowa

Forms G H1808/G H1808C

Off-the-Job, Accident & Sickness Protection

Survivor	Pays a lump sum benefit to a beneficiary if the insured person dies while receiving total disability weekly benefits, subject to certain conditions and limitations. ● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of $3,000. ● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of $6,000. ● This benefit not payable if Terminal Illness Benefit paid.
Terminal Illness	Pays a lump sum benefit if the insured person is diagnosed with a terminal illness with life expectancy of six months or less and is receiving total disability weekly benefits, subject to certain conditions and limitations. ● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of $3,000. ● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of $6,000. ● If this benefit is paid, Survivor Benefit is not payable.
Workplace Modification	Pays the actual costs incurred modifying the workplace to help the insured person remain at work or return to work, subject to certain conditions and limitations. ● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; actual costs reimbursed limited to three times the total disability weekly benefit, not to exceed $3,000 for the insured's lifetime. ● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; actual costs reimbursed limited to six times the total disability weekly benefit, not to exceed $6,000 for the insured's lifetime.
Catastrophic Disability Rider Benefit (Form R G1809C)	Pays a lump sum benefit if the insured person is receiving total disability weekly benefits and is catastrophically disabled (requiring assistance with at least two activities of daily living) for at least 30 days after satisfying the policy's elimination period. ● Lump sum benefit of six times the total disability weekly benefit amount if maximum benefit period is 13 or 26 weeks; or ● Lump sum benefit of 13 times the total disability weekly benefit amount if maximum benefit period is 52 or 104 weeks.

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Group Disability Income Monthly Premiums - Class 1 - Iowa

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 7/7 days (accident/sickness)

Annual Income	$8,750	$11,000	$13,000	$15,250	$17,500	$19,500	$21,750	$24,000
Weekly Benefit	**$100**	**$125**	**$150**	**$175**	**$200**	**$225**	**$250**	**$275**
Issue Age								
18 - 49	$7.25	$9.08	$10.90	$12.69	$14.54	$16.33	$18.14	$19.97
50 - 59	$8.05	$10.08	$12.09	$14.07	$16.10	$18.12	$20.15	$22.14
60 - 69	$9.60	$12.02	$14.41	$16.84	$19.22	$21.62	$24.02	$26.43
70+	$11.66	$14.59	$17.50	$20.42	$23.31	$26.23	$29.16	$32.08

Annual Income	$26,000	$28,250	$30,500	$32,500	$34,750	$37,000	$39,000	$41,250
Weekly Benefit	**$300**	**$325**	**$350**	**$375**	**$400**	**$425**	**$450**	**$475**
Issue Age								
18 - 49	$21.77	$23.61	$25.41	$27.23	$29.04	$30.87	$32.69	$34.48
50 - 59	$24.16	$26.18	$28.21	$30.20	$32.21	$34.24	$36.24	$38.28
60 - 69	$28.83	$31.24	$33.64	$36.05	$38.45	$40.85	$43.23	$45.65
70+	$34.99	$37.91	$40.82	$43.73	$46.65	$49.58	$52.49	$55.41

Annual Income	$43,500	$45,500	$47,750	$50,000	$52,000	$54,250	$56,500	$58,500
Weekly Benefit	**$500**	**$525**	**$550**	**$575**	**$600**	**$625**	**$650**	**$675**
Issue Age								
18 - 49	$36.31	$38.12	$39.94	$41.76	$43.56	$45.38	$47.21	$49.01
50 - 59	$40.26	$42.28	$44.30	$46.33	$48.30	$50.33	$52.36	$54.38
60 - 69	$48.06	$50.48	$52.88	$55.29	$57.67	$60.07	$62.47	$64.88
70+	$58.31	$61.25	$64.14	$67.07	$69.95	$72.90	$75.83	$78.72

Annual Income	$60,750	$63,000	$65,000	$67,250	$69,500	$71,500	$73,750	$76,000
Weekly Benefit	**$700**	**$725**	**$750**	**$775**	**$800**	**$825**	**$850**	**$875**
Issue Age								
18 - 49	$50.84	$52.66	$54.45	$56.28	$58.09	$59.91	$61.73	$63.53
50 - 59	$56.39	$58.38	$60.42	$62.42	$64.44	$66.45	$68.45	$70.48
60 - 69	$67.27	$69.69	$72.08	$74.50	$76.90	$79.30	$81.70	$84.11
70+	$81.66	$84.55	$87.48	$90.39	$93.32	$96.24	$99.14	$102.06

Annual Income	$78,000	$80,250	$82,500	$84,500	$86,750			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$65.35	$67.18	$68.99	$70.80	$72.60			
50 - 59	$72.50	$74.51	$76.51	$78.54	$80.55			
60 - 69	$86.51	$88.93	$91.32	$93.73	$96.12			
70+	$104.98	$107.89	$110.81	$113.73	$116.63			

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*Premium rates shown are for the combined group Disabilty Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income – Iowa

Forms G H1808/G H1808C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Elimination Period: This contract has an elimination period. Benefits are not payable during the elimination period.

Foreign Travel and Residency: Up to a maximum of three disability weekly benefits will be paid for any disability continued outside the United States or Canada.

Mental and Nervous Disorders: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Substance Abuse: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Pre-existing condition: A pre-existing condition is a physical condition or sickness for which, during the 12 months before the issue date, the Insured Person received medical consultation, diagnosis, advice or treatment from a physician or had taken prescribed medication. Assurity will not pay benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the certificate has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate and no benefits will be payable under the certificate or any attached riders on the earliest of the following: the date the policy terminates; when any premium due for the certificate is not paid before the end of the grace period; the date the Insured Person no longer meets the definition of employee, unless coverage is continued as described in the Continuation of Coverage section; the date the Insured Person's class is no longer eligible; the date Assurity receives written notice to terminate; or upon the Insured Person's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having an injury or sickness covered under Workers' Compensation, Employer's Liability law or similar law;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- operating, learning to operate, or serving as a crew member of any aircraft;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment;
- committing or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.
- We will not pay benefits during any period in which the insured person is incarcerated in a penal institution or government detention facility.
- We will not pay benefits for disabilities that occur while the insured person is incarcerated in a penal institution or government detention facility.
- Rider forms may contain additional conditions, limitations and exclusions.

We are never more than one call away.

Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST

Email
claimsinfo@assurity.com

Claims
800-869-0355, Ext. 4484

Assurity
P.O. Box 82533
Lincoln, NE 68501-2533

Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060

Connect Online
assurity.com
linkedin.com/company/assurity-life

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.

Certified B Corporation

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.