

## VOLUNTARY DISABILITY

# VOLUNTARY SHORT-TERM DISABILITY

Fort Bend ISD provides each eligible employee the option to select a voluntary disability plan through Guardian. Disability insurance is designed to help supplement your income when you are unable to work because of maternity, an accident, or illness that is not work related. You have the choice to elect either Short-Term OR Long-Term Disability coverage, or both. You are responsible for the cost of this coverage. When you leave FBISD, you have 31 days to continue your coverage; email Guardian for additional information [National\\_Conversions@glic.com](mailto:National_Conversions@glic.com).

| Voluntary Disability Benefit – Short-Term Disability   |  |
|--|--|
| <b>Definition of Disability</b>  | Prevented from performing one or more of the Main Duties of your Own Occupation  |
| <b>Elimination Period</b><br>The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.                      | <b>Base:</b> 7 days injury or sickness<br><b>Buy Up:</b> 14 days injury or sickness  |
| <b>Base Benefit</b>  | 66.67% of covered earnings per \$100 of salary<br>Your salary will be determined as of January 1 annually  |
| This means that after 7 or 14 days of disability, Guardian will pay you 66.67% of covered earnings (per \$100 of covered benefit) up to the maximum shown below. |  |
| <b>Maximum Weekly Benefit</b><br>(before week 26)  | \$1,730 per week (weekly benefit: annual salary divided by 52 weeks)   |
| <b>Duration of Benefits</b>  | <b>Base:</b> 12 weeks<br><b>Buy Up:</b> 24 weeks   |
| LIMITATIONS  |  |
| <b>Pre-Existing Conditions</b>   | 3/12 (any condition that was diagnosed or treated within the last 3 months prior to eligibility under the policy will not be covered for 12 months under this disability plan) |
| <b>Mental Illness</b>  | Up to 24 months combined for STD and LTD   |
| <b>Substance Abuse and Self-Reported</b>   | Up to 24 months combined for STD and LTD   |

| Voluntary Disability Monthly Rates (per \$100) |  |
|--|--|
| <b>Base: 7 day Elimination Period</b>          | \$0.736                                |
| <b>Buy Up: 14 day Elimination Period</b>       | \$0.853                                |
| Age at Disability                              | Maximum Benefit Duration               |
| <60  | to age 65, but not less than 60 months |
| 60   | 60 months                              |
| 61   | 48 months                              |
| 62   | 42 months                              |
| 63   | 36 months                              |
| 64   | 30 months                              |
| 65   | 24 months                              |
| 66   | 21 months                              |
| 67   | 18 months                              |
| 68   | 15 months                              |
| 69 and over                                    | 12 months                              |

Your disability benefit may be reduced by other income benefits. Employees who did not elect during their new hire period in which he or she is eligible to enroll must complete an Evidence of Insurability form (EOI). Coverage is not effective until approved by Guardian.

See Certificate of Coverage for details.

<https://www.fortbendisd.com/Page/75851>



## VOLUNTARY DISABILITY

# VOLUNTARY LONG-TERM DISABILITY

Fort Bend ISD provides each eligible employee the option to select a voluntary disability plan through Guardian. Disability insurance is designed to help supplement your income when you are unable to work because of maternity, an accident, or illness that is not work related. You have the choice to elect either Short-Term OR Long-Term Disability coverage, or both. You are responsible for the cost of this coverage. When you leave FBISD, you have 31 days to continue your coverage; email Guardian for additional information [National\\_Conversions@glic.com](mailto:National_Conversions@glic.com).

| Voluntary Disability Benefit – Long-Term Disability   |  |
|---|--|
| <b>Definition of Disability</b>   | Prevented from performing one or more of the Main Duties of your Own Occupation for two years. After two years, it is Any Occupation.  |
| <b>Elimination Period</b><br>The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.               | <b>Base:</b> 180 days<br><b>Buy Up:</b> 90 days  |
| <b>Base Benefit</b>   | 66.67% of covered earnings per \$100 of salary<br>Your salary will be determined as of January 1 annually  |
| This means that after 90 or 180 days of disability, Guardian will pay you 66.67% of covered earnings (per \$100 of salary) up to the maximum shown below. |  |
| <b>Maximum Weekly Benefit</b><br>(after week 26)  | \$7,500 per month (monthly benefit: annual salary divided by 12 months)  |
| <b>Duration of Benefits</b>   | Social Security Normal Retirement Age  |
| LIMITATIONS   |  |
| <b>Pre-Existing Conditions</b>  | 3/12 (any condition that was diagnosed or treated within the last 3 months prior to eligibility under the policy will not be covered for 12 months under this disability plan) |
| <b>Mental Illness</b>   | Up to 24 months combined for STD and LTD   |
| <b>Substance Abuse and Self-Reported</b>  | Up to 24 months combined for STD and LTD   |

| Voluntary Disability Monthly Rates (per \$100) |  |
|--|--|
| <b>Base: 180 day Elimination Period</b>        | \$0.48                                 |
| <b>Buy Up: 90 day Elimination Period</b>       | \$0.61                                 |
| Age at Disability                              | Maximum Benefit Duration               |
| <60  | to age 65, but not less than 60 months |
| 60   | 60 months                              |
| 61   | 48 months                              |
| 62   | 42 months                              |
| 63   | 36 months                              |
| 64   | 30 months                              |
| 65   | 24 months                              |
| 66   | 21 months                              |
| 67   | 18 months                              |
| 68   | 15 months                              |
| 69 and over                                    | 12 months                              |

Your disability benefit may be reduced by other income benefits. Employees who did not elect during their new hire period in which he or she is eligible to enroll must complete an Evidence of Insurability form (EOI). Coverage is not effective until approved by Guardian.

See Certificate of Coverage for details.  
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