Plan Highlights

Voluntary Group Short Term Disability Insurance



Atchison USD #409

Who Is Eligible?

Each Active Full-Time Employee working 30 hours or more per week and earning a minimum salary of \$15,000 per year, except any person working on a temporary or seasonal basis.

When Do My Benefits Begin and How Long Will I Receive Benefits?

You may select from the following elimination period and benefit duration options:

- **Option 1 –** 0 days for injury, 7 days for sickness, 26 week duration
- **Option 2 –** 7 days for injury, 7 days for sickness, 25 week duration
- **Option 3 –** 14 days for injury, 14 days for sickness, 24 week duration
- **Option 4 –** 30 days for injury, 30 days for sickness, 22 week duration

What Is the Benefit Amount?

You may elect a weekly benefit in increments of \$25 from a minimum of \$100, up to a maximum benefit of \$1,500, not to exceed 60% of covered earnings. If at any time the weekly benefit you have chosen exceeds 60% of your covered earnings, your benefit amount will be reduced to the highest increment for which you are eligible.

What Features Are Included in My Plan?

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Pre-Existing Condition Limitation 3/12
- Zero Day Residual included Definition

Exclusions

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance provided is under group policy form LRS-6541, et al.



Reliance Standard Voluntary Plans Voluntary Group Short Term Disability Insurance Premium Table

Plan Holder: Atchison USD #409

Scheduled Benefit: Each eligible employee may elect an amount of insurance, in increments of \$25 from a minimum of \$100 to a maximum of \$1,500 per week up to 60% of covered earnings.

You may select any benefit amount from \$100 up to your maximum weekly benefit. Locate your weekly earnings to determine your maximum weekly benefit amount. If your covered month earnings fall between ranges, the lesser benefit amount will apply.

Employee Monthly Premiums

Min. Weekly Earnings		Weekly Benefit		Plan 1 0/7 day EP		Plan 2 7 day EP		Plan 3 14 day EP		Plan 4 30 day EP	
\$	288	\$	100	\$	9.20	\$	8.70	\$	7.55	\$ 5.55	
\$	288	\$	125	\$	11.50	\$	10.88	\$	9.44	\$ 6.94	
\$ \$	288	\$	150	\$	13.80	\$	13.05	\$	11.33	\$ 8.33	
\$	292	\$	175	\$	16.10	\$	15.23	\$	13.21	\$ 9.71	
\$	333	\$	200	\$	18.40	\$	17.40	\$	15.10	\$ 11.10	
\$	375	\$	225	\$	20.70	\$	19.58	\$	16.99	\$ 12.49	
\$	417	\$	250	\$	23.00	\$	21.75	\$	18.88	\$ 13.88	
\$	458	\$	275	\$	25.30	\$	23.93	\$	20.76	\$ 15.26	
\$	500	\$	300	\$	27.60	\$	26.10	\$	22.65	\$ 16.65	
\$	542	\$	325	\$	29.90	\$	28.28	\$	24.54	\$ 18.04	
\$	583	\$	350	\$	32.20	\$	30.45	\$	26.43	\$ 19.43	
\$	625	\$	375	\$	34.50	\$	32.63	\$	28.31	\$ 20.81	
\$	667	\$	400	\$	36.80	\$	34.80	\$	30.20	\$ 22.20	
\$ \$ \$	708	\$	425	\$	39.10	\$	36.98	\$	32.09	\$ 23.59	
\$	750	\$	450	\$	41.40	\$	39.15	\$	33.98	\$ 24.98	
\$	792	\$	475	\$	43.70	\$	41.33	\$	35.86	\$ 26.36	
\$	833	\$	500	\$	46.00	\$	43.50	\$	37.75	\$ 27.75	
\$	875	\$	525	\$	48.30	\$	45.68	\$	39.64	\$ 29.14	
\$	917	\$	550	\$	50.60	\$	47.85	\$	41.53	\$ 30.53	
\$	958	\$	575	\$	52.90	\$	50.03	\$	43.41	\$ 31.91	
\$ \$ \$ \$ \$ \$ \$	1,000	\$	600	\$	55.20	\$	52.20	\$	45.30	\$ 33.30	
\$	1,042	\$	625	\$	57.50	\$	54.38	\$	47.19	\$ 34.69	
\$	1,083	\$	650	\$	59.80	\$	56.55	\$	49.08	\$ 36.08	
\$	1,125	\$	675	\$	62.10	\$	58.73	\$	50.96	\$ 37.46	
\$	1,167	\$	700	\$	64.40	\$	60.90	\$	52.85	\$ 38.85	
\$	1,208	\$	725	\$	66.70	\$	63.08	\$	54.74	\$ 40.24	
\$	1,250	\$	750	\$	69.00	\$	65.25	\$	56.63	\$ 41.63	
\$	1,292	\$	775	\$	71.30	\$	67.43	\$	58.51	\$ 43.01	
\$	1,333	\$	800	\$	73.60	\$	69.60	\$	60.40	\$ 44.40	
\$	1,375	\$	825	\$	75.90	\$	71.78	\$	62.29	\$ 45.79	
\$	1,417	\$	850	\$	78.20	\$	73.95	\$	64.18	\$ 47.18	
\$	1,458	\$	875	\$	80.50	\$	76.13	\$	66.06	\$ 48.56	
\$	1,500	\$	900	\$	82.80	\$	78.30	\$	67.95	\$ 49.95	

Employee Monthly Premiums

Min. Weekly Earnings		Weekly Benefit		Plan 1 0/7 day EP		Plan 2 7 day EP		Plan 3 14 day EP		Plan 4 30 day EP	
\$	1,542	\$	925	\$	85.10	\$ 80.48	\$	69.84	\$	51.34	
\$	1,583	\$	950	\$	87.40	\$ 82.65	\$	71.73	\$	52.73	
\$	1,625	\$	975	\$	89.70	\$ 84.83	\$	73.61	\$	54.11	
\$	1,667	\$	1,000	\$	92.00	\$ 87.00	\$	75.50	\$	55.50	
\$	1,708	\$	1,025	\$	94.30	\$ 89.18	\$	77.39	\$	56.89	
\$	1,750	\$	1,050	\$	96.60	\$ 91.35	\$	79.28	\$	58.28	
\$	1,792	\$	1,075	\$	98.90	\$ 93.53	\$	81.16	\$	59.66	
\$	1,833	\$	1,100	\$	101.20	\$ 95.70	\$	83.05	\$	61.05	
\$	1,875	\$	1,125	\$	103.50	\$ 97.88	\$	84.94	\$	62.44	
\$	1,917	\$	1,150	\$	105.80	\$ 100.05	\$	86.83	\$	63.83	
\$	1,958	\$	1,175	\$	108.10	\$ 102.23	\$	88.71	\$	65.21	
\$	2,000	\$	1,200	\$	110.40	\$ 104.40	\$	90.60	\$	66.60	
\$	2,042	\$	1,225	\$	112.70	\$ 106.58	\$	92.49	\$	67.99	
\$	2,083	\$	1,250	\$	115.00	\$ 108.75	\$	94.38	\$	69.38	
\$	2,125	\$	1,275	\$	117.30	\$ 110.93	\$	96.26	\$	70.76	
\$	2,167	\$	1,300	\$	119.60	\$ 113.10	\$	98.15	\$	72.15	
\$	2,208	\$	1,325	\$	121.90	\$ 115.28	\$	100.04	\$	73.54	
\$	2,250	\$	1,350	\$	124.20	\$ 117.45	\$	101.93	\$	74.93	
\$	2,292	\$	1,375	\$	126.50	\$ 119.63	\$	103.81	\$	76.31	
\$	2,333	\$	1,400	\$	128.80	\$ 121.80	\$	105.70	\$	77.70	
\$	2,375	\$	1,425	\$	131.10	\$ 123.98	\$	107.59	\$	79.09	
\$	2,417	\$	1,450	\$	133.40	\$ 126.15	\$	109.48	\$	80.48	
\$	2,458	\$	1,475	\$	135.70	\$ 128.33	\$	111.36	\$	81.86	
\$	2,500	\$	1,500	\$	138.00	\$ 130.50	\$	113.25	\$	83.25	