



# Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

## 🔗 About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

### What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

**60%** of your eligible earnings, up to a maximum benefit of **\$5,000** per month. Plan minimum per month: **\$100**.

### Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit

90 days

### How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

# ≡ Additional Features

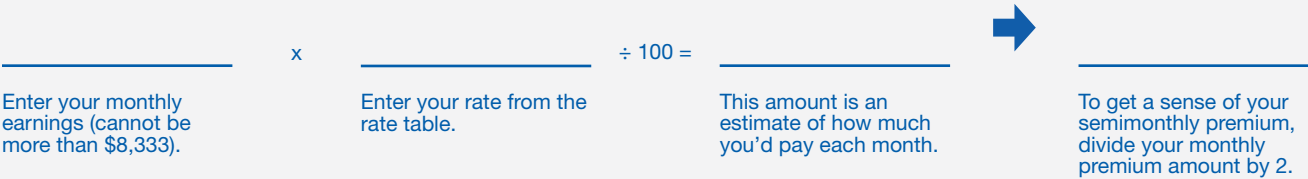
Your coverage comes with some added features:

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Help with Returning to Work</b> | <p>This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.</p> <p>If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.</p> <p>You may also be eligible to receive an additional benefit of 10 percent of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.</p> |
| <b>Survivors Benefit</b>           | <p>If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Support When You Need It</b>    | <p>You'll have access to an Employee Assistance Program, a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.</p>                                                                                                                                                                                                                                                          |
| <b>Family Care Expense Benefit</b> | <p>Applies if you are disabled, returned to work and continue to receive Long Term Disability benefits. For 24 months, your calculated work earnings will be reduced by a portion of qualified expenses (up to \$250 per dependent or \$500 per family, per month).</p>                                                                                                                                                                                                                                                                    |

# \$How Much Your Coverage Costs

Because this insurance is offered through Franklin County School District, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:



| Your Age<br>(as of July 1) | Rate % |
|----------------------------|--------|
| <25                        | 0.09   |
| 25–29                      | 0.14   |
| 30–34                      | 0.21   |
| 35–39                      | 0.27   |
| 40–44                      | 0.39   |
| 45–49                      | 0.57   |
| 50–54                      | 0.82   |
| 55–59                      | 0.98   |
| 60–64                      | 1.03   |
| 65+                        | 0.95   |

**As you consider Long Term Disability insurance, evaluate what makes sense for you.**

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you cover your housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at [www.standard.com/disability/needs](http://www.standard.com/disability/needs).

## Important Details

Here's where you'll find the details about the plan.

### Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- A regular employee of Franklin County School District
- Actively working at least 20 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

### Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period\*
- Apply for coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval.

Visit <https://myeoi.standard.com/763274> to complete and submit a medical history statement online.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

\*Defined as first of the month that follows 60 consecutive days as a member

### Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

### Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

| Age | Maximum Benefit Period                             |
|-----|----------------------------------------------------|
| 62  | To SSNRA, or 3 years 6 months, whichever is longer |
| 63  | To SSNRA, or 3 years, whichever is longer          |
| 64  | To SSNRA, or 2 years 6 months, whichever is longer |
| 65  | 2 years                                            |
| 66  | 1 year 9 months                                    |
| 67  | 1 year 6 months                                    |
| 68  | 1 year 3 months                                    |
| 69+ | 1 year                                             |

### Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification

- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

### Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

### Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the first 24 months after the end of the benefit waiting period, the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation.

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

### When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

### Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid to you by your employer
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Franklin County School District ends participation in the group policy

### **Group Insurance Certificate**

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD,  
GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399,  
GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399

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