



**Voluntary Short Term Disability (STD) Insurance**

Short Term Disability insurance pays a weekly benefit in the event you cannot work because of a covered illness or injury. An STD benefit replaces a portion of your weekly income, providing funds directly to you to help pay your bills and living expenses. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Frederick County Public Schools.

**Eligibility Requirements**

- |                 |   |
|-----------------|---|
| <b>Policy</b>   | <ul style="list-style-type: none"> <li>• A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary STD coverage can become effective</li> </ul>  |
| <b>Employee</b> | <ul style="list-style-type: none"> <li>• A regular employee represented by FCTA, FCASA, FASSE or any other regular employee of Frederick County Public Schools</li> <li>• Actively working at least 17.5 hours each week</li> <li>• A citizen or resident of the United States or Canada</li> <li>• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible</li> </ul> |
| <b>Premium</b>  | <ul style="list-style-type: none"> <li>• You pay 100 percent of the premium for this coverage through easy payroll deduction</li> </ul>   |

**Benefit Amount and Duration**

- |                                    |   |
|------------------------------------|---|
| <b>Benefit Percentage</b>          | Your weekly STD benefit is 60 percent of the first \$3,333 of your weekly insured predisability earnings, reduced by deductible income  |
| <b>Plan Maximum Weekly Benefit</b> | \$2,000   |
| <b>Plan Minimum Weekly Benefit</b> | \$15  |
| <b>Maximum Benefit Period</b>      | 180 days. However, STD Benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the 180 days. |

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and 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.

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

**Understanding Your Plan Design**
**Benefit Waiting Period**

If your claim for STD Benefits is approved by The Standard, benefits become payable after you have served continuously the applicable days noted below for your disability and you remain disabled. Benefits are not payable during the benefit waiting period.

Accidental Injury, physical disease, pregnancy or mental disorder:

- **Employees participating in the Sick Leave Bank program** - The longer of (a) the period of sick leave for which you are eligible under the Employer's Sick Leave Bank program and (b) after 14 days
- **Employees ineligible for the Sick Leave Bank program or opting out of the Sick Leave Bank program** – After 14 days

Note: If you do not apply for this STD coverage within 31 days of becoming eligible, were eligible for insurance under the Prior Plan for more than 31 days but were not insured, or if your insurance ends because you failed to make a required premium contribution and is later reinstated, your benefit waiting period for physical disease, pregnancy or mental disorder will be 60 days if you become disabled during the first 12 months after your coverage takes effect.

**Definition of Disability**

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 in your predisability earnings when working in your own occupation

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

**Deductible Income**

Deductible income is income you receive or are eligible to receive while STD benefits are payable. Deductible income includes, but is not limited to:

- Amounts under an unemployment compensation law
- Amounts because of your disability under any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Amounts 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 worked as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while STD benefits are payable
- 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

**Additional Features**

Please see your human resources representative for additional information about the features and benefits below.

**Rehabilitation Plan**

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to; training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

**Reasonable Accommodation Expense Benefit**

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

**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
- 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

**Limitations**

STD 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 predisability earnings in your own occupation, but you elect not to work
- Receiving sick-leave pay, annual or personal leave pay, or other salary continuation including donated amounts from your employer
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

**When Benefits End**

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits
- If applicable, the date long term disability benefits become payable to you under a long term disability plan

**When Insurance Ends**

Insurance ends automatically on the earliest of the following:

- 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)
- If applicable, the date your employer ceases to participate under the group policy

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will 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. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Rates**

If you have questions regarding how to determine your earnings, please contact your human resources representative. Premiums for this coverage will be deducted directly from your paycheck.

**Employees participating in the Sick Leave Bank program**

To calculate your monthly payroll deduction, use the formula indicated below:

- |  |                               |
|--|-------------------------------|
| 1. Enter your annual salary on Line 1.   | Line 1: _____                 |
| 2. Divide Line 1 by 52 weeks, enter that amount on Line 2. This amount is your estimated weekly earnings.                                      | Line 2: _____                 |
| 3. Enter the amount from Line 2 on Line 3, not to exceed \$3,333. <i>Note: If the amount on Line 2 is greater than \$3,333, enter \$3,333.</i> | Line 3: _____                 |
| 4. Multiply the amount on Line 3 by 0.60 and enter on Line 4.  | Line 4: _____                 |
| 5. Rate.   | Line 5: <u>    \$0.43    </u> |
| 6. Multiply Line 4 by the amount entered on Line 5, enter on Line 6.   | Line 6: _____                 |
| 7. Divide Line 6 by 10 and enter on Line 7.  | Line 7: _____                 |

The amount shown on Line 7 is your estimated monthly payroll deduction.

**Employees ineligible for the Sick Leave Bank program or opting out of the Sick Leave Bank program**

To calculate your monthly payroll deduction, use the formula indicated below:

- |  |                               |
|--|-------------------------------|
| 1. Enter your annual salary on Line 1.   | Line 1: _____                 |
| 2. Divide Line 1 by 52 weeks, enter that amount on Line 2. This amount is your estimated weekly earnings.                                      | Line 2: _____                 |
| 3. Enter the amount from Line 2 on Line 3, not to exceed \$3,333. <i>Note: If the amount on Line 2 is greater than \$3,333, enter \$3,333.</i> | Line 3: _____                 |
| 4. Multiply the amount on Line 3 by 0.60 and enter on Line 4.  | Line 4: _____                 |
| 5. Rate.   | Line 5: <u>    \$0.56    </u> |
| 6. Multiply Line 4 by the amount entered on Line 5, enter on Line 6.   | Line 6: _____                 |
| 7. Divide Line 6 by 10 and enter on Line 7.  | Line 7: _____                 |

The amount shown on Line 7 is your estimated monthly payroll deduction.



### **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. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at **[www.standard.com](http://www.standard.com)**.

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

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GP399-STD, GP 899-STD, GP309-STD,  
GP209-STD, GP399-STD/ASSOC, GP399-STD/TRUST