

# Short-Term Disability Insurance

VOLUNTARY

## COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

### ▶ PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

### ▶ PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

## BENEFITS (You can purchase this coverage at a group rate.)

<b>Weekly benefit after your claim is approved</b>	Get a weekly check of <b>\$100 to \$1,000</b> , in any <b>\$100</b> increment you choose, to replace a portion of your income—up to <b>60%</b> of your Total Weekly Earnings.
<b>When benefits begin</b>	Benefits begin on the first day of disability if you are unable to work due to an injury and as soon as <b>8 days</b> from the date you are unable to work due to an illness.
<b>Benefits may be paid for</b>	Up to <b>5 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

## SHORT-TERM DISABILITY FAST FACTS

**1 in 4 workers**  
will miss up to 3 months of work due to disability during their career.<sup>1</sup>

**More than three-quarters of workers are living paycheck to paycheck.**<sup>2</sup>

ROSWELL INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 974840

Sun Life Assurance Company of Canada

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## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **How do I file a Short-Term Disability claim?**

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

### **How do I qualify for benefits?**

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

### **What if I have a pre-existing condition?**

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

### **Can I work while I'm disabled?**

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

### **Will income from other sources affect my benefit?**

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

### **How is my benefit taxed?**

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

## Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker’s Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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# Rates

**Employee** - Coverage and **semi-monthly** cost for Short-Term Disability.

Rates are effective as of March 1, 2025.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$100	2.18	2.14	2.01	1.41	1.03	1.05	1.24	1.46	1.73	1.84	1.60
\$200	4.35	4.27	4.02	2.82	2.06	2.09	2.48	2.91	3.46	3.67	3.20
\$300	6.53	6.41	6.03	4.23	3.09	3.14	3.72	4.37	5.19	5.51	4.80
\$400	8.70	8.54	8.04	5.64	4.12	4.18	4.96	5.82	6.92	7.34	6.40
\$500	10.88	10.68	10.05	7.05	5.15	5.23	6.20	7.28	8.65	9.18	8.00
\$600	13.05	12.81	12.06	8.46	6.18	6.27	7.44	8.73	10.38	11.01	9.60
\$700	15.23	14.95	14.07	9.87	7.21	7.32	8.68	10.19	12.11	12.85	11.20
\$800	17.40	17.08	16.08	11.28	8.24	8.36	9.92	11.64	13.84	14.68	12.80
\$900	19.58	19.22	18.09	12.69	9.27	9.41	11.16	13.10	15.57	16.52	14.40
\$1,000	21.75	21.35	20.10	14.10	10.30	10.45	12.40	14.55	17.30	18.35	16.00