

Short-Term Disability Insurance

Group Short-Term Disability Income Insurance (GDIS11APL)



APSB-22149 (FL)-0916

APL
AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon®

Highlights

Disability Income Insurance can help provide an income when you are disabled due to a covered Injury or Sickness that keeps you away from work for an extended period of time. Benefits are paid directly to you, and can be used in many ways such as:

- ◆ Mortgage / Rent
- ◆ Credit Card Payments
- ◆ Utilities
- ◆ Car Payments
- ◆ Groceries
- ◆ Daily Living Expenses

Policy Benefits

Disability Payments are payable when you are Disabled due to a covered Injury or Sickness while coverage is in force. Disability Payments will be provided for each period you remain Disabled due to a covered Disability and under the Regular and Appropriate Care of a Physician, which continues beyond the Elimination Period. Disability Payments will be provided for only one Disability when more than one Disability exists at the same time or a Disability results from two or more causes. Disability will be considered to have begun on the date you were seen and treated by a Physician following continuous cessation of work.

Waiver of Premium Benefit (not available for 90 Day Plan)

If you become Disabled due to a covered Injury or Sickness and are eligible to receive a Disability Payment, your insurance will be continued without payment of premium. Waiver of Premium will begin the first of the month following 90 days of continuous Disability, provided premium has been paid from the beginning of Disability to the date Waiver of Premium begins. Waiver of Premium will continue until the a) end of your Disability, b) end of the Maximum Benefit Period, c) date you are no longer eligible to receive a Disability Payment, d) date the Policy terminates or e) date your employment with the Policyholder or subscribing Employer unit ends, whichever first occurs. We will require proof on an annual basis that you remain Disabled during said period.

Mental Illness Limited Benefit

If you become Disabled due to Mental Illness, Disability Payments will be paid up to the following:

- ◆ 90 Day Plan - 3 Months
- ◆ 180 Day Plan - 3 Months
- ◆ 1 Year Plan - 6 Months
- ◆ 2 Year Plan - 1 Year

provided you are under the Regular and Appropriate Care of a Physician, and receive medical treatment from either: a registered specialist in psychiatry; a Physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary; or a Physician, if in Our opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

Alcohol and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. In no event will benefits be paid beyond the Maximum Disability Period shown in the Policy Schedule of Benefits. If drug addiction is sustained at the hands of, or while under the Regular and Appropriate Care of a Physician in the course of treatment for Injury or Sickness, it will be covered the same as any other illness.

Disabled and Not Working Benefit

Your Disability Payment will be the lesser of the Disability Benefit described in the Policy Schedule of Benefits or 60% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive.

Disabled and Working Benefit

American Public Life will provide a Disability Payment if you are Disabled and your monthly Disability Earnings, if any, are less than 20% of your Monthly Compensation due to the same Injury or Sickness. If you are Disabled and your Disability Earnings are greater than 20% of your Monthly Compensation due to the same Injury or Sickness, we will figure your payment as follows: your Disability Payment will not be reduced as long as the Disability Earnings plus the gross Disability Benefit does not exceed 100% of your Monthly Compensation. If the Disability Earnings plus the gross Disability Benefit exceeds 100% of your Monthly Compensation, the Disability Payment will be reduced by the amount exceeding your Monthly Compensation. We will stop payments and your claim will end, if at any time you are no longer Disabled or if your Disability Earnings exceed 80% of your Monthly Compensation.

Successive Disabilities

Disabilities which result from the same or related causes for which benefits are payable will be considered one period of Disability unless the Disabilities are separated by your return to Active Employment or any other gainful occupation for at least three consecutive months. A Disability due to a different or unrelated cause will be considered a new period of Disability.

Definitions

Active Employment – Performing all regular duties of your employment on a full-time basis, on a scheduled work day and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Employment on a day which is not a scheduled work day only if you are not Disabled and would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

Disability (or Disabled) – for the first 12 months of Disability, means you are unable to perform the material and substantial duties of your Regular Occupation. You are not considered Disabled if you are unable to perform the duties of your Regular Occupation solely as a result of the loss of a professional license, occupational license or certification.

Disability Earnings – The gross monthly earnings you receive while Disabled and working.

Disability Payment – Your Disability Benefit minus any Deductible Sources of Income.

Monthly Compensation (except for Education) – One-twelfth (1/12) of your annual salary through your Employer exclusive of overtime or bonus earnings, or one-twelfth (1/12) of the preceding 12 months' salary through your Employer, if your salary is solely or partially based on commissioned sales, overtime or bonus earnings.

Monthly Compensation for Education – For contracted employees, one-twelfth (1/12) of your contract salary through your Employer; or for non-contracted employees, one-twelfth (1/12) of your annual salary through your Employer, in effect on the date Disability began. It excludes any additional compensation including but not limited to, overtime pay, weekend or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits. If the Insured becomes Disabled while on an approved leave of absence, APL will use your gross Monthly Compensation from your Employer in effect just prior to the date your absence began.

Pre-Existing Condition – A disease, Injury, Sickness, physical condition or mental illness for which you have experienced treatment, incurred expense, took medication, received care or services including diagnostic testing or related measures or received a diagnosis or advice from a Physician, during the 12 month period immediately before the Effective Date of your coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness.

Self-Reported Symptoms – The manifestations of your condition that you tell your Physician that are not verifiable using tests, procedures or clinical examinations standardly accepted in the practice of medicine. Examples of Self-Reported Symptoms include, but are not limited to headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness and loss of energy.

Important Policy Provisions

When Coverage Begins

Coverage or changes in coverage including increases will begin on the later of the requested Effective Date or the date we approve the written application, if you apply in writing on or before said Effective Date, are a late enrollee and meet our underwriting rules, are on Active Employment and have paid all applicable premiums due. If you are not on Active Employment due to an Injury or Sickness when your coverage would otherwise take effect, coverage will take effect on the first of the month following the date you return to Active Employment for at least five consecutive workdays. Any change in coverage will apply only to a Disability that begins after the Effective Date of such change, subject to all the provisions of the Policy. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Deductible Sources of Income

Deductible Sources of Income will include all of the following:

- ◆ Other group disability income
- ◆ Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits
- ◆ United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability
- ◆ State Disability
- ◆ Unemployment compensation
- ◆ Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 30 calendar days from the date of Disability.

Leave of Absence

Your coverage may be continued for up to one year during a Leave of Absence approved in writing by your employer.

Exclusions

The Policy does not cover any loss, fatal or non-fatal, which results from any of the following:

- ◆ Intentionally self-inflicted Injury while sane or insane
- ◆ An act of war, declared or undeclared
- ◆ Injury sustained or Sickness contracted while in the service of the armed forces of any country
- ◆ Committing a felony
- ◆ Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer
- ◆ Injury or Sickness arising out of and in the course of any occupation for wage or profit, or for which you are entitled to Workers' Compensation.*

*The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

Termination of Insurance

Your insurance coverage will end on the earliest of these dates:

- ◆ the date you do not meet the Eligibility requirements as defined in the Eligibility section of this brochure;
- ◆ the date you retire;
- ◆ the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision;
- ◆ the end of the last period for which premium has been paid;
- ◆ the date the Policy is discontinued; or
- ◆ the date your employment terminates.

If your coverage ends as a result of your termination of Active Employment, such termination is caused by an Injury or Sickness for which Disability Benefits would be payable, and Disability is established prior to the termination of Active Employment, then Disability Benefits will be paid as if such termination had not occurred. Termination of the Policy will have no effect on Disability Payments that began before such termination. American Public Life may end your coverage if you make a fraudulent claim.



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Underwritten by American Public Life Insurance Company. This brochure highlights important features of the policy. For complete details, please refer to your certificate. Policy provisions and benefits may vary depending on the location of your employer or, where required by law, your state of residence. This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. | Policy Form GDIS11APL Series | Florida | Group Short-Term Disability Income Insurance Policy | (09/16)

Must be used in conjunction with Summary of Benefits insert APSB-22150
