# Disability Income Insurance

Long-Term Disability Income Insurance



Coverage Options • Benefits Paid Directly to You • Excellent Customer Service • Learn More >>



# Disability Income Insurance

More than likely your most important asset is not your home, your car or other possessions. It's your ability to earn a living. If you depend on a steady paycheck, then income protection is important to your lifestyle. Consider all the expenses that can depend on your paycheck:

• Mortgage/Rent

Groceries

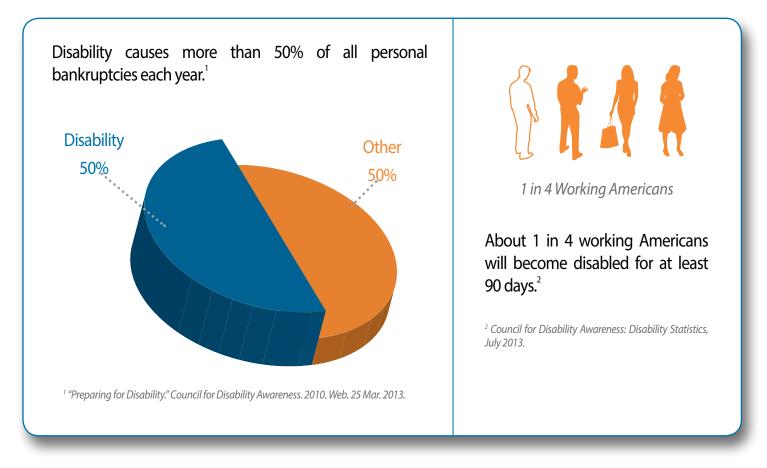
**Car Payments** 

- Gasoline
- Tuition
  - Student Loans
- Insurance Payments

Utility Bills

Credit Card Payments

Being unable to work due to an Injury or Sickness can be both a physical and emotional drain. American Fidelity Assurance Company's Long-Term Disability Income Insurance plan can help protect your income while you are unable to work.



# How It Works

American Fidelity's Long-Term Disability Income Insurance helps 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. Your benefit amount is dependent on your salary and the amount you select at the time of application.

Knowing everyone's financial situation is different, American Fidelity offers options for when your benefit can begin that range from eight days to 366 days. Benefits are payable for a covered Injury or Sickness up to Social Security Normal Retirement Age or five years, based on the plan your employer has selected. Refer to your employer's plan and your Certificate for details regarding benefit amounts and more.

## **Plan Features**

### **Physician Benefit**

Receive a benefit if you receive treatment by a Physician due to a covered Injury.

### **Return to Work Benefit**

Receive a portion of your Disability benefit if you return to work part time.

### **Accidental Death Benefit**

Beneficiary can receive a benefit if death occurs as a direct result of an Injury within 90 days after the Injury.

### **Guaranteed Issue**

First-time eligible employees may be able to receive coverage without being subject to insurability.

### **Waiver of Premium**

Premiums may be waived while you are disabled based on the length of your disability and the plan selected.

### **Portability Conversion Option**

Keep your coverage by converting your policy to a new group plan if you end your current employment.

# Understanding Your Disability Benefit

Your Disability Benefit will be the amount shown on your application and will not exceed 60% of your gross monthly compensation. Your benefit will be no less than the greater of 10% of your monthly Disability Benefit or \$100.00.

### **Deductible Sources of Income**

If applicable, your Disability Benefit will be reduced by Deductible Sources of Income that include, but are not limited to:

- · 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 to your dependent(s) on account of your
  disability;
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 30 days, 60 days, 90 days, 180 days, or 365 days from the Date of Disability, dependent on the plan selected;
- State Disability; and
  - Unemployment compensation.

## **Important Terms and Definitions**

American Fidelity feels it is important that you understand the terms and definitions that govern this plan. For complete terms and definitions, please refer to your Certificate and Policy.

**Disability:** Due to an Injury or Sickness, for the first 24 months you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

**Injury:** Injury means physical harm or damage to the body sustained by you which: (a) results directly from an accidental bodily injury; (b) is independent of disease or bodily infirmity; and (c) takes place while your coverage is in force.

**Sickness:** A disease or illness (including pregnancy). Disability must begin while this coverage is in force.

**Effective Date:** The Effective Date is the date shown within your Certificate. This is the date when your coverage will begin. The Effective Date is not the date shown on your application.

**Hospital:** The term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

### Limitations and Exclusions

### **Special Conditions Limited Benefit**

The Special Conditions Limited Benefit provides a benefit up to one year, due to Special Conditions if you are disabled and under the regular and appropriate care of your physician. Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes. Special Conditions means: Chronic Fatigue Syndrome; Fibromyalgia; Any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia or quadriplegia; Environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

### **Alcoholism and Drug Addiction Limited Benefit**

If you are Disabled due to Alcoholism or Drug Addiction, Disability Payments will be provided for up to 15 days, not to exceed the Maximum Disability Period. In no event will benefits be paid for more than the Maximum Disability Period. 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.

### **Mental Illness Limited Benefit**

If you are Disabled due to a Mental Illness, regardless of the cause, Disability Payments will be provided for up to two years not to exceed the Maximum Disability Period. You must be under the regular and appropriate care of a physician and receive medical treatment (mental or medical examination alone will not be considered 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 American Fidelity's opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

### **Pre-Existing Condition Limitation**

Pre-Existing Condition means a disease, Injury, Sickness, physical condition, or mental illness for which you have experienced any of the following: 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 your Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness.

If Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months, no Disability Benefit will be payable.

Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by American Fidelity. No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

### **Exclusions**

The Policy does not cover any loss, fatal or non-fatal, which results from: 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. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or 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.

No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

### **Termination of Insurance**

Your insurance coverage will end on the earliest of these dates: the date you do not meet the eligibility requirements; the date you retire; the date you cease to be on Active Employment; the end of the last period for which premium has been paid; or the date the Policy is discontinued.

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. American Fidelity may end coverage if fewer persons are insured than required by the Policyholder's application. American Fidelity may end the coverage if you make a fraudulent claim. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

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 endorsed/sponsored by an association or issued through an association, an employer, or a trust in which the employer is a member, is intended to be covered by ERISA, and will be administered and enforced in accordance with ERISA. Government and municipalities may be excluded from ERISA guidelines.



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