

# SAN JOSE UNIFIED SCHOOL DISTRICT

FOR ADMINISTRATORS, CLASSIFIED, AND  
AMERICAN FEDERATION OF TEACHERS

## INCOME PROTECTION PLAN RESTATED JULY 1, 2019

*ADMINISTERED BY:*

UNITED ADMINISTRATIVE SERVICES, INC.

6800 SANTA TERESA BLVD, SUITE 100

SAN JOSE, CA 95119

TELEPHONE: (408) 288-4400

**ELIGIBILITY**

The following classifications will be covered under this disability plan:

- a) Administrators
- b) Classified – Full-Time Employees
- c) Classified – Part-Time working 20 hours/week or more
- d) American Federation of Teachers (AFT) – Full-Time Employees
- e) American Federation of Teachers (AFT) – Part-Time working 20 hours/week or more

All active employees in the above classifications on or before July 1, 2019, will be effective for this coverage July 1, 2019. All eligible employees hired after July 1, 2019 will have their coverage effective on the date of hire. Any change in classification will become effective on the date such change occurs.

Coverage will terminate when you are no longer an eligible employee; terminate employment with the District; or on the date the Income Protection Plan is terminated.

If you are not actively at work in an eligible status on the date your coverage would otherwise become effective, the coverage will not become effective until the date you return to active work for eleven (11) consecutive regular work days. If you are not actively at work in an eligible status on the date you would otherwise be entitled to any additional insurance or increased benefits as the result of a change or an amendment to the Plan, the additional insurance or increased benefits will not become effective until the date you return to active work for eleven (11) consecutive regular work days.

**BENEFITS FOR ADMINISTRATORS, CLASSIFIED, AND AFT EMPLOYEES**

*Monthly Income* – If you are disabled and unable to work because of covered accident or sickness, the Plan pays 75% of your Monthly Contract Salary beginning with the first day in the hospital or the eighth day of your disability or the expiration of your accrued District sick leave benefits, whichever occurs later.

Payments under the Plan will commence after the above waiting period and will continue for twelve (12) months or until you are eligible to receive PERS or STRS disability benefits through the retirement system.

Payments under this Plan will be reduced by any other income you receive, or are entitled to receive, from Worker’s Compensation, Disability or Retirement Social Security Benefits and any Disability, Retirement or other income benefits provided by or through the San Jose Unified School District.

For the purpose of determining your monthly benefit under this Plan, earnings or salary shall mean your annual salary divided by twelve, or in the case of twelve-month employees, your regular monthly salary. Earnings for hourly employees will be based upon your hourly base rate of pay (times normal hours you would have worked had you not been disabled) at the time of your disability.

*Benefit Payments* – Payments under the Plan will commence after the above waiting period and will continue for twelve (12) months while you are unable to perform each and every duty of your occupation while under the care of a qualified physician or until you are eligible to receive PERS or STRS disability benefits through the retirement system.

**EXCLUSIONS**

Benefits are not payable for disability resulting from intentionally self-inflicted injury, or participation in a violent disorder, assault or felony.

**SURVIVOR BENEFIT**

In the event of death to an employee while receiving benefits, the surviving spouse, or legal department(s), shall continue to receive the same benefits for a period of three months from the date of death.

**COST**

The benefits of this Plan are funded by the District. No payment is required from the employees eligible for coverage.

**RECURRING DISABILITIES**

Disabilities due to the same or related cause, if separated by a period of no more than three months, shall be considered as one disability benefit period with no new waiting period required.

**GENERAL INFORMATION**

- a. The IPP is a self-funded plan for the period of benefits (1<sup>st</sup> 12 months).
- b. House confinement is not required to receive benefits under this Plan.
- c. Coverage is provided in any type of aircraft.
- d. Coverage is provided worldwide.
- e. Once you are protected under this Plan, preexisting sickness conditions are fully covered. All claims must be filed with the Administrator not later than 90 days after benefits are payable. Otherwise your request for benefits may be declined unless it was not reasonably possible for you to give written notice within such time.
- f. The Plan does not replace nor affect any requirement for coverage by workers' compensation insurance.
- g. The effective time for any dates used herein will be 12:01 A.M. Standard Time at the address of the Policyholder. Masculine pronouns in the policy apply to both sexes.

**DEFINITIONS**

**“Doctor”** means a person who is licensed to practice medicine and surgery as a Doctor of Medicine or as a Doctor of Osteopathy. While acting within the scope of his/her practice and to the extent that benefits are provided, “doctor” will also include a person licensed to practice as a psychologist. The term “doctor” will not include you or your spouse, parent, child, brother or sister.

The term “doctor” will also include any Christian Science Practitioner recognized by the Mother Church; provided, however, that with respect only to the long Term Disability Income Benefit, this paragraph will apply only to you if you are confined in a Christian Science Sanatorium which qualifies as a hospital.

“**Active Employee**” means a full-time employee working a minimum of 20 hours per week for the School District.

“**Totally Disabled**” During your Benefit Payment Period, but not to exceed the first four years thereof, you will be considered “totally disabled” while you are unable to perform the material duties of your own occupation and while you are not engaged in any other occupation. Thereafter, you will be considered “totally disabled” while you are unable to engage in any gainful occupation for which you are reasonably qualified by training, education or experience.

“**Hospital**” means only an institution which meets all of the following requirements:

- a) Maintains permanent and full-time facilities for bed care of five or more resident patients,
- b) Has a doctor in regular attendance,
- c) Continuously provides 24 hours a day nursing service by Registered Nurses, and
- d) Is primarily engaged in providing diagnostic and therapeutic facilities for medical and surgical care of injured and sick persons.

The term “hospital” will also include any approved Christian Science Sanatorium or other institution which has been approved by the Committee on Christian Science Nursing Homes of the Mother Church, except in the event of confinement in such institution for spiritual guidance or rest. In no event, however, will the term “hospital” include any institution, or part thereof, which is used principally as a rest home, nursing home, convalescent home, or a place for the aged.

“**State Teachers Retirement System**” (STRS) means the applicable provisions of the Education Code of the State of California which relate to the State Teachers Retirement System.

“**Public Employees Retirement System**” (PERS) means the applicable provisions of the Government Code of the State of California which relates to the Public Employees Retirement System.

### **YOUR RIGHTS**

You are entitled to be given the reason for any determination which reduces or denies your benefits. You may appeal any determination which reduces or denies your benefits.

You may appeal any determination of benefits by notifying, in writing, your intention to appeal to the administrator’s office within twenty days from the date of rejection. A copy of your appeal request should be filed with the District Personnel Department.

**HOW TO APPLY FOR BENEFITS**

- 1) Obtain a claim form by contacting the Plan Administrator’s Office: United Administrative Services, Inc. Phone: (408) 288-4400.
- 2) Fill out and sign the “Claim Statement of Employee”. Write or print clearly. Be sure all information is correct. Be especially careful with your Social Security Number, addresses and dates.
- 3) Give the form to your doctor for completion of the “Attending Physician Statement”.
- 4) Mail the claim form to:

**United Administrative Services**  
**P.O. Box 5057**  
**San Jose, California 95150**

Early filing will speed your payment. Please direct any questions regarding your claim to the Administrator’s Office:

**United Administrative Services**  
**6800 Santa Teresa Blvd, Suite 100**  
**San Jose, CA 95119**  
**Phone Number: (408) 288-4400**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ for San Jose Unified School District.

**By:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Title** \_\_\_\_\_

