

# Short Term Disability Income Insurance

Explore Your Benefits & Costs



Group Name: Roosevelt School District No. 66  
Group Number: 706175  
Class: Full-Time Employees

**Life doesn't stop when you're unable to work.** If a maternity leave, planned surgery, or unexpected illness or injury affect your income, **Short Term Disability Income Insurance** can help. This document includes cost and coverage information about Short Term Disability Income Insurance. As you explore, keep in mind:



Payroll deduction means you don't have to worry about another bill



Group pricing makes coverage more cost-effective



One dedicated claim analyst guides you throughout your leave

More than half (60%) of US households have less than \$6,275 in liquid cash. That's what it would take for a family of four to replace income at the poverty level for three months.<sup>1</sup> Help keep a portion of your income protected with the Short Term Disability Income Insurance that's available to you through your employer.

<sup>1</sup> "The State of Disability Coverage in America," Council for Disability Awareness, 2019.

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# Choose coverage to fit your needs

Your employer is giving you the option to enroll in Short Term Disability Income Insurance, which means that if a disabling illness or injury prevents you from working, you'll still be able to replace a portion of your income.

When you become disabled, you must complete a waiting period before benefits are payable. (Learn more in the "Before benefit payments begin" section below). When they begin, here's how much you'll receive:

Coverage Amount	
66.67%	
of your weekly earnings	
Coverage Amount	
Coverage Minimum	\$25 per week
Coverage Maximum	\$1,154 per week

 <b>Waiting period</b>	<b>Waiting period</b> <ul style="list-style-type: none"><li>▪ The benefit waiting period for a disability caused by an accidental injury is 7 days</li><li>▪ The benefit waiting period for a disability caused by a sickness is 7 days</li></ul>
 <b>How long benefit payments last</b>	Short Term Disability Income <b>Insurance</b> is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive Short Term Disability benefit payments is 26 weeks.

## Evidence of Insurability (health questions)

You do not need to provide evidence of insurability to be covered.

If you apply more than 31 days after the date you become eligible evidence of insurability is required.

When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

# How much does it cost?

Rates shown are guaranteed until: 07/01/2026. Your premiums are deducted on a post-tax basis.

Your monthly cost per \$10 of weekly benefit is \$0.815 Use the steps below to calculate your monthly cost.

To calculate your cost:			
1. Enter your basic annual earnings.	\$		Your <u>eligible annual earnings</u> are the salary or wage you receive from your employer.  It does not includes: <ul style="list-style-type: none"><li>▪ Bonuses</li><li>▪ Commissions</li><li>▪ Overtime pay</li></ul>
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.	\$		
3. Multiply the figure from Step 2 by .666 (66.67%).	\$		
4. Enter the lesser of the amount in Step 3 or \$1,154.	\$		
5. Divide the amount in Step 4 by 10.	\$		
6. Multiply the result in Step 5 by 0.86. This is your <b>monthly premium</b> .	\$		
7. Multiply your total monthly premium by 12 for your annual premium amount. Then, divide by your number of paychecks per year for your payroll deduction amount.	\$		

# Exclusions and limitations

Benefits are not payable if your disability results from any of the following:

- Sickness or injury which occurs in any armed conflict, whether declared as war or not, involving any country or government.
- Sickness or injury which occurs while you are on military service for any country or government.
- Intentionally self-inflicted injury or illness, whether you are sane or insane.
- Injury which occurs when you commit or attempt to commit a felony.
- Injury suffered in a fight in which you are the aggressor.
- Sickness or injury due to cosmetic or reconstructive surgery, except for surgery necessary to correct a deformity caused by sickness or accidental injury.
- Sickness or accidental injury for which you have or had a right to payment under a workers' compensation or similar law. This includes payment you would have been entitled to receive if the Policyholder had not declined to provide workers' compensation insurance as allowed by the Policyholder's state of domicile.
- Sickness or accidental injury arising out of or in the course of work for pay, profit or gain.

Benefits are not payable for the portion of any period of Disability that you are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

Benefits are not payable if your disability is due to a pre-existing condition and you became disabled during the first 12 months your coverage is in effect. A pre-existing condition is a sickness or accidental injury for which,

during the 3 months immediately before the effective date of your coverage or increased amount of coverage, you did one or more of the following: received medical treatment, care, services or advice; or took prescribed drugs; or had medications prescribed.

Even though you may experience multiple reasons for your disability, only one Disability benefit is payable at any given time.

Your benefits will be reduced by other income you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

\*Limitations and exclusions will vary by state and by your employer's benefit plan.



## Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at 877-236-7564  
or go to <https://presents.voya.com/EBRC/RooseveltSchoolDistrict>

This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form HP08GP and/or HP13GP (may vary by state).

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