SACHEM CENTRAL SCHOOL DISTRICT

GROUP LONG TERM
DISABILITY PROTECTION

EFFECTIVE OCTOBER 15, 1996

UPDATED 01/21/10

ADMINISTERED BY:
J.J. Stanis and Company, Inc.

A SELF-INSURED PROGRAM OF THE SACHEM CENTRAL SCHOOL DISTRICT
51 School Street, Lake Ronkonkoma, NY 11779

ADDITIONAL POLICY PROVISIONS

This policy provides that the application of the Policyholder, and any individual application, a copy of which has been provided to the individual, constitute the entire contact between the parties, and any statement made by the Policyholder or by any employee shall be deemed a

assistant or clerical employee regularly working at least 30 hours per week during the employers regular work week.

ELIGIBILITY DATE

HOW TO DETERMINE YOUR MONTHLY BENEFIT

(1) Multiply your basic monthly earnings by the benefit percentage shown in the "Amount of Coverage".

(2) Take the lesser of:

(a) the amount determined in step (1) above, or

(b) the amount of the maximum monthly benefit shown in the "Amount of Coverage" and

(3) deduct other income benefits from this amount (see page 6)

EFFECTIVE DATE OF COVERAGE

Your coverage becomes effective on your eligibility date unless you are absent from work on

perform any and every duty of any gainful occupation for which he/she is reasonably fitted by training, education or experience subject to the following provision.

ELIMINATION PERIOD means a period of consecutive days of total disability, as indicated on page 2 hereof, commencing with the first day thereof for which no indemnity is payable.

EMPLOYEE means a regular full-time employee who is regularly working throughout the entire duration of the Employer's usual and customary weekly hours of work, but not less than 30 hours per week.

LIMITATIONS AND EXCLUSIONS

OTHER INCOME BENEFITS – Other Income benefits are those benefits identified below:

PRE-EXISTING CONDITION EXCLUSION

Any disability that is caused or contributed to by, or results from, a pre-existing condition which was in existence within thirty (30) days prior to your effective date of coverage will not be covered until you have performed the material duties of your regular occupation on a full

[redacted]

A "Pre-existing condition" [redacted]

said children and such designation shall be valid and effective against all claims by others representing or claiming to represent said children.

TERMINATION OF THE MONTHLY BENEFIT

Your monthly benefit will terminate on the earliest of the following occurrences:

(1) the date that you cease to be totally disabled.

(2) the date that you die.

(3) the effective date that you receive retirement benefits under your employer

retirement plan as a result of your voluntary election to receive such benefits.

(4) completion of the maximum benefit period.

TERMINATION OF COVERAGE

GENERAL ACCIDENT AND SICKNESS PROVISIONS

NOTICE OF CLAIM:

Written notice of claim must be given to the District within twenty (20) days after the occurrence or commencement or any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the District with information sufficient to identify the Insured Employee, shall be deemed notice to the District.

CLAIM FORMS:

GROUP LONG TERM DISABILITY

This statement of coverage describes the terms and conditions governing the Sachem Central

The coverage evidenced by this certificate provides disability income coverage only. It does NOT provide basic hospital, basic medical or major medical coverage as defined by the New York State Insurance Department.

The benefits shown herein may not always be payable in part or in full because the plan