# GROUP LONG TERM DISABILITY PROTECTION

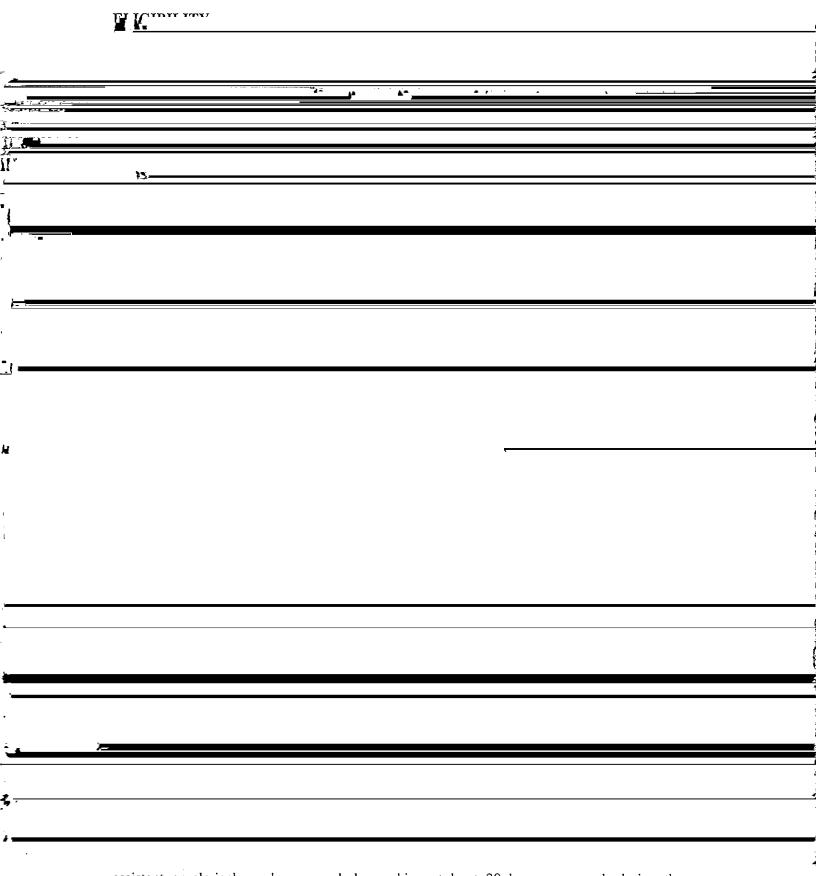
ADMINISTERED BY: J.J. Stanis and Company, Inc.

**EFFECTIVE OCTOBER 15, 1996** 

**UPDATED 01/21/10** 

# 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
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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 RENEFIT

(])\_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 gashful 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  igglested queens? hereof accumulation with the first day thosast for which as industrial is  payable.  EMPLOYEE means a regular full-time employee who is regularly working throughout the		
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# **LIMITATIONS AND EXCLUSIONS**

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	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 converted until you have performed the material duties of your regular occupation on a full
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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 occurrence	Your monthly	benefit will	terminate of	on the earliest	of the	following	occurrences
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- (1) the date that you cease to be totally disabled.
- (2) the date that you die.
- (2) the officeive data that were married understand boundits under view and

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:
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• <u>•</u>	Written notice of claim must be given to the District within twenty (20) days often the
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	d by the Deltance of the Control of
	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:
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### GROUP LONG TERM DISABILITY

	GROUF LONG TERM DISABILITY
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	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
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