



# Your Group Disability Insurance Plan

**Alvord Unified  
School District  
Active Certificated Employees**







# The Protection You Need From A Partner You Can Trust

Your employer provides you with an option for a Basic Group Disability insurance plan that offers a basic level of financial security for you and your loved ones. Disability benefits can help with the everyday bills, like your mortgage and utilities that continue even when you can't work – expenses that health insurance won't cover.

This coverage is offered through Standard Insurance Company (The Standard), which has more than 100 years of experience helping customers achieve financial well-being and peace of mind. In addition, you may have the option of purchasing an Enhanced Disability insurance plan for yourself. See Page 3 of this booklet for your coverage options.

## Your Disability Insurance plan features

- **Basic Disability insurance** benefit for up to **One Year**, paid for by the district
- An option to purchase an **Enhanced Disability Plan**.

## Additional plan features included at no additional cost

- **Accidental Death & Dismemberment (AD&D) insurance** is included with your Basic Disability Insurance plan.
- **Survivors' Benefit** of three times the disability benefit, not reduced by deductible income, is paid to your beneficiary if you die while you are eligible for disability benefits under the plan.

# Disability Insurance Coverage Highlights

## Alvord Unified School District - Active Certificated Employees

Your employer provides you with Disability Insurance coverage from Standard Insurance Company (The Standard) that helps protect you against the loss of income that can occur should you be unable to work for an extended period due to a covered illness or injury. Disability benefits can help with the everyday bills, like your mortgage and utilities that continue even when you can't work – expenses that health insurance won't cover. Below is a summary of the plan benefits:

### Eligibility

You're eligible to participate in this plan if you're:

- An active Certificated employee of Alvord Unified School District
- Working an average of at least 15 scheduled hours a week
- A citizen or resident of the United States or Canada.

### Participating Classes

**Class 1 Participants:** Participants who, on the date of Disability (a) have five or more years of credited service under the California State Teachers Retirement System and/or Public Employees Retirement System, or (b) are not participants in either system.

**Class 2 Participants:** Participants who, on the date of Disability, participate in but have less than five years of credited service under the California State Teachers Retirement System and/or Public Employees Retirement System.

### Costs

#### Basic Plan (One Year)

Monthly Rate: \$0  
Premium fully paid by your employer

#### Enhanced Plan (Two Years)

Monthly Rate: .138% of your  
monthly Insured Earnings



## Enhanced Plan - How to Calculate Premiums

To calculate your premiums if you elect the Enhanced Plan, take your Monthly Pre-disability earnings (divide your annual salary by 12 to get this number) and multiply the rate percent (.138%) to get your monthly premium.

For example, if you make \$70,000 annually:

Monthly Pre-disability earnings is \$70,000 divided by 12 = \$5833.33

Multiplied by .138% = \$8.05 per month.

# Disability Insurance Coverage Highlights (Continued)

## Alvord Unified School District - Active Certificated Employees

Your district offers two distinct plans to Active Certificated Employees - a Basic (one year) plan, and an Enhanced (two year) plan. The information below highlights the similarities and differences between the plans.

	Basic Plan (One Year Benefit)	Enhanced Plan (Two Year Benefit)
Benefit Waiting Period	The shorter of seven consecutive Regular Days of Required Attendance (RDRAs) and/or Extra Duty Days of Required Attendance, or 30 calendar days	
Disability Benefit	Payable for all Regular Days of Required Attendance (RDRAs) on which you are disabled in each calendar month	
Benefits While Receiving Sick Leave	\$25/per Regular Day of Required Attendance	
For the following benefit period after sick leave is exhausted	75% of your Regular Daily Contract Salary, less deductible income <sup>1</sup> for <b>one</b> Benefit Year	75% of your Regular Daily Contract Salary, less deductible income <sup>1</sup> for <b>two</b> Benefit Years
Minimum benefit after sick leave is exhausted	\$30.00 per RDRA for <b>one</b> Benefit Year	\$30.00 per RDRA for <b>two</b> Benefit Years
Benefits after sick leave and <b>one year</b> (Basic Plan) or <b>two years</b> (Enhanced Plan) have expired.	<ul style="list-style-type: none"> <li>• Class 1 Participants: Not Applicable</li> <li>• Class 2 Participants: 50% of your regular monthly contract salary, less deductible income<sup>1</sup></li> </ul>	
Minimum benefit after sick leave and <b>one year</b> (Basic Plan) or <b>two years</b> (Enhanced Plan) have expired	<ul style="list-style-type: none"> <li>• Class 1 Participants: Not Applicable</li> <li>• Class 2 Participants: \$500 per month</li> </ul>	
Maximum Benefit Period	<ul style="list-style-type: none"> <li>• Class 1: The period for which you're eligible to receive Fully Paid Sick Leave and the following <b>one</b> Benefit Year</li> <li>• Class 2: To age 65<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Class 1: The period for which you're eligible to receive Fully Paid Sick Leave and the following <b>two</b> Benefit Years</li> <li>• Class 2: To age 65<sup>2</sup></li> </ul>
Daily Hospital Benefit	<ul style="list-style-type: none"> <li>• \$35.00 per calendar day</li> </ul>	
Extra Duty Pay Benefit	If you have a written extra duty agreement for coaching, summer school, etc., the pay you'd receive from extra duty assignments is in addition to your regular benefit payments.	
Accidental Death & Dismemberment (AD&D) Benefit	Flat \$10,000	

<sup>1</sup> Examples of deductible income include: personal leave pay, severance pay, substitute differential pay, catastrophic/extraordinary leave bank, salary continuation, workers' compensation, work earnings, Social Security, state disability, and CalPERS/CalSTRS benefits. Contact your human resources representative for a full list.

<sup>2</sup> For those age 60 and above when they become disabled, the Maximum Benefit Period may extend beyond age 65.



# How Coordination of Benefits Works

If you have coverage under another CTA-endorsed disability plan or with another carrier, your district's plan coordinates with the other(s) to provide no more than 75% of your regular daily contract salary. Below are a few examples of how Coordination of Benefits would work. If you're unsure what situation applies to you, see your Risk Management Department to find out what Disability plan(s) you're currently enrolled in.

## **Example #1 - Member is enrolled in the CTA-endorsed Voluntary Disability plan with The Standard**

The Voluntary Disability Policy and the plan offered by your district both have a maximum benefit of 75% of your Regular Daily Contract Salary.

- Assume your Regular Daily Contract Salary = **\$400/RDRA** (Annual Salary of \$72,800 divided by 182 contracted days)
- 75% Maximum Benefit = **\$300/RDRA**
- The **two** Disability Plans would split the benefit payment equally, at **\$150/RDRA** each.

## **Example #2 - Member is enrolled in the CTA-endorsed Voluntary Disability plan with The Standard AND will receive Substitute Differential Pay.**

The Voluntary Disability Policy and the plan offered by your district both have a maximum benefit of 75% of your Regular Daily Contract Salary.

- Assume your Regular Daily Contract Salary = **\$400/RDRA** (Annual Salary of \$72,800 divided by 182 contracted days)
- 75% Maximum Benefit = **\$300/RDRA**
- Substitute Differential Pay = **\$200/RDRA**
- Disability Benefit = **\$100/day** (Maximum Benefit - Substitute Differential Pay)
- The **two** Disability Plans would split the benefit payment equally, at **\$50/RDRA** each.

## **Example #3 - Member is enrolled in a Voluntary Disability plan with a carrier other than The Standard**

Assume the Voluntary Disability Policy has a maximum benefit of 66 2/3% of your Regular Daily Contract Salary, and the plan offered by your district has a maximum benefit of 75% of your Regular Daily Contract Salary.

- Assume your Regular Daily Contract Salary = **\$400/RDRA** (Annual Salary of \$72,800 divided by 182 contracted days)
- 75% Maximum Benefit (The Standard's Plan) = **\$300/RDRA**
- 66 2/3% Maximum Benefit (Other Carrier's Plan) = **\$266.64/RDRA**
- The **Two** Disability Plans would split the benefit payment with The Standard paying **\$158.82/RDRA** and the other carrier paying **\$141.18/RDRA** for a total benefit of **\$300/RDRA**.

## Why do I need Disability Insurance?

Every family has unique circumstances that can make it difficult to estimate their insurance needs. Take a few minutes to estimate the amount of income you may need to replace if you become unable to work because of a disability.

### Disability Insurance Worksheet

#### Monthly Expenses

Food and Household Supplies	\$ _____
Mortgage or Rent	_____
Home Maintenance and Association Dues	_____
Savings and Investments	_____
Childcare and Education	_____
Utilities (Electricity, Gas, Cable, Phone, etc.)	_____
Clothing	_____
Debts (Credit Cards, Student and Auto Loans, etc.)	_____
Insurance (Health, Life, Auto, Home, etc.)	_____
Taxes	_____
Other	_____
Total Monthly Expenses:	\$ _____

#### Monthly Income Available While Disabled

Spouse or Domestic Partner Take-home Pay	\$ _____
Interest, Dividend or Investment	_____
Other	_____
Total Monthly Income Available While Disabled	\$ _____

#### Disability Insurance Needs Estimate

Total Monthly Expenses	\$ _____
Total Monthly Income While Disabled	(subtract) _____
Disability Insurance Needs Estimate	\$ _____

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are payable to a contingent beneficiary only if you are not survived by **one** or more primary beneficiaries.
- If you name **two** or more beneficiaries in a class (primary or contingent), **two** or more surviving beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- If a minor (a person not of legal age) or your estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated mm/dd/yyyy.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a beneficiary designation. If you have questions, consult your legal advisor.

# Standard Insurance Company

CTA Benefits and Services  
 PO Box 4744 Portland OR 97208  
 Tel & TTY 800.522.0406 Fax 888.414.0393

## Disability Enrollment for CEIP-Endorsed Plans

*Sign and date the completed form and return it to your Employer. If you have questions about completing this form please contact your Employer.*

### Employee Information

PARTICIPANT ID		POLICY NO. <b>503210</b>		SCHOOL DISTRICT <i>Please do not abbreviate.</i> <b>Alvord Unified School District</b>		
FIRST NAME		MIDDLE INITIAL	LAST NAME			
MAILING ADDRESS		CITY		STATE	ZIP	
PHONE	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GROSS ANNUAL SALARY \$ _____		
DATE FIRST WORKED (CURRENT SCHOOL DISTRICT)		ELIGIBILITY DATE		HOURS WORKED PER WEEK		
BILLING CLASS		TYPE OF EMPLOYEE <input type="checkbox"/> Certified <input type="checkbox"/> Classified <input type="checkbox"/> Board Member <input type="checkbox"/> Management / Confidential <input type="checkbox"/> Other				
ARE YOU SELECTING COVERAGE DUE TO A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No      Effective Date _____      Type _____						

### Disability Coverage

#### Employer Paid Benefits

- Basic Disability insurance (One year benefit)

#### Optional Employee Paid Benefits

- Enhanced Disability insurance (Two year benefit)

### Beneficiary Designation(s)

Unless otherwise specified on a separate sheet of paper, this designation applies to coverage available through your CEIP-endorsed plans, if any, including Disability Insurance Survivors Benefit and Accidental Death and Dismemberment (AD&D) Insurance associated with Disability Insurance. Designations are not valid unless signed, dated and delivered to The Standard at the address above during your lifetime.

PRIMARY - FULL NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT

TOTAL 100%

CONTINGENT - FULL NAME	DATE OF BIRTH	ADDRESS	PHONE NO.	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT

TOTAL 100%

### Signature Required

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Disability Insurance Terms and Exclusions**

### **Disability Insurance active work requirement**

All coverage is subject to an active work requirement. Active work means performing the material duties of your own occupation at your employer's usual place of business. You must be capable of active work on the scheduled effective date of your insurance or increase in your insurance, otherwise your insurance or increase will not become effective as scheduled. If you are incapable of active work on the scheduled effective date of insurance due to physical disease, injury, pregnancy or mental disorder, your insurance will not become effective until after you complete ten full days of active work as an eligible participant.

### **Disability Insurance termination provisions**

Disability Insurance will automatically end on the earliest of the following:

- The date the last period ends for which a premium was paid for your insurance (except if premiums are waived while totally disabled)
- The date the group policy terminates
- The date your employer's participation under the group policy is terminated
- The date your employment terminates, unless otherwise stated in the group policy
- The date your employer ceases to cover employees in your job classification
- The first day of the calendar month following the date you cease to be a participant; however, insurance may continue with premium payments for limited periods under certain circumstances

## **Accidental Death and Dismemberment (AD&D) exclusions and limitations**

Losses must be caused solely and directly by the accident. No AD&D Insurance benefit is payable if the accident or loss is caused or contributed to by war or act of war (including declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature); suicide or other intentionally self-inflicted injury, while sane or insane; committing or attempting to commit an assault or felony; physical disease (including but not limited to heart attack or stroke); mental disorder or pregnancy, bacterial infections (except infections which occur with and through a cut or wound at the time of the accident); medical or surgical treatment for any of the above (except surgical treatment required by the accident and performed within 90 days after the accident). AD&D benefits are not payable for losses occurring more than 365 days after the accident.

This information is only a brief description of the group Disability insurance policy provided by Alvord Unified School District. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and the policyholder may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for employees who become insured according to its terms. For more complete details of coverage, contact your benefits representative.

# Answers to Common Questions

How are benefits paid?

Disability benefits are paid on a monthly basis at the end of the calendar month after the Benefit Waiting Period has been served. The Standard offers **two** Disability benefit payment options:

- Regular check: The Standard will mail a check to the claimant's address, allowing sufficient time to reach the claimant by the date the benefits are due.
- Electronic Funds Transfer (EFT): If the claimant elects EFT, The Standard will wire transfer Disability benefits to the claimant's designated bank account by the date the benefits are due.

How do I apply?

**Complete the enclosed enrollment form and give it to your human resources representative.**

When does my Disability Insurance become effective?

You must satisfy the active work requirement in the applicable group insurance policy before your Disability insurance coverage will become effective.

- Base Plan: If you are not required to submit proof of good health, your insurance will become effective on the date you become or return as a Participant
- Enhanced Plan: If you are not required to submit proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date you apply. You must make the required premium contribution.

If you are required to provide proof of good health, your insurance will become effective on the later of (a) the date you become eligible and (b) the first day of the calendar month coinciding with or next following the date The Standard approves your proof of good health. You must make the required premium contribution.

What if I have coverage with another carrier?

**If you are considering switching your disability insurance coverage from another carrier to your district's enhanced plan, be sure you understand any differences between the plans' terms, exclusions and benefits and how they could apply to your personal situation.**

Am I covered for Disability while on a leave of absence?

Your coverage may continue while you are out on federal or state-mandated family or medical leave. In addition, if you take an approved leave of absence, your insurance will be continued with premium payment through the last day of the first calendar month for which you are absent from active work due to the leave of absence. If your coverage remains in force and subject to the terms and conditions of the group policy, a disability that occurs while you are on an approved leave of absence may be covered.

Is childbirth covered under the Disability Plan?

After your coverage is effective, childbirth is covered like any other disability. As an administrative claims management practice, you will be considered disabled four weeks prior to your due date and six weeks following a normal delivery or eight weeks following a C-section. Medical complications that result in disabilities outside of these guidelines will be considered based on medical records. All plan provisions, including those regarding disability, medical necessity and preexisting conditions apply.

How do I file a claim?

For your convenience, you have three options to submit claims.

- 1) Call The Standard's dedicated CTA Customer Service Department at 800.522.0406, 7:00 a.m. to 6:00 p.m. Pacific Time.
- 2) Complete a form and either mail it in or fax it to 888.414.0393.
- 3) File a claim electronically at [www.standard.com/ceip](http://www.standard.com/ceip).

Is this a complete description of coverage?

No, this is not a complete description of this coverage. When you become insured, your district will provide you a certificate of insurance containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither this booklet nor the certificate of insurance modify the group policy or the insurance coverage.

What if I have additional questions?

If you have any additional questions, please contact your human resources representative.

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Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

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