



AMERICAN FIDELITY
ASSURANCE COMPANY'S

Short-Term Disability Income Insurance



Plan Designed Specifically For:
SHELBY COUNTY, TN SCHOOLS

Plan Highlights

- Benefits are paid directly to you, not to a doctor or your employer.
- Benefits are payable year-round.
- Convenient payroll deduction.
- Benefit payments may be directly deposited into your bank account.
- Benefits are paid due to a covered Injury or Sickness.
- Optional Riders available including: Critical Illness Rider and Accident Only Spousal Rider

IMPORTANT BENEFITS INCLUDE:

- Donor Benefit
- Worksite Accommodation Evaluation
- Portability Conversion
- Physician Expense Benefit
- Hospital Confinement Benefit
- Accidental Death Benefit

Your Plan

BENEFITS BEGIN

On the 1st day of Disability due to a covered Injury and on the 8th day of Disability due to a covered Sickness.

BENEFITS ARE PAYABLE

Up to 180 days for Injury or Sickness.



If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Plan Features

HOSPITAL CONFINEMENT BENEFIT

The Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 2 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after your satisfaction of the elimination period.

ACCIDENTAL DEATH BENEFIT

A lump sum of \$10,000.00 will be paid if you die as the direct result of an Injury and death occurs within 90 days after the Injury.

The benefit will be increased 1% for each full month that your Certificate was continuously in force just prior to death. The total increase shall not be more than 60% of the benefit amount.

PHYSICIAN EXPENSE BENEFIT

- Injury - \$150.00 per Injury

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit. This benefit will be limited to 8 payments per calendar year.

DONOR BENEFIT

If you are Disabled as a result of being an organ or tissue donor, we will pay your benefit as any other Sickness under the terms of the plan.

WORKSITE ACCOMMODATION

If worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

DIRECT DEPOSIT DISABILITY BENEFITS

In the event you choose the direct deposit option on an approved claim, we will deposit your benefits directly into your bank account at no additional cost. This can accelerate access to your benefits by several days. We also have a toll-free fax that allows you instant transmission of your claim forms to our Benefits Department.

SUCCESSIVE DISABILITIES

Disabilities which result from the same or related causes will be considered one period of Disability unless the Disabilities are separated by your return to Active Employment or any other gainful occupation for at least 3 consecutive months.

PORTABILITY CONVERSION

The Conversion Plan will be a separate group plan with a 30 day elimination period and 2 year benefit period. Certain other qualifications may apply. A brochure is available for this plan upon request after termination.

DEFINITIONS

ACTIVE EMPLOYMENT: Means you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Employment on a day which is not a scheduled work day only if you are not Disabled and would be able to perform in the usual manner all the regular duties of your employment if it were a scheduled work day.

DISABILITY: Disability or Disabled means that you are unable to perform the material and substantial duties of your Regular Occupation.

HOSPITAL: The term "Hospital" shall not include an institution used by you as:

- a place for rehabilitation;
- a place for rest or for the aged;
- a nursing or convalescent home;
- a long-term nursing unit or geriatrics ward; or
- an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

MONTHLY COMPENSATION: Means for contracted employees, one-twelfth (1/12) of your contract salary through your Employer; or for non-contracted employees, one-twelfth (1/12) of your annual salary through your Employer, in effect on the date Disability began. It excludes any additional compensation including but not limited to, overtime pay, weekend or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits. If you become Disabled while on an approved leave of absence, We will use your gross Monthly Compensation from your Employer in effect just prior to the date your absence began.

PRE-EXISTING CONDITION: The term "Pre-Existing Condition" means a disease, Injury, Sickness, physical condition or mental illness for which you:

- had treatment;
- incurred expense;
- took medication;
- received care or services including diagnostic testing or related measures; or
- received a diagnosis or advice from a Physician,

during the 12-month period immediately before your Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Important Policy Provisions

ELIGIBILITY

All permanent employees in subscribing group working 15 hours or more per week. Proof of good health may be required by us in order to be eligible for disability coverage. We will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

WHEN COVERAGE BEGINS

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on Active Employment and premium has been paid.

IF YOU ARE DISABLED DUE TO A COVERED DISABILITY AND NOT WORKING

We will pay the Disability Benefit described in the Benefit Schedule.

ALCOHOLISM AND DRUG ADDICTION LIMITED BENEFIT

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 30 days for each Disability will be paid. Benefits will not be paid beyond the Maximum Benefit Period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

PRE-EXISTING CONDITION LIMITATION

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months. This provision will not apply if you have:

- gone treatment-free;
- incurred no expense;
- taken no medication; and
- received no diagnosis or advice from a Physician,

for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by us.

No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

EXCLUSIONS

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.

- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

LEAVE OF ABSENCE

Your coverage may be continued for up to 1 year during a Leave of Absence approved in writing by your Employer.

TERMINATION OF INSURANCE

Your insurance coverage will end on the earliest of these dates:

- the date you do not meet the Eligibility requirements as defined in the Eligibility paragraph in this brochure;
- the date you retire;
- the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision;
- the end of the last period for which premium has been paid;
- the date the Policy is discontinued; or
- the date your employment terminates.

If:

- your coverage ends as a result of your termination of Active Employment;
- such termination is caused by an Injury or Sickness for which Disability Benefits would be payable; and
- Disability is established prior to the termination of Active Employment,

then:

Disability Benefits will be paid as if such termination had not occurred.

Termination of the Policy will have no effect on Disability Payments which began before termination. We may end your coverage if you submit a fraudulent claim.



Critical Illness Rider

CRITICAL ILLNESS RIDER	
Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

We will pay a one-time lump sum benefit amount based on diagnosis of the following conditions:

- Heart Attack,
- Stroke,
- Kidney Failure,
- Paralysis, or
- Major Organ Failure.

In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

CRITICAL ILLNESS RIDER LIMITATIONS

In addition to the Exclusions listed in the Base Plan to which this Rider is attached, no benefits will be paid for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness.

Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

Accident Only Spousal Rider

ACCIDENT ONLY SPOUSAL RIDER		
Monthly Indemnity Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over.	\$16.00

We will pay a monthly indemnity amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits will begin on the 31st consecutive day after the Injury and will continue for up to 2 years.

Coverage under this Rider will begin on the later of the requested Effective Date or the date we approve the written application, provided that your spouse has no other group disability income coverage in force; is less than age 70; is engaged in Full Time Employment on the date this Rider becomes effective; and is able to perform the material and substantial duties of his or her occupation on the date this Rider becomes effective, and; your coverage under the Policy is in force and you are on Active Employment; and the required premium has been paid.

FULL TIME EMPLOYMENT (or Full Time) means your Spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your Spouse is working while self-employed.

ACCIDENT ONLY SPOUSAL RIDER LIMITATIONS

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane. (b) An act of war, declared or undeclared. (c) Injury sustained or contracted while in the service of the armed forces of any country. (d) Committing a felony. (e) Penal incarceration. We will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution. (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits. (g) Participation in any sport for wage or profit. (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the Regular and Appropriate Care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Benefit Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your Monthly Compensation.

				MONTHLY PREMIUMS
Monthly Salary	Monthly Disability Benefit	Hospital Confinement Benefit	Accidental Death Benefit	(1st/8th)
\$334.00 - \$499.99	\$200.00	\$400.00	\$10,000.00	\$7.00
\$500.00 - \$666.99	\$300.00	\$600.00	\$10,000.00	\$10.50
\$667.00 - \$833.99	\$400.00	\$800.00	\$10,000.00	\$14.00
\$834.00 - \$999.99	\$500.00	\$1,000.00	\$10,000.00	\$17.50
\$1,000.00 - \$1,166.99	\$600.00	\$1,200.00	\$10,000.00	\$21.00
\$1,167.00 - \$1,333.99	\$700.00	\$1,400.00	\$10,000.00	\$24.50
\$1,334.00 - \$1,499.99	\$800.00	\$1,600.00	\$10,000.00	\$28.00
\$1,500.00 - \$1,666.99	\$900.00	\$1,800.00	\$10,000.00	\$31.50
\$1,667.00 - \$1,833.99	\$1,000.00	\$2,000.00	\$10,000.00	\$35.00
\$1,834.00 - \$1,999.99	\$1,100.00	\$2,200.00	\$10,000.00	\$38.50
\$2,000.00 - \$2,166.99	\$1,200.00	\$2,400.00	\$10,000.00	\$42.00
\$2,167.00 - \$2,333.99	\$1,300.00	\$2,600.00	\$10,000.00	\$45.50
\$2,334.00 - \$2,499.99	\$1,400.00	\$2,800.00	\$10,000.00	\$49.00
\$2,500.00 - \$2,666.99	\$1,500.00	\$3,000.00	\$10,000.00	\$52.50
\$2,667.00 - \$2,833.99	\$1,600.00	\$3,200.00	\$10,000.00	\$56.00
\$2,834.00 - \$2,999.99	\$1,700.00	\$3,400.00	\$10,000.00	\$59.50
\$3,000.00 - \$3,166.99	\$1,800.00	\$3,600.00	\$10,000.00	\$63.00
\$3,167.00 - \$3,333.99	\$1,900.00	\$3,800.00	\$10,000.00	\$66.50
\$3,334.00 - \$3,499.99	\$2,000.00	\$4,000.00	\$10,000.00	\$70.00
\$3,500.00 - \$3,666.99	\$2,100.00	\$4,200.00	\$10,000.00	\$73.50
\$3,667.00 - \$3,833.99	\$2,200.00	\$4,400.00	\$10,000.00	\$77.00
\$3,834.00 - \$3,999.99	\$2,300.00	\$4,600.00	\$10,000.00	\$80.50
\$4,000.00 - \$4,166.99	\$2,400.00	\$4,800.00	\$10,000.00	\$84.00
\$4,167.00 - \$4,333.99	\$2,500.00	\$5,000.00	\$10,000.00	\$87.50
\$4,334.00 - \$4,499.99	\$2,600.00	\$5,200.00	\$10,000.00	\$91.00
\$4,500.00 - \$4,666.99	\$2,700.00	\$5,400.00	\$10,000.00	\$94.50
\$4,667.00 - \$4,833.99	\$2,800.00	\$5,600.00	\$10,000.00	\$98.00
\$4,834.00 - \$4,999.99	\$2,900.00	\$5,800.00	\$10,000.00	\$101.50
\$5,000.00 - \$5,166.99	\$3,000.00	\$6,000.00	\$10,000.00	\$105.00
\$5,167.00 - \$5,333.99	\$3,100.00	\$6,200.00	\$10,000.00	\$108.50
\$5,334.00 - \$5,499.99	\$3,200.00	\$6,400.00	\$10,000.00	\$112.00
\$5,500.00 - \$5,666.99	\$3,300.00	\$6,600.00	\$10,000.00	\$115.50
\$5,667.00 - \$5,833.99	\$3,400.00	\$6,800.00	\$10,000.00	\$119.00
\$5,834.00 - \$5,999.99	\$3,500.00	\$7,000.00	\$10,000.00	\$122.50
\$6,000.00 - \$6,166.99	\$3,600.00	\$7,200.00	\$10,000.00	\$126.00
\$6,167.00 - \$6,333.99	\$3,700.00	\$7,400.00	\$10,000.00	\$129.50
\$6,334.00 - \$6,499.99	\$3,800.00	\$7,600.00	\$10,000.00	\$133.00

Benefit Schedule (con't)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your Monthly Compensation.

				MONTHLY PREMIUMS
Monthly Salary	Monthly Disability Benefit	Hospital Confinement Benefit	Accidental Death Benefit	(1st/8th)
\$6,500.00 - \$6,666.99	\$3,900.00	\$7,800.00	\$10,000.00	\$136.50
\$6,667.00 - \$6,833.99	\$4,000.00	\$8,000.00	\$10,000.00	\$140.00
\$6,834.00 - \$6,999.99	\$4,100.00	\$8,200.00	\$10,000.00	\$143.50
\$7,000.00 - \$7,166.99	\$4,200.00	\$8,400.00	\$10,000.00	\$147.00
\$7,167.00 - \$7,333.99	\$4,300.00	\$8,600.00	\$10,000.00	\$150.50
\$7,334.00 - \$7,499.99	\$4,400.00	\$8,800.00	\$10,000.00	\$154.00
\$7,500.00 - \$7,666.99	\$4,500.00	\$9,000.00	\$10,000.00	\$157.50
\$7,667.00 - \$7,833.99	\$4,600.00	\$9,200.00	\$10,000.00	\$161.00
\$7,834.00 - \$7,999.99	\$4,700.00	\$9,400.00	\$10,000.00	\$164.50
\$8,000.00 - \$8,166.99	\$4,800.00	\$9,600.00	\$10,000.00	\$168.00
\$8,167.00 - \$8,333.99	\$4,900.00	\$9,800.00	\$10,000.00	\$171.50
\$8,334.00 - \$8,499.99	\$5,000.00	\$10,000.00	\$10,000.00	\$175.00
\$8,500.00 - \$8,666.99	\$5,100.00	\$10,200.00	\$10,000.00	\$178.50
\$8,667.00 - \$8,833.99	\$5,200.00	\$10,400.00	\$10,000.00	\$182.00
\$8,834.00 - \$8,999.99	\$5,300.00	\$10,600.00	\$10,000.00	\$185.50
\$9,000.00 - \$9,166.99	\$5,400.00	\$10,800.00	\$10,000.00	\$189.00
\$9,167.00 - \$9,333.99	\$5,500.00	\$11,000.00	\$10,000.00	\$192.50
\$9,334.00 - \$9,499.99	\$5,600.00	\$11,200.00	\$10,000.00	\$196.00
\$9,500.00 - \$9,666.99	\$5,700.00	\$11,400.00	\$10,000.00	\$199.50
\$9,667.00 - \$9,833.99	\$5,800.00	\$11,600.00	\$10,000.00	\$203.00
\$9,834.00 - \$9,999.99	\$5,900.00	\$11,800.00	\$10,000.00	\$206.50
\$10,000.00 - \$10,166.99	\$6,000.00	\$12,000.00	\$10,000.00	\$210.00
\$10,167.00 - \$10,332.99	\$6,100.00	\$12,200.00	\$10,000.00	\$213.50
\$10,333.00 - \$10,499.99	\$6,200.00	\$12,400.00	\$10,000.00	\$217.00
\$10,500.00 - \$10,666.99	\$6,300.00	\$12,600.00	\$10,000.00	\$220.50
\$10,667.00 - \$10,832.99	\$6,400.00	\$12,800.00	\$10,000.00	\$224.00
\$10,833.00 - \$10,999.99	\$6,500.00	\$13,000.00	\$10,000.00	\$227.50
\$11,000.00 - \$11,166.99	\$6,600.00	\$13,200.00	\$10,000.00	\$231.00
\$11,167.00 - \$11,332.99	\$6,700.00	\$13,400.00	\$10,000.00	\$234.50
\$11,333.00 - \$11,499.99	\$6,800.00	\$13,600.00	\$10,000.00	\$238.00
\$11,500.00 - \$11,666.99	\$6,900.00	\$13,800.00	\$10,000.00	\$241.50
\$11,667.00 - \$11,832.99	\$7,000.00	\$14,000.00	\$10,000.00	\$245.00
\$11,833.00 - \$11,999.99	\$7,100.00	\$14,200.00	\$10,000.00	\$248.50
\$12,000.00 - \$12,166.99	\$7,200.00	\$14,400.00	\$10,000.00	\$252.00
\$12,167.00 - \$12,332.99	\$7,300.00	\$14,600.00	\$10,000.00	\$255.50
\$12,333.00 - \$12,499.99	\$7,400.00	\$14,800.00	\$10,000.00	\$259.00
\$12,500.00 - And Over	\$7,500.00	\$15,000.00	\$10,000.00	\$262.50

Disability Insurance Needs Worksheet

Use this worksheet to get a general estimate of how much Disability Income Protection insurance you need. However, you should consult with a financial advisor before buying any insurance products.

MONTHLY INCOME

Your Income \$ _____

Total Monthly Income \$ _____

MONTHLY EXPENSES

Mortgage/Rent \$ _____

Car Payment \$ _____

Utilities \$ _____

Loan/Credit Card Payments \$ _____

Insurance (Home, Auto, Health, Life, etc.) \$ _____

Food/Clothing \$ _____

Child Care/Education \$ _____

Other Expenses \$ _____

Total Monthly Expenses \$ _____

Are You Covered?

\$ _____



Our Family, Dedicated To Yours.®

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