



EMPLOYER: CRANDALL INDEPENDENT SCHOOL DISTRICT

EFFECTIVE DATE: 9/1/2011

STATE: TEXAS

This summary provides a brief description of the long-term disability benefits available to all eligible employees. This is not a Certificate of Coverage. Nothing contained herein will guarantee, waive or alter any terms of any subsequently issued policy or plan. The provisions of such actually issued policy or plan will be based on the insurance applied for by your employer and agreed upon by Union Security Insurance Company. Further, depending on the governing jurisdiction, the actual text of provisions and availability of either the product or product feature(s) may differ from what is presented in this summary of benefits.

DESCRIPTION OF ELIGIBILITY

Eligibility

You are eligible for coverage if you are a full-time active employee, you are working at least the minimum number of hours required under the plan, and you have satisfied any applicable waiting periods. When you first become eligible for coverage, you can enroll for coverage within 30 days of the date you become eligible, subject to any plan benefit maximums. If you do not apply within the 30 day period, evidence of insurability will be required to enroll for any amount of coverage.

DESCRIPTION OF BENEFITS

Monthly Benefit Elections

You may participate in the plan under any one of the benefit levels outlined in the Rate Schedule, provided the monthly disability benefit level you selected does not exceed 66 2/3% of your regular monthly earnings from your employer. If, at any time, the monthly benefit you have chosen exceeds 66 2/3% of your monthly earnings, your benefit amount will be reduced to the highest benefit level for which you are eligible.

Minimum Monthly Benefit Election

\$300

Maximum Monthly Benefit Election

\$7,500

Guarantee Issue Amount

Up to \$5,000

Elimination Period – Employee Choice

Injury & Sickness

PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
0/7 Days	14 Days	30 Days	60 Days	90 Days	180 Days
SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA

Duration of Payments

Injury & Sickness

Deductible Sources of Income

Workers' Compensation for the 1st 12 months, all sources thereafter

Minimum Monthly Benefit

25% of the gross monthly benefit regardless of the amount of income you receive from other sources.

Amount Payable

Pre-Existing Conditions

3/12

Regular Occupation Period

24 months

Definition of Disability

Total and Partial Disabilities

Disabilities with limited pay period

Special Conditions Limitation: 24 Months

Mental Illness, Alcoholism or Drug Abuse Limitation: 24 Months

Additional Plan Benefits

Advanced Survivor Benefit

First Day Hospital Benefit on Elimination Periods of 30 days or less

Survivor Benefit – 3 times the monthly benefit

Portability

Workplace Modification

Waiver of Premium

Contributions

100% Employee Paid

GENERAL INFORMATION

EVIDENCE OF INSURABILITY

Evidence of Insurability will be required from all individuals if:

1. you are a late applicant, which means you apply for coverage more than 30 days after the date you are eligible for coverage;
2. you voluntarily cancel coverage and are re-applying;
3. you apply for a monthly benefit greater than the guarantee issue amount listed in the rate schedule; or
4. you are increasing your coverage.

You can increase your coverage amount by one benefit level increment at each policy anniversary without evidence of insurability as long as the increased amount does not exceed the maximum issue amount or 66 2/3% of your monthly earnings.

Increases or additional coverage will be subject to the pre-existing condition limitation.

DEFINITION OF DISABILITY

TOTAL DISABILITY

Benefits for Total Disability are paid if you are disabled and not working, or have returned to work and, due to your disability, are earning less than 20% of monthly earnings.

PARTIAL DISABILITY

Partial Disability benefits are paid if you are working, but due to your disability, are earning at least 20% and less than or equal to 80% of monthly earnings.

Depending on the benefit duration, income replacement for up to the first 12 months of a partial disability, in the form of benefits under this plan, return-to-work earnings, and income from other sources, can equal up to 100% of monthly earnings. If the total from all of these sources exceeds 100% of monthly earnings, the benefit will be reduced by the amount in excess of 100%. Thereafter, benefits for partially disabled employees are reduced by 50% of return to work earnings.

TOTAL AND PARTIAL DISABILITIES

Depending on the benefit duration, you will continue to receive payments beyond 24 months of disability if you are:

1. working in any occupation and continue to have a 20% or more loss in monthly earnings due to your sickness or injury;
2. not working, and due to your sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

When determining eligibility for Total or Partial Disability benefits if school is not in session, your work capacity is measured by determining whether you would be able to perform your work if school were in session.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

DEDUCTIBLE SOURCES OF INCOME

For the first 12 months of benefit payments, the amount of benefit you receive, or are eligible to receive, from Workers' Compensation, an occupational disease law or any other act or law of similar intent will be subtracted from your gross monthly benefit. After 12 months of benefit payments, the amount of benefit you receive, or eligible to receive, from Social Security, Workers' Compensation or other sources will be subtracted from your gross monthly benefit. Income received from salary continuation or accumulated sick leave plans will be deducted from your gross disability benefit.

PORTABILITY

You may continue coverage if your employment ends. Coverage can be continued at 50% of the monthly benefit amount you are insured for at the time you ended employment. The maximum period of payment will be limited to one year. You may continue coverage until you reach the age of 65. You will be eligible to apply for ported coverage if you have been covered under the policy for 12 consecutive months before your employment ends and met the eligibility requirements as outlined in your certificate of coverage.

WAIVER OF PREMIUM

Premium payments are not required for your coverage beginning the first of the month following the elimination period and thereafter while you are receiving Long-Term Disability payments under this plan.

EXCLUSIONS

The policy does not cover any disabilities caused by, contributed to by or resulting from your:

1. loss of professional license, occupational license, or certification;
2. participation in a felony;
3. intentionally self-inflicted injuries;
4. attempted suicide, regardless of mental capacity;
5. being legally intoxicated or being under the influence of any narcotic, unless the narcotic is taken under the direction of and was directed by a Doctor;
6. participation in a war, declared or undeclared, or any act of war;
7. active military duty;
8. active participation in a riot;
9. engaging in any illegal or fraudulent occupation, work, or employment;
10. commission of a crime for which the Insured has been convicted;
11. participation in autoerotic asphyxiation;
12. elective surgery except when required for Insured's appropriate care as a result of injury or sickness; or
13. traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes;

Benefits will not be paid if disability begins in the first 12 months following the effective date of coverage; and disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which:

1. the Insured received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the 3 months just prior to the effective date of coverage; or
2. the Insured had symptoms for which an ordinarily prudent person would have consulted a doctor in the 3 months just prior to the effective date of coverage.

Increases or additional coverage are also subject to the pre-existing condition limitation, as of the effective date of the increase or additional coverage.

Continuity of coverage may apply to all employees enrolled under the employer sponsored disability plan that this coverage may replace.

No benefit will be payable for any period of disability during which the employee is incarcerated.