

# Group Short-Term Disability Income Insurance GDIS11APL



## Plan: Preferred Plus Industry

### Group Short-Term Disability Policy\*

Option 2	Elimination Period: 7 Days Injury / 7 Days Sickness Benefit Period: 180 Days		
Monthly Premium per \$100 of Covered Monthly Benefit			
Age 18-54	Age 55-59	Age 60+	
\$2.31	\$2.89	\$4.32	

\*The premium and amount of benefits vary dependent upon Plan selected at time of application.

## Highlights

Disability Income Insurance can help provide an income when you are disabled due to a covered Injury or Sickness that keeps you away from work for an extended period of time. Benefits are paid directly to you, and can be used in many ways such as:

- ◆ Mortgage / Rent
- ◆ Credit Card Payments
- ◆ Utilities
- ◆ Car Payments
- ◆ Groceries
- ◆ Daily Living Expenses

### Eligibility

All active, permanent employees or members and employees of members on Active Employment working 20 hours or more per week who have satisfied the employer's waiting period for Eligibility, which shall be no less than 30 days from date of hire. Evidence of insurability acceptable by APL may be required.

### Age at Entry

Premiums are based on age at entry and do not increase solely with attained age.

### Policy Benefits

Disability Payments are payable when you are Disabled due to a covered Injury or Sickness while coverage is in force. Disability Payments will be provided for each period you remain Disabled due to a covered Disability and under the Regular and Appropriate Care of a Physician, which continues beyond the Elimination Period. Disability Payments will be provided for only one Disability when more than one Disability exists at the same time or a Disability results from two or more causes. Disability will be considered to have begun on the date you were seen and treated by a Physician following continuous cessation of work.

### Survivor Benefit

Upon notification of your death, we will pay your eligible survivor(s) a lump sum benefit equal to two times your Disability Payment, for which you were eligible for during the calendar month preceding death, if on the date of your death your Disability continued for 90 or more consecutive days and you were receiving or were entitled to receive Disability Payments under the Policy. If you have no eligible survivor(s), no payment will be made. Eligible Survivor means your spouse, if living, or otherwise your dependent children. The term dependent children includes your natural, step or adopted and foster child. Such a child must be under 25 years of age and dependent on you for support and maintenance; and does not include any child who is married.

### Accelerated Survivor Benefit

You may elect to receive the Survivor Benefit prior to your death if you have a Terminal Illness and you are receiving Disability Payments. You may elect the Accelerated Survivor Benefit only once during your lifetime. If you elect to receive the Accelerated Survivor Benefit prior to death, no Survivor Benefit will be paid upon your death.

### Accidental Death Benefit

The Accidental Death Benefit of \$10,000 will be paid if you die as the direct result of an Injury and death occurs within 90 days after the date of the Injury. If you die and the Accidental Death Benefit applies, such 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%.

### Waiver of Premium Benefit (not available for 90 Day Plan)

If you become Disabled due to a covered Injury or Sickness and are eligible to receive a Disability Payment, your insurance will be continued without payment of premium. Waiver of Premium will begin the first of the month following your satisfaction of the Elimination Period or 90 days of continuous Disability, whichever is later, provided premium has been paid from the beginning of Disability to the date Waiver of Premium begins. Waiver of Premium will continue until the a) end of your Disability, b) end of the Maximum Benefit Period, c) date you are no longer eligible to receive a Disability Payment, d) date the Policy terminates, or e) date your employment with the Policyholder or subscribing Employer unit ends, whichever first occurs. We will require proof on an annual basis that you remain Disabled during said period.

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## Mental Illness Limited Benefit

If you become Disabled due to Mental Illness, Disability Payments will be paid up to the following:

- ◆ 180 Day Plan - 3 Months

provided you are under the Regular and Appropriate Care of a Physician, and receive medical treatment from either: a registered specialist in psychiatry; a Physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary; or a Physician, if in Our opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

## Alcohol and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. In no event will benefits be paid beyond the Maximum Disability Period shown in the Policy Schedule of Benefits. 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 illness.

## Disabled and Not Working Benefit

Your Disability Payment will be the lesser of the Disability Benefit described in the Policy Schedule of Benefits or 60% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive.

## Successive Disabilities

Disabilities which result from the same or related causes for which benefits are payable 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 three consecutive months. A Disability due to a different or unrelated cause will be considered a new period of Disability.

## Definitions

**Active Employment** – Performing all 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 of the regular duties of your employment if it were a scheduled work day.

**Disability (or Disabled)** – The inability to perform the material and substantial duties of your Regular Occupation. You are not considered Disabled if you are unable to perform the duties of your Regular Occupation solely as a result of the loss of a professional license, occupational license or certification.

**Disability Earnings** – The gross monthly earnings you receive while Disabled and working.

**Disability Payment** – Your Disability Benefit minus any Deductible Sources of Income.

**Monthly Compensation (except for Education)** – One-twelfth (1/12) of your annual salary through your Employer exclusive of overtime or bonus earnings, or one-twelfth (1/12) of the preceding 12 months' salary through your Employer, if your salary is solely or partially based on commissioned sales, overtime or bonus earnings.

**Pre-Existing Condition** – A disease, Injury, Sickness, physical condition or mental illness for which you have experienced 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 the Effective Date of your coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness.

**Self-Reported Symptoms** – The manifestations of your condition that you tell your Physician that are not verifiable using tests, procedures or clinical examinations standardly accepted in the practice of medicine. Examples of Self-Reported Symptoms include, but are not limited to headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness and loss of energy.

**Terminal Illness** – A medical condition that with reasonable medical certainty is expected to result in your death within 12 months or less.

## Important Policy Provisions

### When Coverage Begins

Coverage or changes in coverage including increases will begin on the later of the requested Effective Date or the date we approve the written application, if you apply in writing on or before said Effective Date, meet our underwriting rules, are on Active Employment and have paid all applicable premiums due. If you are not on Active Employment due to an Injury or Sickness when your coverage would otherwise take effect, coverage will take effect on the first of the month following the date you return to Active Employment for at least five consecutive workdays. Any change in coverage will apply only to a Disability that begins after the Effective Date of such change, subject to all the provisions of the Policy. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

### Minimum Disability Benefit

The Disability Payment payable will be no less than 10% or \$100 of your Monthly Disability Benefit, whichever is greater.

### Leave of Absence

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

### Pre-Existing Condition Limitation

**Takeover:** Continuity of Coverage/Takeover is available for all employees who are insured by their employer's current group disability policy if the current policy provides a sickness benefit and the plan proposed by APL has either a similar or lesser benefit period. If you were insured by the prior carrier's group disability income policy at the date of change in coverage to a group disability income policy underwritten by APL and were not

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subject to a Pre-Existing Condition Limitation under the prior carrier's policy, there shall be no Pre-Existing Condition Limitation under the APL policy. However, if you were subject to a Pre-Existing Condition Limitation under the prior carrier's policy, credit will be given toward satisfaction of the Pre-Existing Condition Limitation of the APL policy for the period of time that you were continuously covered under the prior carrier's policy. Any increase in the benefit amount will be subject to a Pre-Existing Condition Limitation. This provision applies only up to the amount of coverage you held with the prior group disability carrier. If you were not enrolled under the current employer's prior group disability carrier's plan, benefit payments will be subject to the Pre-Existing Condition Limitation.

No Disability Benefit is 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 after the Effective Date of coverage 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 APL. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of Your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a preexisting condition.

## Exclusions

The Policy does not cover any loss, fatal or non-fatal, which results from any of the following: 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; injury or Sickness arising out of and in the course of any occupation for wage or profit, or for which you are entitled to Workers' Compensation.\*

\*The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

## 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 section of 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 that began before such termination. American Public Life may end your coverage if you make a fraudulent claim.



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**Underwritten by American Public Life Insurance Company.** This brochure highlights important features of the policy. For complete details, please refer to your certificate/policy/riders. Policy and Rider provisions and benefits may vary depending on the location of your employer or, where required by law, your state of residence. This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. | Policy Form GDIS11APL Series | LA | Group Short-Term Disability Income Insurance Policy | (11/19)