Meridian Public Schools

Worksite Disability - Long Term Benefit Summary

Class 1 - All eligible full-time employees - Plan 1

Full-time Employee Requirement	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
Benefit Amount	Increments of $100 per month, not to exceed 60% of an Employee's Covered Monthly Earnings to a maximum benefit of $7,500, then reduced by Other Income Benefits as outlined in the certificate. The minimum monthly benefit is $100.
Definition of Earnings	As defined by your contract: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
Elimination Period	90 days for injury or 90 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	SSFRA. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the the material and substantial duties of your regular occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular occupation on a full-time basis, is performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and is earning less than 50% of his or her pre-disability earnings due to the same injury or sickness.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.

Recurrent Disability	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 consecutive months of return to active work.
Pre-Existing Condition Exclusions	The pre-existing period is 6/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 6 months just prior to the Individual's effective date of insurance.
Portability	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
Special Conditions	Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months as outlined in the contract. Benefit payments for Disabilities due to Special Conditions are cumulative for the lifetime of the contract.
Continuation of Coverage During:	FMLA Temporary Lay Off or LOA LOA for Military Service
Additional Benefits:	Return to Work Benefit Survivor Benefit Family Care Benefit Workplace Modification
Exclusions	This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.