## Companion Life's

## **Voluntary Short Term Disability Income**

## **Greene County Public Schools**

Group Number 907-05-72196-001

**Voluntary Short Term Disability Income** coverage from Companion Life gives your employees the peace of mind that a protected paycheck brings. A program designed to help maintain a family's current lifestyle and their plans for the future if the employee becomes disabled as a result of a non-occupational accident or illness. A plan with the flexibility to meet an employee's individual needs.

Benefits begin on the <u>fifteenth day</u> of covered disability which results from an accident, on the <u>fifteenth day</u> of a covered disability due to illness, and continues for a maximum benefit period of <u>thirteen weeks</u>.

## PREFERRED RATES - EMPLOYEE MONTHLY COST

Employees may select from \$150 to \$750 per week.

Plan 3 15-15-13 Monthly Premium													
Annual salary must be at least:													
Income Level	\$11,700	\$15,600	\$19,500	\$23,400	\$27,300	\$31,200	\$35,100	\$39,000	\$42,900	\$46,800	\$50,700	\$54,600	\$58,500
Benefit Level													
Age Category	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600	\$650	\$700	\$750
< - 30	7.44	9.92	12.40	14.88	17.36	19.84	22.32	24.80	27.28	29.76	32.24	34.72	37.20
30 - 34	7.58	10.10	12.63	15.15	17.68	20.20	22.73	25.25	27.78	30.30	32.83	35.35	37.88
35 - 39	7.58	10.10	12.63	15.15	17.68	20.20	22.73	25.25	27.78	30.30	32.83	35.35	37.88
40 - 44	7.58	10.10	12.63	15.15	17.68	20.20	22.73	25.25	27.78	30.30	32.83	35.35	37.88
45 - 49	8.00	10.66	13.33	15.99	18.66	21.32	23.99	26.65	29.32	31.98	34.65	37.31	39.98
50 - 54	9.54	12.72	15.90	19.08	22.26	25.44	28.62	31.80	34.98	38.16	41.34	44.52	47.70
55 - 59	11.22	14.96	18.70	22.44	26.18	29.92	33.66	37.40	41.14	44.88	48.62	52.36	56.10
60 - 64	13.19	17.58	21.98	26.37	30.77	35.16	39.56	43.95	48.35	52.74	57.14	61.53	65.93
65 - 69	17.25	23.00	28.75	34.50	40.25	46.00	51.75	57.50	63.25	69.00	74.75	80.50	86.25
70 - 74	23.28	31.04	38.80	46.56	54.32	62.08	69.84	77.60	85.36	93.12	100.88	108.64	116.40
75 +	29.31	39.08	48.85	58.62	68.39	78.16	87.93	97.70	107.47	117.24	127.01	136.78	146.55

Note: Benefit cannot exceed 66 3/3% of salary

This premium cost chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. the information provided is only a summary of benefits available. Refer to your certificate for details and limitations of coverage.

Partial Disability Benefit – This benefit supports a recovering employee's return to full potential through part-time work.

**Enrollment Age Freeze** – As long as an employee remains enrolled, the premium payable for the selected insurance coverage will always be based upon the employee's age at the time of original enrollment.

Program includes \$10,000 of Accidental Death and Dismemberment (AD&D) coverage.



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This outline of coverage for Short Term Disability is not a contract. Full details of the coverage are included in the certificate of coverage and master policy from Companion Life. Plan is administered and underwritten by Companion Life.

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