

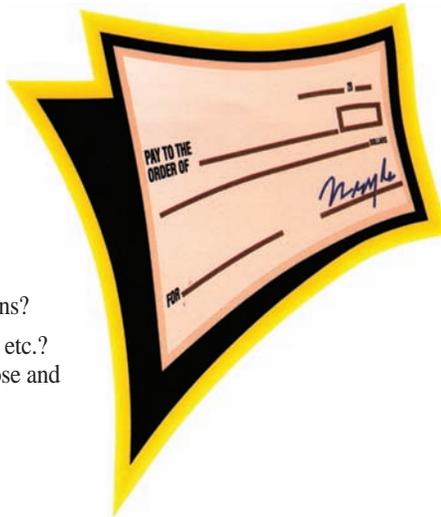
SHORT TERM DISABILITY INCOME Insurance

From American Fidelity Assurance Company

KANSAS EDUCATORS

Ask yourself...

- How long could you go without a paycheck?
- Do you rely on your income?
- What's your most valuable asset?
- If you're like most of us, would you agree that your income is important in maintaining your lifestyle?
- Is your paycheck committed to monthly obligations?
- Do you have auto, homeowners, boat insurance, etc.? Have you insured the income you use to pay those and all your other bills?



Personal Disability Inventory List

How much sick leave have you accumulated? \$ _____

At your current salary, how many months would your savings last? _____

Why do you need disability insurance?

What would happen if your income stopped today? Are you prepared to provide for yourself and those you love in the event of a serious accident or illness? Unless you've planned for such a loss, losing your income can produce tragic results. If you're like most of us, your income is truly your most valuable asset! Without it, all of our other assets go away. Payments for rent, mortgage, utilities, insurance, groceries, clothing, and cars continue regardless of your ability to work. Plan today! Protect yourself before it's too late with an American Fidelity Salary Protection Plan.

How does your plan work?

Find your monthly salary in the schedule inside to determine your eligible Monthly Disability Benefit. Your monthly salary is determined by dividing your annual salary, exclusive of overtime pay, weekend, or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits, by 12. If there is a reduction or misstatement of salary that results in your being ineligible for this Monthly Disability Benefit, your Monthly Disability Benefit will be reduced.

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

BENEFIT SCHEDULE

ANNUAL SALARY	MONTHLY DISABILITY BENEFIT*	HOSPITAL CONFINEMENT BENEFIT	ACCIDENTAL DEATH BENEFIT		MONTHLY PREMIUM	
			PLAN I 1ST/8TH DAY	PLAN II 31ST DAY	PLAN I 1ST/8TH DAY	PLAN II 31ST DAY
\$ 3,429 - 5,142.99	\$ 200	\$ 400	\$ 2,000	\$ 50,000	\$ 5.40	\$ 2.40
5,143 - 6,857.99	300	600	3,000	50,000	8.10	3.60
6,858 - 8,571.99	400	800	4,000	50,000	10.80	4.80
8,572 - 10,285.99	500	1,000	5,000	50,000	13.50	6.00
10,286 - 11,999.99	600	1,200	6,000	50,000	16.20	7.20
12,000 - 13,714.99	700	1,400	7,000	50,000	18.90	8.40
13,715 - 15,428.99	800	1,600	8,000	50,000	21.60	9.60
15,429 - 17,142.99	900	1,800	9,000	50,000	24.30	10.80
17,143 - 18,857.99	1,000	2,000	10,000	50,000	27.00	12.00
18,858 - 20,571.99	1,100	2,200	11,000	50,000	29.70	13.20
20,572 - 22,285.99	1,200	2,400	12,000	50,000	32.40	14.40
22,286 - 23,999.99	1,300	2,600	13,000	50,000	35.10	15.60
24,000 - 25,714.99	1,400	2,800	14,000	50,000	37.80	16.80
25,715 - 27,428.99	1,500	3,000	15,000	50,000	40.50	18.00
27,429 - 29,142.99	1,600	3,200	16,000	50,000	43.20	19.20
29,143 - 30,857.99	1,700	3,400	17,000	50,000	45.90	20.40
30,858 - 32,571.99	1,800	3,600	18,000	50,000	48.60	21.60
32,572 - 34,285.99	1,900	3,800	19,000	50,000	51.30	22.80
34,286 - 35,999.99	2,000	4,000	20,000	50,000	54.00	24.00
36,000 - 37,714.99	2,100	4,200	21,000	50,000	56.70	25.20
37,715 - 39,428.99	2,200	4,400	22,000	50,000	59.40	26.40
39,429 - 41,142.99	2,300	4,600	23,000	50,000	62.10	27.60
41,143 - 42,857.99	2,400	4,800	24,000	50,000	64.80	28.80
42,858 - 44,571.99	2,500	5,000	25,000	50,000	67.50	30.00
44,572 - 46,285.99	2,600	5,200	26,000	50,000	70.20	31.20
46,286 - 47,999.99	2,700	5,400	27,000	50,000	72.90	32.40
48,000 - 49,714.99	2,800	5,600	28,000	50,000	75.60	33.60
49,715 - 51,428.99	2,900	5,800	29,000	50,000	78.30	34.80
51,429 - 53,142.99	3,000	6,000	30,000	50,000	81.00	36.00
53,143 - 54,857.99	3,100	6,200	31,000	50,000	83.70	37.20
54,858 - 56,571.99	3,200	6,400	32,000	50,000	86.40	38.40
56,572 - 58,285.99	3,300	6,600	33,000	50,000	89.10	39.60
58,286 - 59,999.99	3,400	6,800	34,000	50,000	91.80	40.80
60,000 - 61,714.99	3,500	7,000	35,000	50,000	94.50	42.00
61,715 - 63,428.99	3,600	7,200	36,000	50,000	97.20	43.20
63,429 - 65,142.99	3,700	7,400	37,000	50,000	99.90	44.40
65,143 - 66,857.99	3,800	7,600	38,000	50,000	102.60	45.60
66,858 - 68,571.99	3,900	7,800	39,000	50,000	105.30	46.80
68,572 - 70,285.99	4,000	8,000	40,000	50,000	108.00	48.00
70,286 - 71,999.99	4,100	8,200	41,000	50,000	110.70	49.20
72,000 - 73,714.99	4,200	8,400	42,000	50,000	113.40	50.40
73,715 - 75,428.99	4,300	8,600	43,000	50,000	116.10	51.60
75,429 - 77,142.99	4,400	8,800	44,000	50,000	118.80	52.80
77,143 - 78,857.99	4,500	9,000	45,000	50,000	121.50	54.00
78,858 - 80,571.99	4,600	9,200	46,000	50,000	124.20	55.20
80,572 - 82,285.99	4,700	9,400	47,000	50,000	126.90	56.40
82,286 - 83,999.99	4,800	9,600	48,000	50,000	129.60	57.60
84,000 - 85,714.99	4,900	9,800	49,000	50,000	132.30	58.80
85,715 - 87,428.99	5,000	10,000	50,000	50,000	135.00	60.00

*Higher Monthly Disability Benefit amounts available, up to \$7,500, based on your Annual Salary. Benefits cannot exceed 70% of your Monthly Salary.

ELIGIBILITY

All active full-time members and employees of members 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.

EFFECTIVE DATE OF COVERAGE

Your coverage will take effect on the requested Effective Date following the date we approve your written application, provided you are on Active Employment and premium has been paid.

ACTIVE EMPLOYMENT

“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.

BENEFITS BEGIN

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

Plan II: On the 31st day of Disability due to a covered Accidental Injury or Sickness.

BENEFITS ARE PAYABLE

Plan I: Up to 180 days for Accidental Injury or Sickness

Plan II: Up to 150 days for Accidental Injury or Sickness.

ACCIDENTAL DEATH BENEFIT

The Accidental Death Benefit equal to the benefit shown below:

Plan I: 10 times the Monthly Disability Benefit amount;

Plan II: \$50,000;

will be paid if you die as a direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental 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 increase shall not be more than 60%.

Important Policy Provisions

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

Your Disability Payment will be the lesser of:

- (a) the Disability Benefit (as indicated on your application for coverage as approved by us); or
- (b) 70% of your Monthly Compensation.

ALCOHOLISM 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 for more than 15 days of Disability in any 12-month 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 Accidental Injury or Sickness, it will be covered the same as any other illness.

PRE-EXISTING CONDITION LIMITATION

If Disability is due to a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months, no Disability Benefit will be payable. This provision will not apply if you have: (a) gone treatment free; (b) incurred no expense; (c) taken no medication; and (d) received no diagnosis or advice from a Physician for 12 consecutive months for such condition(s).

Benefits will not be excluded for Disability due to a Pre-Existing Condition which 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.

HOSPITAL CONFINEMENT BENEFIT

Plan I: Begins on the 1st day of Hospital Confinement. Only those days during which you are hospital confined will be paid until you have satisfied the elimination period required for Disability.

Plan II: Begins on the 31st day of Hospital Confinement.

If you are confined as a Patient in a Hospital due to an Accidental Injury or Sickness, a Hospital Confinement Benefit will be paid for each day you are charged room and board up to 90 days. The Hospital Confinement Benefit will be paid in lieu of any other benefit payable under the Policy. The amount payable is 2 times the Disability Benefit which will not be reduced by Deductible Sources of Income and will be pro rated based upon the number of days you are hospital confined. The Hospital confinement must be at least 18 continuous hours in duration.

PHYSICIAN EXPENSE BENEFIT

This amount will be paid up to the amount listed below:

Accidental Injury:	Sickness:
Plan I: \$100.00	Plans I & II: \$ 50.00
Plan II: \$200.00	

If you need personal treatment by a Physician due to an Accidental Injury or Sickness, the expense incurred for such treatment will be paid if: (a) a claim for no other benefit is made under the Policy; (b) the expense is not for routine dental or eye care; and (c) the expense is not more than the Physician's Expense Benefit shown above. This benefit will be paid for Sickness only if: (a) the expense is incurred during one full day of Disability during which you missed one full day of work; and (b) you are personally seen and treated by a Physician. To be eligible for more than one payment for the same or related condition, you must have returned to Active Employment for at least 14 consecutive workdays.

PRE-EXISTING CONDITION

The term “Pre-Existing Condition” means a disease, Accidental Injury, Sickness, physical condition or mental illness for which you had treatment; incurred expense; took medicine; 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, Accidental Injury, Sickness, physical condition, or mental illness.

EXCLUSIONS

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

- (a) intentionally self-inflicted injury while sane or insane;
- (b) an act of war, declared or undeclared;
- (c) Accidental Injury sustained or Sickness contracted while in the service of the armed forces of any country;
- (d) committing a felony;
- (e) penal incarceration. We will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or
- (f) Accidental 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 which 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.

DISABILITY

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

SUCCESSIVE DISABILITIES

“Successive Disabilities” are those Disabilities which result from the same or related causes for which benefits are payable under the Policy and 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. A Disability due to a different or unrelated cause will be considered a new period of Disability.

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

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:

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

If:

- (a) your coverage ends as a result of your termination of Active Employment;
- (b) such termination is caused by an Accidental Injury or Sickness for which Disability Benefits would be payable; and
- (c) 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.



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