

**Buford City Schools**  
**Short Term Disability - Option 3 Benefit Summary**  
**Class 1 - All Eligible Full-Time Employees Electing Option 3**

<b>Full-time Employee Requirement</b>	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.
<b>Weekly Benefit Amount</b>	60% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,250, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25
<b>Definition of Earnings</b>	Basic weekly earnings only: 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.
<b>Elimination Period</b>	14 days for injury or 14 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
<b>Maximum Benefit Duration</b>	11 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
<b>Integration</b>	Non-Occupational. This means any disability resulting from injury or sickness due to employment is not covered.
<b>Maternity</b>	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
<b>Total Disability</b>	An insured is considered Totally Disabled if, because of injury or sickness, you cannot perform 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.
<b>Partial Disability</b>	If an Insured, while unable to perform every material and substantial duty of his regular occupation on a full-time basis, because of injury or sickness, is performing at least one of the material and substantial duties of his regular occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his indexed pre-disability earnings due to the same injury or sickness, a partial disability benefit may be paid.

**Residual Disability**

The Residual Benefit allows the elimination period to 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 30 consecutive days of return to active work.

**Pre-Existing Condition Exclusions**

Benefits will not be paid if the Employee's disability begins in the first 6 months following the effective date of the Employee's coverage; and the Employee's 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 Employee received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the 3 months just prior to the Employee's Individual Effective Date of Insurance.; or 2) the Employee had symptoms for which an ordinary prudent Person would have consulted a physician in the 3 months just prior to the Employee's Individual Effective Date of Insurance.

**Continuation of Coverage During:**

FMLA  
Temporary Lay Off or LOA  
LOA for Military Service

**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.