



## Group Disability Insurance Benefit Summary

**Group #:** 012864, Belmond Klemme Community School District

**Policy:** Madison National Life Insurance Company, Inc., 6622 **Original Effective Date:** 5/1/2009

Class #	Class Title and Eligibility (Minimum Hour Requirement)	Maximum Annual Covered Salary / Maximum Monthly Benefit	Benefit	Elimination Period
01	All Active, Full-Time Superintendent, Administrators, Business Manager, Assistant Business Manager and Technology Director (600 hours per year)	\$150,000 / \$8,334	66-2/3%	90 consecutive calendar days
02	Teachers, Clerical, Custodial, Nurses, Aides, Cooks, Mechanics, and Bus Drivers (600 hours per year)	\$80,004 / \$4,445	66 2/3%	90 consecutive calendar days

Employer Contribution	0%
Participation Requirement	50%
Benefit Duration	To SSNRA, 12 month minimum
Minimum Monthly Benefit	\$50
Eligibility/Effective Date of Individual Coverage	<b>Class 01:</b> Date of Hire <b>Class 02:</b> First of month following completion of the Waiting Period
Waiting Period	None
Calculation Method	Standard - Non-Contract Day
Pre-Disability Earnings Definition	<b>Class 01:</b> Base Pay, Extracurricular Activities <b>Class 02:</b> Base Pay, Extracurricular Activities, TSS, TLC
Pre-Existing Conditions Exclusion	3 months/12 months
Guarantee Issue	<b>Class 01:</b> \$8,334 <b>Class 02:</b> \$4,445
EOI Requirements	Late entrants not enrolled within 31 days of eligibility, increases, and amounts exceeding the Guarantee Issue
Terminations & Continuation of Coverage	Coverage may continue, with payment of premiums during: -FMLA -Paid / Unpaid Sabbatical: 12 months
Definition of Disability	Zero Day
Own Occupation	24 months following the end of the Elimination Period
Sick Pay Coordination	Disability benefit is offset by sick pay
Cumulative Elimination Period	30 days; first 7 days don't extend Elimination Period



Limitations (Mental/Substance Abuse)	24 months per Occurrence unless hospital confined
Deductible Income (SS Integration)	Full Family/Social Security Freeze
Billing Method	Self Billed
Date Census Last received	9/24/2020
EAP	Yes
Identity Theft	Yes
<b>Renewal Date</b>	<b>7/1/2021</b>
Participation Information (EOI requirements for timely applicants, subject to Guarantee Issue amounts)	Participation calculation: $65/118 = 55.08\%$

*This summary of benefits is meant to be an overview of the Policy only. Please refer to the Certificate for a full explanation of your plan's benefits, exclusions, limitations, and reductions. Should there be any discrepancy between this outline and the Certificate, the Certificate will prevail.*



## Employer Use Only

### National Insurance Services Contact Roster

All representatives can be reached at **1-800-627-3660**

For any plan **QUESTIONS** or to arrange an **IN-PERSON** visit to discuss your current plan and future changes, contact:

Megan Ware  
Account Representative, Insured Products  
mware@nisbenefits.com  
402-506-2170

For immediate response to your **SERVICE** questions, contact:

Diane Sejut  
Client Relations, Insured Products  
dseju@nisbenefits.com

For immediate response to your **BILLING** questions, contact:

Eric Solberg  
Billing Analyst I  
esolb@nisbenefits.com  
Fax: 262-785-9269

For **RETIREMENT INCOME** questions or concerns (including questions regarding your Health Reimbursement Arrangement (HRA), Special Pay Plan, Employer Sponsored 403(b) or 401(a), or Trust), contact:

Deborah Holewinski  
Client Relations, Retirement Income  
dholewinski@nisbenefits.com