

Short-Term Disability Insurance



What is Short-Term Disability Insurance?

Short-Term Disability coverage is designed to provide coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy.

What if one day you become disabled and you can't go to work? How would you pay for the expenses of daily life, such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's® Short-Term Disability Insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Disability due to pregnancy and childbirth is a payable covered sickness. Disability benefits for childbirth will be payable only after the policy has been in force for 10 months. The maximum period allowed for Disability due to childbirth is six weeks for non-cesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. Aflac reserves the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. You must be under the care and attendance of a Physician for these benefits to be payable.

Why Aflac® Short-Term Disability is Best for You

You choose the plan that's right for you based on your financial needs and income. Aflac offers the option of guaranteed-issue, Short-Term Disability coverage. **That means no medical questionnaire is required.** Aflac pays you a cash benefit for each day you are disabled.

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When am I Considered Disabled?

You are considered disabled if, due to mental disorder, sickness, injury or pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation or you are unable to earn more than 80 percent of your pre-disability earnings while working for your employer.

Here's How Aflac Can Help

When disabled, you may not only lose the ability to earn a living, but also you may lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

Plan Benefits

Coverage Options - Customize the Policy You Need

Benefit	Description
Monthly Benefit Payment	\$500 to \$6,000 (subject to income requirements)
Total Disability Benefit Period	3, 6, 12, or 24 months
Partial Disability Benefit Period	3, 6, 12, or 24 months
Elimination Periods (EP) [†] (Injury/Sickness)	7 days/7 days, 90 days/90 days, 180 days/180 days

[†] Elimination Period (EP): The period of time between the onset of a disability, and the time you are eligible for benefits.

Premium Rates* (post-tax)

BI-WEEKLY Premium per Unit (\$100 of Monthly Benefit)

Age	7/7 EP [†] 3 Mo Period	7/7 EP 6 Mo Period	90/90 EP 12 Mo Period	90/90 EP 24 Mo Period	180/180 EP 12 Mo Period	180/180 EP 24 Mo Period
18-49	\$1.02	\$1.38	\$0.48	\$0.66	\$0.42	\$0.54
50-64	\$1.26	\$1.62	\$0.84	\$1.20	\$0.72	\$0.96
65-74	\$1.44	\$2.04	\$1.20	\$1.74	\$1.02	\$1.44

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.

* Rates shown may be different than the rates deducted based on the premium schedule shown on the enrollment site. Final rates will be included in your confirmation statement when your enrollment is complete.

www.FortLauderdale.gov/benefits or [LauderShare](#)

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Limitations and Exclusions

IMPORTANT PROVISIONS OF THE POLICY

A. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

B. Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician within the first 30 days after the Effective Date of coverage, unless the resulting Disability begins more than 12 months after the Effective Date of coverage.

C. Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States.

D. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

E. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under Form A57625 12(4/13) A57625.1 © 2011 Aflac All Rights Reserved Form A57625RLB 6 A57625RLB.1 © 2015 Aflac All Rights Reserved any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

F. Aflac will not pay benefits for a Disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a Disability due to an Injury; such disability will be covered to the same extent as a Disability due to Sickness.

G. Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:

1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
3. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having cosmetic surgery or other elective procedures that are not Medically Necessary;

7. Having dental treatment, except as a result of Injury;
8. Being exposed to war or any act of war, declared or undeclared;
9. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
10. Donating an organ within the first 12 months of the Effective Date of the policy;
11. Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. The policy will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. **Renewability.** The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy.

RETAIN FOR YOUR RECORDS.

THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.

THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS. TERMS YOU NEED TO KNOW.

ACTIVITIES OF DAILY LIVING (ADLs): BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; **MAINTAINING CONTINENCE:** controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; **TRANSFERRING:** moving between a bed and a chair, or a bed and a wheelchair; **DRESSING:** putting on and taking off all necessary items of clothing; **TOILETING:** getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; **EATING:** performing all major tasks of getting food into your body.

DAILY DISABILITY BENEFIT: one-thirtieth of the applicable monthly disability benefit shown in the Policy Schedule.

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EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

FULL-TIME JOB: one job at which you work 19 or more hours per week for one employer for pay or benefits.

INJURY: a bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the effective date of coverage and while coverage is in force.

OFF-THE-JOB INJURY: an injury that occurs while you are not working at any job for pay or benefits.

ON-THE-JOB INJURY: an injury that occurs while you are working at any job for pay or benefits.

PARTIAL DISABILITY: being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job, but able to work at any job earning less than 80 percent of your annual income of your fulltime job at the time you became disabled.

SICKNESS: an illness, disease, infection, or any other abnormal physical condition, independent of injury, that is first manifested and first treated more than 30 days after the effective date of coverage and while coverage is in force.

TOTAL DISABILITY: being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job, and not working at any job.

ADDITIONAL INFORMATION

Complications of pregnancy do not include premature delivery without incidence, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy.

A physician does not include you or a member of your immediate family.

Coverage is underwritten by American Family Life Assurance Company of Columbus. The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer.

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www.FortLauderdale.gov/benefits or LauderShare

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