



YOUR FAMILY MATTERS

Voluntary Short Term Disability Income Insurance

Policy Series BML WS-DI 6/11

Designed for the employees of

Mount Greylock Regional School District

14/14/13 Weeks

ELIGIBILITY AND BENEFIT FEATURES

Elimination Period: 14 Days Injury / 14 Days Sickness

Benefit Duration: 13 Weeks

Available Purchase Amounts: \$100 - \$1,400 per week in \$25 increments.

Coverage: Non-Occupational

Offsets at Time of Claim: Benefits may be reduced by payments received under Workers' Compensation law, occupational disease law, or similar law, group insurance, SSA, state or Federal Disability, pension, salary or wage continuance plans and Federal old age benefits.

LIMITATIONS AND EXCLUSIONS

Exclusions: What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for any Disability:

- unless You are under the Regular Care of a Physician;
- that is caused or contributed to by war or act of war (declared or not);
- caused by Your commission of or attempt to commit a felony;
- caused or contributed to by Your being engaged in an illegal occupation;
- caused or contributed to by an intentionally self-inflicted Injury;
- for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
- sustained as a result of doing any work for pay or profit for another employer, including self-employment

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- was sponsored by the Employer; and
- was terminated before the Effective Date of The Policy, no benefits will be payable for the Disability under The Policy.

Pre-Existing Condition Limitation: *Are benefits limited for Pre existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre existing Condition, unless, at the time You become Disabled:

- You have been continuously insured under The Policy for 12 consecutive month(s).

Pre existing Condition means:



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- any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 12 month period that ends the day before:
 - Your effective date of coverage; or
 - the effective date of a Change in Coverage.

Medical Care: is received when a physician or other health care provider:

- 1) is consulted or gives medical advice; or
- 2) recommends, prescribes, or provides Treatment.

Treatment: includes but is not limited to:

- 1) medical examinations, tests, attendance or observation; and use of drugs, medicines, medical services, supplies or equipment.



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WEEKLY PREMIUMS

Premiums are paid by the employee and are payroll deducted. Rates are based on the Certificate Effective Date.

Minimum Income			Weekly Benefit	Age Bands		
Annual	Monthly	Weekly		18 - 49	50 - 59	60 +
\$8,666.84	\$722.24	\$166.67	\$100	\$2.11	\$2.39	\$2.83
\$10,833.16	\$902.76	\$208.33	\$125	\$2.64	\$2.99	\$3.54
\$13,000.00	\$1,083.33	\$250.00	\$150	\$3.16	\$3.58	\$4.24
\$15,166.84	\$1,263.90	\$291.67	\$175	\$3.69	\$4.18	\$4.95
\$17,333.16	\$1,444.43	\$333.33	\$200	\$4.22	\$4.78	\$5.66
\$19,500.00	\$1,625.00	\$375.00	\$225	\$4.75	\$5.38	\$6.37
\$21,666.84	\$1,805.57	\$416.67	\$250	\$5.27	\$5.97	\$7.07
\$23,833.16	\$1,986.10	\$458.33	\$275	\$5.80	\$6.57	\$7.78
\$26,000.00	\$2,166.67	\$500.00	\$300	\$6.33	\$7.17	\$8.49
\$28,166.84	\$2,347.24	\$541.67	\$325	\$6.86	\$7.76	\$9.20
\$30,333.16	\$2,527.76	\$583.33	\$350	\$7.38	\$8.36	\$9.90
\$32,500.00	\$2,708.33	\$625.00	\$375	\$7.91	\$8.96	\$10.61
\$34,666.84	\$2,888.90	\$666.67	\$400	\$8.44	\$9.55	\$11.32
\$36,833.16	\$3,069.43	\$708.33	\$425	\$8.97	\$10.15	\$12.03
\$39,000.00	\$3,250.00	\$750.00	\$450	\$9.49	\$10.75	\$12.73
\$41,166.84	\$3,430.57	\$791.67	\$475	\$10.02	\$11.35	\$13.44
\$43,333.16	\$3,611.10	\$833.33	\$500	\$10.55	\$11.94	\$14.15
\$45,500.00	\$3,791.67	\$875.00	\$525	\$11.08	\$12.54	\$14.86
\$47,666.84	\$3,972.24	\$916.67	\$550	\$11.60	\$13.14	\$15.56
\$49,833.16	\$4,152.76	\$958.33	\$575	\$12.13	\$13.74	\$16.27
\$52,000.00	\$4,333.33	\$1,000.00	\$600	\$12.66	\$14.33	\$16.98
\$54,166.84	\$4,513.90	\$1,041.67	\$625	\$13.18	\$14.93	\$17.69
\$56,333.16	\$4,694.43	\$1,083.33	\$650	\$13.71	\$15.53	\$18.39
\$58,500.00	\$4,875.00	\$1,125.00	\$675	\$14.24	\$16.12	\$19.10
\$60,666.84	\$5,055.57	\$1,166.67	\$700	\$14.77	\$16.72	\$19.81
\$62,833.16	\$5,236.10	\$1,208.33	\$725	\$15.29	\$17.32	\$20.51
\$65,000.00	\$5,416.67	\$1,250.00	\$750	\$15.82	\$17.92	\$21.22
\$67,166.84	\$5,597.24	\$1,291.67	\$775	\$16.35	\$18.51	\$21.93
\$69,333.16	\$5,777.76	\$1,333.33	\$800	\$16.88	\$19.11	\$22.64
\$71,500.00	\$5,958.33	\$1,375.00	\$825	\$17.40	\$19.71	\$23.34

BMLWS-DI 6/11 Policy

Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of the Boston Mutual insurance plan. It is not a certificate of insurance or evidence of coverage. See the Master Policy and individual Certificates of Coverage for full benefit details, limitations and exclusions.

