



BENEFITS YOU CAN COUNT ON

Long Term Disability

Smith-Rowe, LLC

ELIMINATION PERIOD: 180 days

BENEFIT PERIOD: Up to 2 Years (graded over Age 65)

BENEFIT AMOUNTS: Employees can choose from **\$300** to **\$6,000** per month.
Not to exceed **60%** of income.

Weekly Premiums

Monthly Benefits	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000	\$1100	\$1200	\$1300	\$1400	\$1500
< 40	0.29	0.39	0.48	0.58	0.68	0.78	0.87	0.97	1.07	1.16	1.26	1.36	1.45
40-49	0.75	1.00	1.25	1.50	1.74	1.99	2.24	2.49	2.74	2.99	3.24	3.49	3.74
50-59	1.52	2.03	2.54	3.05	3.55	4.06	4.57	5.08	5.58	6.09	6.60	7.11	7.62
60+	3.56	4.74	5.93	7.12	8.30	9.49	10.68	11.86	13.05	14.23	15.42	16.61	17.79

Age	\$1600	\$1700	\$1800	\$1900	\$2000	\$2100	\$2200	\$2300	\$2400	\$2500	\$2700	\$3000	
< 40	1.55	1.65	1.74	1.84	1.94	2.04	2.13	2.23	2.33	2.42	2.62	2.91	0.42
40-49	3.99	4.24	4.49	4.74	4.98	5.23	5.48	5.73	5.98	6.23	6.73	7.48	1.08
50-59	8.12	8.63	9.14	9.65	10.15	10.66	11.17	11.68	12.18	12.69	13.71	15.23	2.20
60+	18.98	20.16	21.35	22.54	23.72	24.91	26.10	27.28	28.47	29.65	32.03	35.58	5.14

Monthly rate per \$100 of Monthly benefit

Plan Highlights

Participation Requirement: 5 Enrolled (Insured) Lives.

Guarantee Issue up to \$3,000/month - at group's initial or annual enrollment or as newly hired employee.

Pre-existing Condition Limitation - 12/12 waiting period.

Waiver of Premium - after **180 days** or when purchased STD premium is waived.

Partial Disability Benefit - pays 50% of the monthly benefit for up to 12 months.

Rate Guarantee - 2 Years.

Coverage - 24 Hour.

Issue Age Rate Structure - for initial policy and benefit amount increases.

Own Occupation - 2 Year.

Pregnancy Claims - covered the same as any other illness.

Issued through



KANSAS CITY LIFE
INSURANCE COMPANY

"A" RATING BY A. M. BEST

The information provided here is only a summary of the Long Term Disability plan. Refer to your certificate/policy for complete details and limitations of coverage.

180-2Yr-1622-D-NC-WK-ISAG-20CC-12/12

8/7/2023

ELIGIBILITY: Employees are eligible to enroll for disability benefits if they are in active employment in the United States with the Employer, in an eligible class, working the minimum number of hours per week as required under the Plan, and have satisfied the waiting period, if applicable. The waiting period means the continuous period of time (shown in each plan) that the employee must be in active employment in an eligible class before becoming eligible for coverage under a plan.

MONTHLY OR WEEKLY EARNINGS MEANS: The employee's gross monthly or weekly income from the Employer in effect just prior to the employee's date of disability. This includes the employee's total income before taxes and deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from bonuses, overtime pay, any other extra compensation, or income received from sources other than the Employer.

ELIMINATION PERIOD: For LTD means a period of continuous disability, which must be satisfied before becoming eligible to receive benefits. For STD benefits commence period means a period of either continuous total disability or disabled and working which must be satisfied before becoming eligible to receive benefits. The elimination period begins on the first day of the employee's disability. Benefits begin the day after the elimination period is completed.

DEDUCTIBLE SOURCES OF INCOME: The amount of benefit the employee receives, or is eligible to receive, from Social Security, Workers' Compensation (if the plan covers occupational sickness or injuries), State Teachers Retirement System (STRS) or other sources as listed in the plan will be subtracted from employee's gross disability benefit.

LIMITATIONS & EXCLUSIONS

PRE-EXISTING CONDITIONS: If this limitation is included, no benefits are payable for disabilities that commence within 24 months for LTD coverage, and/or 12 months for STD coverage (other exclusion periods available) of the employee's effective date that are caused by, contributed to by, or resulting from a pre-existing condition, for which the employee received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition in the 12 months just prior to their effective date. Some STD cases offer an optional Pre-existing Benefit paying 25% or 100% of the weekly benefit for up to 4 weeks. Please refer to your Certificate of Coverage for further information. Please note that state variations exist.

DISABILITIES WITH A LIMITED PAY PERIOD FOR ALL LTD PLANS AND ONLY STD PLANS WITH A BENEFIT DURATION OF 104 WEEKS OR GREATER:

The lifetime cumulative benefit period for all disabilities due to mental illness, drug abuse or alcoholism, and special conditions is 12 months. Special conditions means: (1) musculoskeletal and connective tissue disorders of the neck and back including any disease or disorder of the cervical, thoracic and lumbosacral back and its surrounding soft tissue including sprains and strains of joints and adjacent muscles, except arthritis; herniated intervertebral discs; scoliosis; spinal fractures; osteopathies; spinal tumors, malignancy, or vascular malformations; radiculopathies, documented by electromyogram; spondylolisthesis, gradellorhigher; myelopathies and myelitis; demyelinating disease; traumatic spinal cord neurosis; myofacial pain syndrome; (2) chronic fatigue syndrome; (3) fibromyalgia; (4) carpal tunnel syndrome; or (5) environmental allergic illness, including but not limited to sick building syndrome and multiple chemical sensitivity.

OTHER EXCLUSIONS AND LIMITATIONS: The plan does not cover any disabilities caused by, contributed to by or resulting from the employee's: (a) loss of professional license, occupational license, or certification; (b) participation in a felony; (c) intentionally self-inflicted injuries; (d) participation in a war, declared or undeclared or any act of war; (e) active participation in a riot; (f) engaging in any illegal or fraudulent occupation, work, or employment; (g) commission of a crime for which the employee has been convicted; (h) elective surgery except when required for your appropriate care as a result of your injury or sickness; or (i) occupational sickness or injury (for plans that do not cover occupational sickness or injuries). The plan does not cover any disability unless the employee is under the regular care of a physician. Kansas City Life will not pay a benefit for any period of disability during which employee is incarcerated. Please note that state variations exist.

PORTABILITY: This plan may contain the Portability provision. The employee may continue coverage for up to 12 months if employment ends. The LTD insurance continued is the benefit level in force on the date employment ended. In the event the employee becomes disabled, the monthly earnings will be based on the earnings in effect on the date employment ended. The elimination period will be based on the elimination period of this plan and the employee may receive benefits if employee continues to be disabled according to the terms of the plan. The STD insurance continued is the insurance benefit amount in effect on the date employment ends, including the monthly (or weekly) benefit, the elimination period, the maximum period of payment, and the amount of monthly (or weekly) earnings. The employee will be eligible to apply for ported coverage if s/he has been covered under the plan for 12 consecutive months before employment ends and meets the eligibility requirements outlined in the Certificate of Coverage. Ported coverage will terminate on the earliest of: the last day of the period for which employee paid premium; the date employee becomes a full-time member of the armed forces of any country; the date employee retires; the end of the 12 months during which employee's insurance is continued; the date the plan terminates; the date employee becomes covered under another group disability plan; the date the employee was absent due to a labor strike; at the end of the 6 months after the effective date of Portability during which employee's insurance was continued and employee was not employed.

If a discrepancy exists between this document and the group plan, the plan provisions shall control. This coverage contains limitations and exclusions. Our plans comply with applicable state laws. We can cancel the plan after giving the policyholder advance written notice.



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PLAN ISSUED THROUGH



KANSAS CITY LIFE
INSURANCE COMPANY

"A-" RATING BY A.M. BEST

The rating represents A.M. Best's opinion of Kansas City Life's financial strength and its ability to meet ongoing obligations to policyholders as of 08/2021



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