

Church Pension Group

STD Coverage - 26 Weeks – 66.67% - Employee Paid

Short-term disability insurance (STD)

Who gets the coverage?	Active employees working a minimum of 1000 hours per year, excluding seasonal and temp workers.
How much short-term disability insurance coverage will I have?	66.67% of base pay, not to exceed \$1,500 per week.
Who pays for it?	Premiums are payroll-deducted from your paycheck for your STD coverage.

Short-term disability insurance

What is short-term disability insurance?	Short-Term Disability Income Insurance, or STD, replaces a portion of your paycheck if you can't work due to an illness or injury that occurs off the job (non-occupational). It also pays a benefit for the birth of a child.
What is my STD Income Insurance coverage amount?	Your STD plan pays a benefit to replace a portion of your pre-disability weekly income equal to 66.67% of your base pay, not to exceed \$1,500 per week. Your benefits may be reduced by other sources of income and disability earnings.
Who pays for my STD Insurance coverage?	Premiums are payroll-deducted from your paycheck for your STD coverage.
When would benefits begin if I were disabled?	There is a fourteen (14) day Elimination period for your coverage to begin if you are disabled due to an illness or injury or due to the birth of a child. You must be under the care of a physician and no benefit is payable during the Elimination period.
What is the maximum duration of benefits?	Twenty-six (26) weeks (you may receive up to 24 benefit payments).
What is the definition of disability?	You are disabled when we determine that: <ul style="list-style-type: none">• you are unable to perform one or more of the material and substantial duties of your own occupation due solely to your illness or injury• you are under the regular care of a physician• you have a 20% or more loss in your covered weekly earnings due to that illness or injury.
Are there any exclusions or limitations?	Disability plans have conditions, exclusions, offsets, and limitations. You must be actively-at-work for at least one day for your coverage to begin. Below is some important information, but review your certificate for a complete listing of all that apply. No benefit will be paid for disabilities caused by or related to: <ul style="list-style-type: none">• war or act of war (whether declared or undeclared);• participation in a felony, riot or insurrection;• suicide, attempted suicide or intentionally self-inflicted <i>injury</i>; or• for which benefits provided under any state or federal Workers' Compensation, employer's liability or occupational disease <i>law</i>.



Additional information

When does coverage begin?

Any choices made during annual enrollment will become effective on or after January 1, 2021 upon the successful completion and approval of an Evidence of Insurability (EOI) application.

If you are newly hired or are newly eligible, your coverage becomes effective on the first of the month coinciding with or following your date of hire or eligibility.

Are there any other benefits with the plan?

Your plan includes valuable resources for you and your loved ones when you need it most, with the support of master's level licensed social workers for disabled or terminally ill members. Care Managers are available toll-free at 800-206-8826.

Continental American Insurance Company | Columbia, SC
Aflac WWWHQ | 1932 Wynnton Road | Columbus, GA 31999
American Family Life Assurance Company of New York | 22 Corporate Woods Boulevard Albany, New York 12211

Benefits and provisions are specific to your group plan. Coverage is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. In California, coverage is offered by Continental American Life Insurance Company.

The terms and conditions for the Group Short Term Disability Insurance are set forth in policy form number ICC20 CDL1100 or applicable state variation.

In New York, coverage is underwritten by American Family Life Assurance Company of New York. The terms and conditions for the Group Short Term Disability Insurance are in policy form number AFD1100NY.

The plans are subject to the laws of the state where they are issued. This material is a summary of the product features only. Please read the plan carefully for details. Certain coverages may not be available in all states and plan provisions may vary by state.

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