

# Voluntary Long Term Disability



Kansas City Life  
Insurance Company

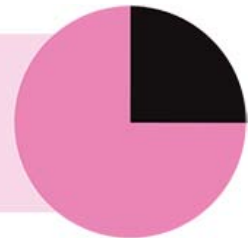


Group  
Benefits

**Long Term Disability is one of the coverages people think they can go without. Unfortunately, anyone can suffer a disability. In the event of an accident or illness that leaves you unable to work, disability coverage is a way to help secure your future financially, by maintaining an income that otherwise would cease if you stop working.**

**Just over 1 in 4 of today's 20-year-olds will become disabled before age 67.**

*Source: Social Security Basic Facts, 2015.*



Voluntary Long Term Disability insurance, now available as part of your employee benefits package through Kansas City Life Insurance Company, is an affordable way to purchase the protection you and your family may need.

Take this time to learn about voluntary disability insurance. Understand your options and evaluate your current needs to make your family's future more secure.

Kansas City Life's Voluntary Long Term Disability plan offers insurance protection from a company with more than 120 years of experience, financial strength and superior service.

# VOLUNTARY LTD BENEFIT SUMMARY FOR Evangelical Lutheran Education Association (ELEA)

All Full-time active employees working 20 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

## Plan of Benefits

Monthly Benefit: At least \$500 per month, elected in \$100 increments, not to exceed 60% of Monthly Earnings

Minimum Monthly Payment: \$100  
Gross Monthly Payment

Maximum Monthly Benefit: \$7500 per month

Elimination Period (the number of days you must be continuously disabled due to injury or sickness before benefits begin): 90 consecutive days

Accumulation of Elimination Period (if you return to work while satisfying the elimination period, you may satisfy your elimination period within the accumulation period): 180 consecutive days

Pre-Existing Condition Limitation: Benefits will not be paid if disability begins in the first 12 months following effective date of coverage and is caused by, contributed to by, or the result of a condition for which: You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 3 months just prior to effective date of coverage

*This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs. This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states.*

*Policy and certificate referenced: PJ140/CJ140*



**KANSAS CITY LIFE**

**GROUP BENEFITS**

*Note: Includes Employee Assistance Program, up to five face-to-face visits per member, per issue, per month.*

Underwritten by:  
Kansas City Life Insurance  
Company  
3520 Broadway  
Kansas City, MO 64111-2565  
P.O. Box 219425  
Kansas City, MO 64121-9425  
Toll-free: 877-266-6767, ext.  
8200

Fax: 816-531-4648  
[groupbenefits@kclife.com](mailto:groupbenefits@kclife.com)  
[www.kclgroupbenefits.com](http://www.kclgroupbenefits.com)



**KANSAS CITY LIFE**

**GROUP BENEFITS**

**Employee Voluntary Long-Term Disability Monthly Payroll Deduction**

**Evangelical Lutheran Education Association**

**Plan Design: Increments of \$100, Minimum \$500. 60% of your monthly earnings to a maximum monthly benefit of \$7,500**

**Premium is based off of your monthly salary**

<b>Estimated Monthly Salary (covered payroll)</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>	<b>\$2,500</b>	<b>\$3,000</b>	<b>\$3,500</b>	<b>\$4,000</b>	<b>\$4,500</b>
<b>Estimated Benefit amount (60%)</b>	<b>\$300</b>	<b>\$600</b>	<b>\$900</b>	<b>\$1,200</b>	<b>\$1,500</b>	<b>\$1,800</b>	<b>\$2,100</b>	<b>\$2,400</b>	<b>\$2,700</b>

<b>Age</b>	<b>Rate per \$100 of Monthly Covered Payroll</b>									
<b>0-25</b>	\$0.14	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30
<b>25-29</b>	\$0.17	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65
<b>30-34</b>	\$0.26	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70
<b>35-39</b>	\$0.32	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40
<b>40-44</b>	\$0.40	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00
<b>45-49</b>	\$0.53	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$23.85
<b>50-54</b>	\$0.69	\$3.45	\$6.90	\$10.35	\$13.80	\$17.25	\$20.70	\$24.15	\$27.60	\$31.05
<b>55-59</b>	\$0.90	\$4.50	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$31.50	\$36.00	\$40.50
<b>60-99</b>	\$0.73	\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21.90	\$25.55	\$29.20	\$32.85

<b>Estimated Monthly Salary (covered payroll)</b>	<b>\$5,000</b>	<b>\$5,500</b>	<b>\$6,000</b>	<b>\$6,500</b>	<b>\$7,000</b>	<b>\$7,500</b>	<b>\$8,000</b>	<b>\$8,500</b>	<b>\$9,000</b>
<b>Estimated Benefit amount (60%)</b>	<b>\$3,000</b>	<b>\$3,300</b>	<b>\$3,600</b>	<b>\$3,900</b>	<b>\$4,200</b>	<b>\$4,500</b>	<b>\$4,800</b>	<b>\$5,100</b>	<b>\$5,400</b>

<b>Age</b>	<b>Rate per \$100 of Monthly Covered Payroll</b>									
<b>0-25</b>	\$0.14	\$7.00	\$7.70	\$8.40	\$9.10	\$9.80	\$10.50	\$11.20	\$11.90	\$12.60
<b>25-29</b>	\$0.17	\$8.50	\$9.35	\$10.20	\$11.05	\$11.90	\$12.75	\$13.60	\$14.45	\$15.30
<b>30-34</b>	\$0.26	\$13.00	\$14.30	\$15.60	\$16.90	\$18.20	\$19.50	\$20.80	\$22.10	\$23.40
<b>35-39</b>	\$0.32	\$16.00	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00	\$25.60	\$27.20	\$28.80
<b>40-44</b>	\$0.40	\$20.00	\$22.00	\$24.00	\$26.00	\$28.00	\$30.00	\$32.00	\$34.00	\$36.00
<b>45-49</b>	\$0.53	\$26.50	\$29.15	\$31.80	\$34.45	\$37.10	\$39.75	\$42.40	\$45.05	\$47.70
<b>50-54</b>	\$0.69	\$34.50	\$37.95	\$41.40	\$44.85	\$48.30	\$51.75	\$55.20	\$58.65	\$62.10
<b>55-59</b>	\$0.90	\$45.00	\$49.50	\$54.00	\$58.50	\$63.00	\$67.50	\$72.00	\$76.50	\$81.00
<b>60-99</b>	\$0.73	\$36.50	\$40.15	\$43.80	\$47.45	\$51.10	\$54.75	\$58.40	\$62.05	\$65.70

<b>Estimated Monthly Salary (covered payroll)</b>	<b>\$9,500</b>	<b>\$10,000</b>	<b>\$10,500</b>	<b>\$11,000</b>	<b>\$11,500</b>	<b>\$12,000</b>	<b>\$12,500</b>		
<b>Estimated Benefit amount (60%)</b>	<b>\$5,700</b>	<b>\$6,000</b>	<b>\$6,300</b>	<b>\$6,600</b>	<b>\$6,900</b>	<b>\$7,200</b>	<b>\$7,500</b>		

<b>Age</b>	<b>Rate per \$100 of Monthly Covered Payroll</b>								
<b>0-25</b>	\$0.14	\$13.30	\$14.00	\$14.70	\$15.40	\$16.10	\$16.80	\$17.50	
<b>25-29</b>	\$0.17	\$16.15	\$17.00	\$17.85	\$18.70	\$19.55	\$20.40	\$21.25	
<b>30-34</b>	\$0.26	\$24.70	\$26.00	\$27.30	\$28.60	\$29.90	\$31.20	\$32.50	
<b>35-39</b>	\$0.32	\$30.40	\$32.00	\$33.60	\$35.20	\$36.80	\$38.40	\$40.00	
<b>40-44</b>	\$0.40	\$38.00	\$40.00	\$42.00	\$44.00	\$46.00	\$48.00	\$50.00	
<b>45-49</b>	\$0.53	\$50.35	\$53.00	\$55.65	\$58.30	\$60.95	\$63.60	\$66.25	
<b>50-54</b>	\$0.69	\$65.55	\$69.00	\$72.45	\$75.90	\$79.35	\$82.80	\$86.25	
<b>55-59</b>	\$0.90	\$85.50	\$90.00	\$94.50	\$99.00	\$103.50	\$108.00	\$112.50	
<b>60-99</b>	\$0.73	\$69.35	\$73.00	\$76.65	\$80.30	\$83.95	\$87.60	\$91.25	

*Payroll deductions are an approximation. Please see your paystub for actual payroll deductions.*

*If there is a discrepancy between this handout and your paystub, your paystub prevails.*