

Enrollment Dates: May 14, 2010 - August 11, 2010

Disability Is A Fact of Life

- ◆ 17.2 million people, or 9.9 percent of the working age U.S. population in 1998 (16-64 years old), had a disability that prevented or limited work. ¹
- ◆ Wage losses, medical expenses, property damage, employer costs, fire losses and other expenses related to unintentional injuries and fatalities cost Americans an estimated \$512.4 billion in 2000. That's equal to about \$5,000 per household. ²
- ◆ A disability injury occurs every 1.5 seconds. ²
- ◆ Death rates are down; disability rates are up.
- ◆ At ages 35 - 40, your chances of being disabled are twice as great as those of dying.
- ◆ Worker's Compensation rates recently rose again. Analysts attribute this in part to the inclusion of stress on the job as a possible claim.
- ◆ Each year, the statistics average as follows:
 - 1 in 106 people die
 - 1 in 88 homes catch fire
 - 1 in 70 cars is involved in a serious accident
 - 1 in 8 people are disabled

Source:

1 Stoddard, S., Janus, L., Ripple, J. and Kraus, L. (1998) Chartbook on Work and Disability in the United States, 1998. An InfoUse Report. Washington, D.C.: U.S. National Institute on Disability and Rehabilitation Research.

2 Report on Injuries in America, 2001, National Safety Council

Commissioners Disability Trade, Us Gov't Housing/Finance,
Society of Actuaries.

Could You Live Off Of Your Savings??

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MetLife Short Term Disability Plan

Effective Date: September 1, 2010

Existing Employees - Underwriting approval required

Newly Hired Employees - Guarantee Issue up to \$3,000.

This insurance provides for payment of a monthly disability benefit to replace up to 60% of earnings lost by employees who are totally disabled because of an injury or sickness and are unable to work. Benefit payments begin the first day following an accident and on the eighth day due to a sickness. The maximum monthly benefit is \$3,000.

ELIGIBILITY

All active full-time employees (30 hours or more per week) are eligible to apply for this plan.

FEATURES

- **Group Premium Rates** - Special low group rates are available to all employees. Premiums cannot be individually increased due to change in health.
- **Guarantee Issue** - Newly eligible employees will be guaranteed the coverage for which he or she qualifies up to \$3,000 subject to the 3/12 pre-existing condition clause.*
- **Unisex Rates** - Equitable rates for all.
- **Payroll Deduction** - Premiums are paid by convenient payroll deduction.
- **Elimination Period** - 0 days accident, 7 days sickness.
- **Duration of Benefits** - 3 months, 6 months or 12 months.
- **Covers Pregnancy** - Pregnancy paid same as sickness if conception is after the coverage effective date.
- **Effective Date of Insurance** - An employee's insurance will be made effective on the first day of the calendar month following the date his or her application is approved, provided the employee is "actively at work."
- **Benefits Payable Regardless of Other Insurance**
- **Summer Months, Weekends and Holidays are Covered**
- **Partial Disability Benefits Available**
- **Benefits Paid Directly to You**

*See following page for definition of pre-existing condition.

(Please note that the salary used at time of enrollment is based on the 2009-2010 salary information received from Davidson County Schools).

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BENEFITS PROVIDED

Definition of Disability

"Disabled" or "Disability" means that, due to sickness, pregnancy or accidental injury, you:

1. are receiving Appropriate Care and Treatment from a Doctor on a continuing basis; and
2. are unable to earn more than 80% of your Pre-disability Earnings at your Own Occupation for any employer in your Local Economy.

Your loss of earnings must be a direct result of your sickness, pregnancy or accidental injury. Economic factors such as, but not limited to, recession, job obsolescence, pay cuts and job-sharing will not be considered in determining whether you meet the loss of earnings test.

Work Incentive

While you are Disabled, you are encouraged to work or participate in a rehabilitation program during your Elimination Period or while Weekly Benefits are being paid to you. Reimbursement for Eligible Family Care Expenses may also be available when you work or participate in an approved Rehabilitation Program while Disabled.

When you work while Disabled, you will receive the sum of the following amounts:

1. your Weekly Benefit (including your Rehabilitation Incentive when applicable);
2. the amount of your earnings for working while Disabled.

(Please note that the sum of the above 2 may not exceed 100% of your Pre-Disability earnings).

LIMITATIONS AND EXCLUSIONS

Benefits will not be paid for disability due to:

- any act of war, declared or undeclared, or participation in an insurrection, rebellion or riot;
- an intentionally self-inflicted injury;
- a commission of, or attempt to commit an assault, battery, or felony, or engagement in any illegal occupation.

PRE-EXISTING CONDITION LIMITATION*

A Pre-Existing Condition is an injury, sickness, or pregnancy for which the employee in the past 3 months before the effective date: received medical treatment, consultation, care, services, took prescription medications or had medications prescribed; No benefits would be payable under the plan in connection with a disability that is due to a pre-existing condition unless the employee's elimination period started after they were employed under the plan for 12 consecutive months.

If you have any questions regarding your MetLife Short Term Disability Plan, please call (800) 300-4296.

(This is a brief description of your coverage and is not a contract. Read your certificate for exact terms and conditions.)

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METLIFE SHORT TERM DISABILITY MONTHLY RATES

*Rates for Class I Employees**

Benefit Duration: 90 Days		Benefit Duration: 180 Days		Benefit Duration: 365 Days	
Monthly Benefit	Monthly Premium	Monthly Benefit	Monthly Premium	Monthly Benefit	Monthly Premium
\$500	\$12.30	\$500	\$14.00	\$500	\$17.90
\$600	\$14.76	\$600	\$16.80	\$600	\$21.48
\$700	\$17.22	\$700	\$19.60	\$700	\$25.06
\$800	\$19.68	\$800	\$22.40	\$800	\$28.64
\$900	\$22.14	\$900	\$25.20	\$900	\$32.22
\$1,000	\$24.60	\$1,000	\$28.00	\$1,000	\$35.80
\$1,100	\$27.06	\$1,100	\$30.80	\$1,100	\$39.38
\$1,200	\$29.52	\$1,200	\$33.60	\$1,200	\$42.96
\$1,300	\$31.98	\$1,300	\$36.40	\$1,300	\$46.54
\$1,400	\$34.44	\$1,400	\$39.20	\$1,400	\$50.12
\$1,500	\$36.90	\$1,500	\$42.00	\$1,500	\$53.70
\$1,600	\$39.36	\$1,600	\$44.80	\$1,600	\$57.28
\$1,700	\$41.82	\$1,700	\$47.60	\$1,700	\$60.86
\$1,800	\$44.28	\$1,800	\$50.40	\$1,800	\$64.44
\$1,900	\$46.74	\$1,900	\$53.20	\$1,900	\$68.02
\$2,000	\$49.20	\$2,000	\$56.00	\$2,000	\$71.60
\$2,100	\$51.66	\$2,100	\$58.80	\$2,100	\$75.18
\$2,200	\$54.12	\$2,200	\$61.60	\$2,200	\$78.76
\$2,300	\$56.58	\$2,300	\$64.40	\$2,300	\$82.34
\$2,400	\$59.04	\$2,400	\$67.20	\$2,400	\$85.92
\$2,500	\$61.50	\$2,500	\$70.00	\$2,500	\$89.50
\$2,600	\$63.96	\$2,600	\$72.80	\$2,600	\$93.08
\$2,700	\$66.42	\$2,700	\$75.60	\$2,700	\$96.66
\$2,800	\$68.88	\$2,800	\$78.40	\$2,800	\$100.24
\$2,900	\$71.34	\$2,900	\$81.20	\$2,900	\$103.82
\$3,000	\$73.80	\$3,000	\$84.00	\$3,000	\$107.40

**Teacher, Teacher Aides and Administration
All benefits will be paid out on a weekly basis.*

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METLIFE SHORT TERM DISABILITY MONTHLY RATES

*Rates for Class II Employees***

Benefit Duration: 90 Days		Benefit Duration: 180 Days		Benefit Duration: 365 Days	
Monthly Benefit	Monthly Premium	Monthly Benefit	Monthly Premium	Monthly Benefit	Monthly Premium
\$500	\$21.55	\$500	\$24.55	\$500	\$31.35
\$600	\$25.86	\$600	\$29.46	\$600	\$37.62
\$700	\$30.17	\$700	\$34.37	\$700	\$43.89
\$800	\$34.48	\$800	\$39.28	\$800	\$50.16
\$900	\$38.79	\$900	\$44.19	\$900	\$56.43
\$1,000	\$43.10	\$1,000	\$49.10	\$1,000	\$62.70
\$1,100	\$47.41	\$1,100	\$54.01	\$1,100	\$68.97
\$1,200	\$51.72	\$1,200	\$58.92	\$1,200	\$75.24
\$1,300	\$56.03	\$1,300	\$63.83	\$1,300	\$81.51
\$1,400	\$60.34	\$1,400	\$68.74	\$1,400	\$87.78
\$1,500	\$64.65	\$1,500	\$73.65	\$1,500	\$94.05
\$1,600	\$68.96	\$1,600	\$78.56	\$1,600	\$100.32
\$1,700	\$73.27	\$1,700	\$83.47	\$1,700	\$106.59
\$1,800	\$77.58	\$1,800	\$88.38	\$1,800	\$112.86
\$1,900	\$81.89	\$1,900	\$93.29	\$1,900	\$119.13
\$2,000	\$86.20	\$2,000	\$98.20	\$2,000	\$125.40
\$2,100	\$90.51	\$2,100	\$103.11	\$2,100	\$131.67
\$2,200	\$94.82	\$2,200	\$108.02	\$2,200	\$137.94
\$2,300	\$99.13	\$2,300	\$112.93	\$2,300	\$144.21
\$2,400	\$103.44	\$2,400	\$117.84	\$2,400	\$150.48
\$2,500	\$107.75	\$2,500	\$122.75	\$2,500	\$156.75
\$2,600	\$112.06	\$2,600	\$127.66	\$2,600	\$163.02
\$2,700	\$116.37	\$2,700	\$132.57	\$2,700	\$169.29
\$2,800	\$120.68	\$2,800	\$137.48	\$2,800	\$175.56
\$2,900	\$124.99	\$2,900	\$142.39	\$2,900	\$181.83
\$3,000	\$129.30	\$3,000	\$147.30	\$3,000	\$188.10

****Cafeteria Workers, Maintenance and Bus Drivers**
All benefits will be paid out on a weekly basis.

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METLIFE SHORT TERM DISABILITY MONTHLY TO WEEKLY BENEFIT AMOUNTS

(The chart below converts your monthly benefit to what you will receive as a weekly benefit).

Benefit Duration: 90 Days		Benefit Duration: 180 Days		Benefit Duration: 365 Days	
Monthly Benefit	Weekly Benefit	Monthly Benefit	Weekly Benefit	Monthly Benefit	Weekly Benefit
\$500	\$115.38	\$500	\$115.38	\$500	\$115.38
\$600	\$138.46	\$600	\$138.46	\$600	\$138.46
\$700	\$161.54	\$700	\$161.54	\$700	\$161.54
\$800	\$184.61	\$800	\$184.61	\$800	\$184.61
\$900	\$207.69	\$900	\$207.69	\$900	\$207.69
\$1,000	\$230.77	\$1,000	\$230.77	\$1,000	\$230.77
\$1,100	\$253.84	\$1,100	\$253.84	\$1,100	\$253.84
\$1,200	\$276.92	\$1,200	\$276.92	\$1,200	\$276.92
\$1,300	\$300.00	\$1,300	\$300.00	\$1,300	\$300.00
\$1,400	\$323.07	\$1,400	\$323.07	\$1,400	\$323.07
\$1,500	\$346.15	\$1,500	\$346.15	\$1,500	\$346.15
\$1,600	\$369.23	\$1,600	\$369.23	\$1,600	\$369.23
\$1,700	\$392.30	\$1,700	\$392.30	\$1,700	\$392.30
\$1,800	\$415.38	\$1,800	\$415.38	\$1,800	\$415.38
\$1,900	\$438.46	\$1,900	\$438.46	\$1,900	\$438.46
\$2,000	\$461.53	\$2,000	\$461.53	\$2,000	\$461.53
\$2,100	\$484.61	\$2,100	\$484.61	\$2,100	\$484.61
\$2,200	\$507.69	\$2,200	\$507.69	\$2,200	\$507.69
\$2,300	\$530.77	\$2,300	\$530.77	\$2,300	\$530.77
\$2,400	\$553.84	\$2,400	\$553.84	\$2,400	\$553.84
\$2,500	\$576.92	\$2,500	\$576.92	\$2,500	\$576.92
\$2,600	\$600.00	\$2,600	\$600.00	\$2,600	\$600.00
\$2,700	\$623.07	\$2,700	\$623.07	\$2,700	\$623.07
\$2,800	\$646.15	\$2,800	\$646.15	\$2,800	\$646.15
\$2,900	\$669.23	\$2,900	\$669.23	\$2,900	\$669.23
\$3,000	\$692.30	\$3,000	\$692.30	\$3,000	\$692.30