

# Voluntary Short Term Disability (STD)



Kansas City Life  
Insurance Company



Group  
Benefits

**Disability plays no favorites. It can strike at any time, in any industry or occupation. Protecting yourself with Short Term Disability (STD) benefits may alleviate the financial stress which often coincides with a disability.**

**In 2017, 41% of all private industry workers had access to short-term disability insurance.**

Source: *Bureau of Labor Statistics, National Compensation Survey, March 2017*, [www.bls.gov/ncs/ebs/benefits/2017/ownership/private/table16a.pdf](http://www.bls.gov/ncs/ebs/benefits/2017/ownership/private/table16a.pdf)

**Nearly 13,000 American workers are injured each day.**

Source: *National Safety Council, Injury Facts, 2016 edition, U.S. Bureau of Labor Statistics*

Your employer has selected Kansas City Life to provide a short term disability benefit that can help protect your income against the unexpected.

Short term disability insurance through your employer is an affordable way to help ensure that you have coverage to protect you and your family against the unexpected.

# VOLUNTARY STD BENEFIT SUMMARY FOR Miami County, Kansas

All full-time active employees working 30 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

Weekly Benefit: At least \$100 per week elected in \$100.00 increments, not to exceed 60.00% of your weekly earnings

Minimum Weekly Payment: \$25

Maximum Benefit Amount: \$2000 per week

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

Maximum Period of Payment: 26 weeks

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: PJ139/CJ139*



**KANSAS CITY LIFE**

**GROUP BENEFITS**

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