StaffScapes
Human Resource Solution Center

Short-Term Disability

HUMANA
Specialty Benefits

What is Disability Insurance?

An easy explanation is; Disability Insurance is protection for your paycheck. Imagine if you were suddenly disabled, unable to work, due to an accident or illness. How would you pay your bills? How would you maintain you and your family's lifestyle? Disability Insurance replaces your paycheck when you are unable to work.

How much Disability Insurance do I need?

Everyone's personal situation is different, but, a good way to calculate how much you will need in the event your paycheck stops, is to look at what your financial needs and obligations are. For example, how much is your mortgage/rent, car payment, credit card payments, utilities, food, other insurance, etc. You may apply for coverage up to 60% of your current income. And, your Disability Income checks are tax free! So, applying for 60% of your current income, with the favorable tax treatment afforded disability income payments, will guarantee you a level of benefit very similar to your current income.

How do I calculate the cost of Disability Insurance?

There are two options, a 14/14 and a 30/30 Elimination Period. (The Elimination Period is the time between the accident/illness that caused the disability, and the time that the policy begins paying benefits.) When choosing an Elimination Period, consider how much sick leave/vacation time you have and are willing to use.

What is the benefit period?

The duration of benefits will be for 6 months.

When to enroll?

During your initial enrollment period you can enroll with Guarantee Issue (no medical underwriting) up to a $3,000 monthly benefit amount. If your salary justifies you to elect $3,500 to $5,000 you will be subject to Simplified Issue (underwriting for final approval).

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Example:
A 37 year old non-smoker earning $45,000 ($3,750 per month) is looking to purchase Short Term Disability insurance to protect their earnings. The maximum monthly disability benefit they can purchase is $2,000 (60% of their monthly salary). If the above employee elects the **14 day** elimination period for both accident and sickness with a 6 month benefit duration and elects the **$2,000** benefit the premium would be:

$80.05 / month
$18.47 / week

If the above employee elects the **14 day** elimination period for both accident and sickness with a 6 month benefit duration but elects a **$1,000** benefit (mortgage payment) the premium would be:

$41.15 / month
$9.50 / week

If the above employee elects the **30 day** elimination period for both accident and sickness with a 6 month benefit duration and elects the **$2,000** benefit the premium would be:

$54.85 / month
$12.66 / week

If the above employee elects the **30 day** elimination period for both accident and sickness with a 6 month benefit duration but elects a **$1,000** benefit (mortgage payment) the premium would be:

$28.55 / month
$6.59 / week

On the next page is a calculator spreadsheet that will help you determine how much disability income you will need in the event you become disabled.

Disability Income Plus rates

Staffscapes, INC.
5283562-01-001

Colorado

Disability Income Plus rates
Standard Industry Classification Code: Standard

Non-tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount					
BENEFIT:	$500	$1,000	$1,500	$2,000	$2,500	$3,000
18-35	$20.20	$38.15	$56.10	$74.05	$92.00	$109.95
36-45	$21.70	$41.15	$60.60	$80.05	$99.50	$118.95
46-55	$24.40	$46.55	$68.70	$90.85	$113.00	$135.15
56-65	$26.60	$50.95	$75.30	$99.65	$124.00	$148.35
66+	$34.30	$66.35	$98.40	$130.45	$162.50	$194.55

Tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount					
BENEFIT:	$500	$1,000	$1,500	$2,000	$2,500	$3,000
18-35	$24.70	$47.15	$69.60	$92.05	$114.50	$136.95
36-45	$26.50	$50.75	$75.00	$99.25	$123.50	$147.75
46-55	$29.95	$57.65	$85.35	$113.05	$140.75	$168.45
56-65	$32.70	$63.15	$93.60	$124.05	$154.50	$184.95
66+	$42.30	$82.35	$122.40	$162.45	$202.50	$242.55

The proposed rates are for an effective date no later than June 1, 2013.

Guarantee Issue

Elimination Period:

Provides off-the-job coverage for injuries after **14 days** and off-the-job sicknesses after **14 days** of total disability.

Disability Income Plus rates

Staffscapes, INC.
5283562-01-001

Colorado

Disability Income Plus rates
Standard Industry Classification Code: Standard

Non-tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount					
BENEFIT:	$500	$1,000	$1,500	$2,000	$2,500	$3,000
18-35	$14.65	$27.05	$39.45	$51.85	$64.25	$76.65
36-45	$15.40	$28.55	$41.70	$54.85	$68.00	$81.15
46-55	$18.10	$33.95	$49.80	$65.65	$81.50	$97.35
56-65	$20.40	$38.55	$56.70	$74.85	$93.00	$111.15
66+	$26.75	$51.25	$75.75	$100.25	$124.75	$149.25

Tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount					
BENEFIT:	$500	$1,000	$1,500	$2,000	$2,500	$3,000
18-35	$17.65	$33.05	$48.45	$63.85	$79.25	$94.65
36-45	$18.70	$35.15	$51.60	$68.05	$84.50	$100.95
46-55	$22.05	$41.85	$61.65	$81.45	$101.25	$121.05
56-65	$24.95	$47.65	$70.35	$93.05	$115.75	$138.45
66+	$32.85	$63.45	$94.05	$124.65	$155.25	$185.85

The proposed rates are for an effective date no later than June 1, 2013.

Guarantee Issue

Elimination Period:

Provides off-the-job coverage for injuries after **30 days** and off-the-job sicknesses after **30 days** of total disability.

Disability Income Plus rates

Colorado

Staffscapes Inc

Disability Income Plus rates
Standard Industry Classification Code: Standard

Non-tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount			
BENEFIT:	$3,500	$4,000	$4,500	$5,000
18-35	$127.90	$145.85	$163.80	$181.75
36-45	$138.40	$157.85	$177.30	$196.75
46-55	$157.30	$179.45	$201.60	$223.75
56-65	$172.70	$197.05	$221.40	$245.75
66+	$226.60	$258.65	$290.70	$322.75

Tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount			
BENEFIT:	$3,500	$4,000	$4,500	$5,000
18-35	$159.40	$181.85	$204.30	$226.75
36-45	$172.00	$196.25	$220.50	$244.75
46-55	$196.15	$223.85	$251.55	$279.25
56-65	$215.40	$245.85	$276.30	$306.75
66+	$282.60	$322.65	$362.70	$402.75

The proposed rates are for an effective date no later than June 1, 2013.

Simplified Issue

Elimination Period:

Provides off-the-job coverage for injuries after **14 days** and off-the-job sicknesses after **14 days** of total disability.

Disability Income Plus rates

Colorado

Staffscapes Inc

Disability Income Plus rates
Standard Industry Classification Code: Standard

Non-tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount			
BENEFIT:	$3,500	$4,000	$4,500	$5,000
18-35	$89.05	$101.45	$113.85	$126.25
36-45	$94.30	$107.45	$120.60	$133.75
46-55	$113.20	$129.05	$144.90	$160.75
56-65	$129.30	$147.45	$165.60	$183.75
66+	$173.75	$198.25	$222.75	$247.25

Tobacco coverage, monthly payroll deductions based on monthly premium calculation including Portability.

Age	Benefit Amount			
BENEFIT:	$3,500	$4,000	$4,500	$5,000
18-35	$110.05	$125.45	$140.85	$156.25
36-45	$117.40	$133.85	$150.30	$166.75
46-55	$140.85	$160.65	$180.45	$200.25
56-65	$161.15	$183.85	$206.55	$229.25
66+	$216.45	$247.05	$277.65	$308.25

The proposed rates are for an effective date no later than June 1, 2013.

Simplified Issue

Elimination Period:

Provides off-the-job coverage for injuries after **30 days** and off-the-job sicknesses after **30 days** of total disability.

Enrollment Form for Voluntary Group Disability Income Benefits
Kanawha Insurance Company

HUMANA Specialty Benefits

PLEASE INDICATE: ○ ENROLLMENT FOR NEW COVERAGE ○ CHANGE TO EXISTING COVERAGE

Section A: Always complete this Section with Proposed Insured's information for all coverages.

Proposed Insured (Please Print)

Proposed Insured for Coverage (First Name, MI, Last Name) | Suffix

Birthdate (MM/DD/YYYY) / / | Social Security Number ___ - __ - ____ | Gender ○ Male ○ Female

Address (Street or R.R.)

City | State | ZIP Code | Telephone Number ( ) -

Employer Name or Group Number | Date of Employment (MM/DD/YYYY) / /

Benefit Group (If applicable) ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

○ DISABILITY INCOME COVERING ACCIDENT AND SICKNESS

Benefit Period

○ 90 Days ○ 6 Months ○ 1 Year ○ 2 Years ○ 3 Years

Elimination Period

○ 0/7 ○ 7/7 ○ 0/14 ○ 14/14

○ 30/30 ○ 60/60 ○ 90/90 ○ 180/180

○ 365/365

○ DISABILITY INCOME COVERING ACCIDENT AND SICKNESS WITH WAIVER OF ELIMINATION PERIOD

Benefit Period

○ 90 Days ○ 6 Months ○ 1 Year ○ 2 Years ○ 3 Years

Elimination Period

○ 0/7 ○ 7/7 ○ 0/14 ○ 14/14

OPTIONAL DISABILITY INCOME BENEFITS

○ ICU/CCU Benefit ($200 per unit) ○ 1 ○ 2 ○ 3 ○ 4

○ Takeover ○ Physical Therapy Benefit ○ COBRA Rider COBRA Rider Benefit Amount $,

Earnings $, . Per ○ Hour ○ Month ○ Week ○ Year

Monthly Benefit $,

Modal Premium $, .

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Section B: Always complete this Section.

	Proposed Insured
1. Are you currently actively at work?	○ Yes ○ No
2. How many hours per week do you work?	
3. Do you have any other disability income coverage in force or an Application/Enrollment Form for disability insurance pending with this or any other company?	○ Yes ○ No
4. Have you used any form of tobacco in the past 12 months?	○ Yes ○ No

Section C: Complete this Section and Questions 1-4 if applying for Contingent Guarantee Issue

	Proposed Insured
5. Have you missed 5 or more consecutive days of work in the past 12 months for any injury or illness other than cold, flu or maternity?	○ Yes ○ No
6. Have you ever been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?	○ Yes ○ No
7. In the past 12 months, have you received medical advice, sought treatment, taken medication or been hospitalized for cancer (except basal cell skin cancer), insulin dependent diabetes or cirrhosis?	○ Yes ○ No

Section D: Complete this Section and Questions 1-7 if applying for Simplified Issue

	Proposed Insured
8. In the past 5 years have you received medical advice, sought treatment or taken medication for any of the following: heart attack, heart surgery, heart disease, high blood pressure reading of 140/90 or above, stroke, transient ischemic attack (TIA), cancer (except basal cell skin cancer), end stage renal/kidney disease, muscle, back, joint disorders, diabetes, emphysema, lung disease, liver disease, hepatitis, cirrhosis, neurological disorder, multiple sclerosis, chronic fatigue syndrome, fibromyalgia, digestive/intestinal disease, alcohol or drug usage?	○ Yes ○ No

9. Height (Ft-In) ☐ - ☐☐ Weight ☐☐☐

PROPOSED INSURED'S REPRESENTATION AND AGREEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

The above statements are true and complete to the best of my knowledge and belief. I understand and agree that the above statements are representations and not warranties.

Signed At _____ City ☐☐ State ☐☐ / ☐☐ / ☐☐☐☐ Date (MM/DD/YYYY)

_____
Signature of Proposed Insured

INSURANCE PRODUCER'S USE ONLY

I certify any information recorded by me on this Enrollment Form is true and accurate to the best of my knowledge and belief.

Signature of Licensed Insurance Producer _____
(Not required)

Date (MM/DD/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

Insurance Producer Number	% Credit
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Insurance Producer Number	% Credit
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