

# Benefits Proposal

This proposal has been prepared for:  
Kleen-Tech Services, LLC

**Presented by:**  
Aflac Group

**Proposal State:**  
Colorado

**Proposal Date:**  
9/21/2023



# Group Disability Advantage Insurance

Policy Form Series GP5000

## Notice to Consumer

**THIS IS A SUPPLEMENTAL PLAN THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS PLAN CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS PLAN CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.**

**Continental American Insurance Company (CAIC)**

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CAI50761

RV (2/16)

## Plan Description

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The plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to a non-occupational injury or sickness. Benefit payments begin following the satisfaction of any applicable elimination period and continue during disability, up to a maximum benefit period.

## Why Offer Group Disability Income Insurance?

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Group Disability Income insurance insures a portion of your paycheck in the event you become disabled and unable to work due to injury or sickness.

## Plan Features

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- ◆ **Guaranteed-Issue** – Guaranteed-Issue is available during the initial enrollment with 10% participation requirement.
- ◆ **Payroll Deduction** – Premiums are paid through convenient payroll deduction.
- ◆ **Non-Occupational Coverage** – Covers disability due to off-the-job injuries and sicknesses.
- ◆ **Partial Disability Benefit** – Partial disability benefits allow a transition period before returning to full-time employment.
- ◆ **Portable Coverage** – Employees can continue coverage when they leave employment, with certain stipulations.
- ◆ **Minimum and Maximum Benefit** – \$300 to \$3,000.
- ◆ **Maximum Income Replacement Percentage** – The maximum income replacement is 50 percent of salary.
- ◆ **Waiver of Premium** – Premium payments are waived after 90 days of total disability.

## Benefits

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### **Total Disability**

Pays the monthly benefit when a covered employee is totally disabled and unable to work. Benefits begin following the expiration of an applicable elimination period and continue, so long as the covered employee remains disabled, up to the maximum benefit period.

### **Partial Disability**

If the covered employee is partially disabled, the plan provides fifty percent (50%) of the applicable monthly benefit for a maximum of 90 days, immediately following a period in which total disability benefits were paid. Partial disability is when the covered employee is unable to work for more than 4 hours per day and is under the care of a physician which is appropriate for the condition causing the disability.

## Additional Features

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### **Guaranteed Issue**

Guaranteed Issue is available during the initial enrollment and for new hires thereafter if 10% participation is in force. Guaranteed Issue allows the eligible employees to purchase disability income protection up to a specified amount without health underwriting. The specified amount applicable to each eligible employee is determined by that individual's risk classification. The Guaranteed Issue amount based on the group risk classification is shown in the benefit summary.

### **Group Eligibility**

Product is only available through payroll deduction. Minimum group size is 25 approved employee applicants.

### **Eligibility**

#### Issue Ages

Employee 18-69

Full-time, benefit eligible employees working at least 19 hours or more per week. Eligible employees have at least 0 days of continuous employment by the date of the enrollment. Seasonal and temporary employees are not eligible. No spouse coverage is available.

### **Waiver of Premium**

Premium payments are waived after 90 days of total disability. Premiums will continue to be waived so long as the covered employee is receiving total disability benefits. After total disability benefits end, the covered employee must pay the required premiums to keep the coverage in force. Waiver of premium does not apply to plans with a three (3) month maximum benefit period.

## GROUP DISABILITY INSURANCE

# DI<sup>G</sup>

Colorado - Monthly (12pp/yr)

**Benefit Summary:**

Non-Occupational Disability Income

**Elimination Period**

Accident Elimination Period: 0 Days

Sickness Elimination Period: 7 Days

**Benefit Duration:**

Maximum Benefit Period: 3 Months

**Group Risk Classification:**

The group risk classification is Select

**Occupations**

The Select risk classification would contain those individuals performing less strenuous work, light to moderate lifting requirements, and skill labor. Employees whose jobs include any traveling outside the office are included as Select Risk.

**Guaranteed Issue Amount**

The guaranteed issue amount for the group risk classification is \$3,000 with no participation requirement.

Select Risk Non-Occupational			
Age Band	18-49	50-59	60-69
Premium Rate	\$ 2.88	\$ 3.34	\$ 4.18

Rates per \$100 of Monthly Benefit - Monthly (12pp/yr) Premium

*Please Note: Premiums shown are accurate as of publication. They are subject to change.*



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**Product Code: DI230921-75716**

## **Exclusions and Limitations**

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### **Exclusions**

Benefits will not be paid for disability due to:

1. Any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot;
2. Injuring or attempting to injure oneself intentionally, while sane;
3. A commission of, or attempt to commit, an assault, battery, or felony, or engagement in any illegal occupation;
4. Travel in, jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft;
5. Mental or emotional disorders without demonstrable organic disease;
6. Alcoholism or drug addiction;
7. An injury arising from any employment; and
8. Injury or sickness covered by Worker's Compensation.



## Definitions

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### **Total Disability**

Before benefits have been paid for one year for a period of disability, means that due to Injuries or Sicknesses the insured must:

1. Not be able to perform the substantial and material duties of the employee's occupation; and
2. Be receiving care by a physician which is appropriate for the condition causing the disability; and
3. Not be gainfully employed or occupied in any other occupation.

After benefits have been paid for one year for a period of disability, means that due to Injuries or Sicknesses the insured must:

1. Be unable to engage in any gainful occupation that might be reasonably expected because of training, education or experience; and
2. Be receiving care by a physician which is appropriate for the condition causing the disability; and
3. Not be gainfully employed or occupied in any other occupation.

Nothing in this definition extends the maximum benefit period.

### **Elimination Period**

The number of days of total disability that must elapse in a period of disability, before benefits become payable. These days need not be consecutive; they can be accumulated during a Period of Disability to satisfy an Elimination Period. Benefits are not payable, nor do they accrue, during an elimination period.

### **Period of Disability**

The length of time the insured is totally disabled from one or more causes. It starts on the first full day of total disability after ceasing active employment and ends on the earlier of the date the insured:

1. Ceases to be totally disabled; or
2. Goes back to active work for any employer.

During the elimination period, two or more periods of total disability due to the same or related causes will be termed one period if they are not separated by a total of at least 31 days of full-time work.

After the elimination period, two or more periods of total disability due to the same or related causes will be termed one period if:

1. They are due to the same or related causes and are not separated by a total of at least 90 consecutive days of full-time work; or
2. They are due to an unrelated cause and are not separated by a return to full-time work.

## **Definitions** (Continued)

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### **Partial Disability**

Partial Disability or partially disabled means that due to injuries or sickness the insured is unable to work in any occupation for more than 4 hours per day and is under the care of a physician which is appropriate for the condition causing the disability.

### **Period of Partial Disability**

Successive periods of partial disability will be considered as separate periods of disability if the later period is due to the same or related cause and is separated by at least 31 consecutive days during which the insured has worked on a full-time basis.

### **Actively at Work**

An insured is considered actively at work while performing the regular duties of employment for a full normal work day at the regular place of business of the group policyholder or at a location that the employee may be required to travel to perform regular employment duties.

### **Injuries**

An injury is accidental bodily injuries occurring while coverage is in force.

### **Sickness**

A sickness is a condition or disease that is first manifested and begins while coverage is in force. Pregnancy and complications of pregnancy are considered as sicknesses.

### *Notices*

*If this coverage will replace any existing individual policy, please be aware that it may be in your employees' best interest to maintain their individual guaranteed-renewable policy.*

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*This proposal is a brief description of coverage, not a contract. Read your policy carefully for exact plan language, terms, and conditions.*