



BENEFITS YOU CAN COUNT ON

Long Term Disability

The Be Well Center

ELIMINATION PERIOD: 180 days

BENEFIT PERIOD: Up to 2 Years (graded over Age 65)

BENEFIT AMOUNTS: Employees can choose from **\$300 to \$6,000** per month.
Not to exceed **60%** of income.

BiWeekly Premiums

Monthly Benefits	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000	\$1100	\$1200	\$1300	\$1400	\$1500
< 40	0.60	0.79	0.99	1.19	1.39	1.59	1.79	1.98	2.18	2.38	2.58	2.78	2.98
40-49	1.52	2.03	2.54	3.05	3.55	4.06	4.57	5.08	5.58	6.09	6.60	7.11	7.62
50-59	3.12	4.15	5.19	6.23	7.27	8.31	9.35	10.38	11.42	12.46	13.50	14.54	15.58
60+	7.26	9.67	12.09	14.51	16.93	19.35	21.77	24.18	26.60	29.02	31.44	33.86	36.28

Age	\$1600	\$1700	\$1800	\$1900	\$2000	\$2100	\$2200	\$2300	\$2400	\$2500	\$2700	\$3000	
< 40	3.18	3.37	3.57	3.77	3.97	4.17	4.37	4.56	4.76	4.96	5.36	5.95	0.43
40-49	8.12	8.63	9.14	9.65	10.15	10.66	11.17	11.68	12.18	12.69	13.71	15.23	1.10
50-59	16.62	17.65	18.69	19.73	20.77	21.81	22.85	23.88	24.92	25.96	28.04	31.15	2.25
60+	38.70	41.11	43.53	45.95	48.37	50.79	53.21	55.62	58.04	60.46	65.30	72.55	5.24

Monthly rate per \$100 of Monthly benefit

Plan Highlights

Participation Requirement: 5 Enrolled (Insured) Lives.

Guarantee Issue up to \$3,000/month - at group's initial or annual enrollment or as newly hired employee.

Pre-existing Condition Limitation - 3/12 waiting period.

Waiver of Premium - after **180 days** or when purchased STD premium is waived.

Partial Disability Benefit - pays 50% of the monthly benefit for up to 12 months.

Rate Guarantee - 2 Years.

Coverage - 24 Hour.

Issue Age Rate Structure - for initial policy and benefit amount increases.

Own Occupation - 2 Year.

Pregnancy Claims - covered the same as any other illness.

Issued through



KANSAS CITY LIFE
INSURANCE COMPANY

"A" RATING BY A. M. BEST

The information provided here is only a summary of the Long Term Disability plan.
Refer to your certificate/policy for complete details and limitations of coverage.

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