

# **Gloucester County Public Schools**



## **Group Short Term Disability Plan**

Effective: April 1, 2005  
Amended: April 15, 2014

## INTRODUCTION

Gloucester County Public Schools offers a Short Term Disability Plan in the event that you become seriously ill or injured during your employment with Gloucester County Public Schools (GCPS). This Plan is designed to provide income protection for you and your family by offering disability income benefits. Gloucester County Public Schools pays the full cost of the Short Term Disability Benefit Plan. The Short Term Disability Plan can provide disability income benefits for up to 26 weeks.

## SHORT TERM DISABILITY PLAN

### Eligibility

You are eligible for Short Term Disability if you are an active full-time employee of Gloucester County Public Schools and a Plan One or Plan Two member of the Virginia Retirement System (VRS). Active full-time employees who are Hybrid VRS members are eligible for this benefit only during the one year waiting period for non-work related disability under the VRS mandated disability coverage.

### Cost

The Gloucester County School Board pays the entire cost of your coverage under this Plan.

### When Coverage Starts

Your coverage is effective the first day you report to work.

### Plan Coverage

Short Term Disability benefits are payable if you become **disabled** due to an accidental injury, sickness or pregnancy while covered under this Plan. Benefits will be paid in accordance with the Schedule shown below. You must be under the care of a **licensed physician** for the duration of the disability in order to receive these benefits.

### Amount and Duration of Benefits

During a period of disability, the Plan pays 66 2/3% of salary for up to 26 weeks inclusive of waiting period and accrued sick leave.

The maximum weekly benefit \$1,500.00.

**For the purposes of this Plan, your salary will include your regular basic pay, excluding any overtime pay and other extra compensation that is not included as part of your actual base salary.**

### Payment of Benefits

Short Term Disability benefits will begin on the later of the fifteenth calendar day or the day after your sick leave days are exhausted if you remain **disabled**.

### Maximum Benefit

In no event will Short Term Disability benefits be paid beyond:

- The maximum period shown above, or
- The date you retire under the Virginia Retirement System, or

- The date you are no longer **disabled**.

You may become eligible to receive Long Term Disability benefits under Gloucester County Public School's voluntary Long Term Disability Plan after you have been continuously disabled for a period of 180 consecutive calendar days, provided you have enrolled in the Long Term Disability Plan. The Finance Department will advise you of any such change in coverage status between the Short Term and Long Term Disability Plan.

### **Limitations on Benefits**

The amount of Short Term Disability benefits payable to you will be reduced by any benefit available under Social Security, any state or city compulsory benefit act or law, or any other Gloucester County School Board-sponsored program providing salary continuance benefits. If a designated holiday is observed during the period you are disabled and receiving Short Term Disability benefits, you will not receive an additional day off or pay in lieu of the holiday. Short Term Disability benefits will also be offset for any salary received from Gloucester County Public Schools received during a period while you are not actively at work.

### **Coordination with the Family and Medical Leave Act of 1993 (FMLA)**

All Short Term Disability benefits will be counted towards the FMLA requirement, which provides up to 12 weeks of leave in any 12-month period for eligible employees. Details concerning the FMLA are contained in the FMLA Policy.

### **Multiple/Recurring Disabilities and Return to Work**

If you return to work on a full-time basis for 14 consecutive days or less after receiving Short Term Disability Benefits and are again absent from work due to disability, the second period of disability will be considered a continuation of the first. This will be the case unless the subsequent disability stemmed from a cause entirely unrelated to the first and after your return to active, full-time employment.

If, however, you return to work on a full-time basis for more than 14 days following a disability for which benefits were paid or payable and you again become disabled, the second absence for the same disability will be considered separate from the first.

### **Working Partial Disability Benefit**

Partial Disability Benefits will be paid for a disability which is caused by an injury or sickness after the Elimination Period. The Elimination Period can be satisfied with either total or partial disability or a combination of both. The Partial Disability Benefit will not extend the 26-week maximum benefit period.

Partial Disability means that you are working, but as a result of the injury or sickness which caused the total disability, you are:

1. Able to perform all of the material and substantial duties of your occupation on a part time basis; or
2. Able to perform one or more, but not all, of the material and substantial duties of your occupation on a part time basis; and
3. Earning less than 80% of your pre-disability earnings at the time the partial disability employment begins.

You will no longer be considered partially disabled under the Plan when you are able to increase current earnings by increasing the number of hours you work or the number of duties you perform in your own occupation but do not do so.

## **Termination of Coverage**

Your coverage under this Plan will end on the earliest of the following:

- date the Plan is terminated,
- date you are no longer eligible under the Plan,
- date you resign, your last day of active of active work, the date you are laid off or retire under the Virginia Retirement System (VRS)
- date of your death. Any Short Term Disability benefits remaining due up to that date will be payable to your estate.

## **Status of Other Group Insurance**

Your medical, dental and vision insurance, if elected, for you and your dependents, if covered, will be continued during your FMLA leave, provided you pay any applicable employee contributions. After your FMLA leave is exhausted, you will be offered COBRA continuation.

## **Exclusions**

This Plan does not cover disabilities resulting from:

- Intentionally self-inflicted injury of any kind,
- War, whether declared or undeclared, or any act of war,
- Participation in the commission, or attempted commission, of an assault or felony,
- Disability occurring while on active military duty,
- Injury or illness arising from employment, or
- A disability, which existed on or prior to your actual first day at work.

## **Reimbursement Provision**

If the employee is injured by an act or omission of another person and benefits are provided by the Plan, the employee agrees:

- to immediately reimburse Gloucester County Public Schools for any payments received from a third party, whether by action at law, settlement or otherwise, to the extent that Gloucester County Public Schools has provided benefits to the employee; and
- that Gloucester County Public Schools will have a lien to the extent of benefits provided. Such lien may be filed with the person whose act caused the Injury, the person's agent, or a court having jurisdiction in the matter.

It is the employee's responsibility to furnish any information, assistance, or provide any documents that the Plan Administrator may request in order to obtain Gloucester County Public School's rights under this provision.

## **Definitions**

### **Basic Weekly Earnings**

The weekly per diem amount actually earned.

### **Disabled**

You are considered disabled if you are under the care of a licensed physician and unable to perform all the functions of your regular job or any other job for which you are reasonably fit by education, training and background.

### **Effective Date**

The effective date of this plan is April 1, 2005. Your coverage is effective the first day of employment. If you are absent from work due to sickness or injury on your scheduled first day of employment, your coverage will be effective on the first day that you return to work.

### **Licensed Physician**

A person licensed to practice medicine by the appropriate authority in the area in which the service is rendered.

### **Waiting period**

You must be continuously disabled until the latest of fifteen calendar days or until your sick leave days are exhausted before Short Term Disability benefits will begin. The waiting period applies to the actual contract period only. If you become disabled during the summer months, your waiting period will begin on the first workday of your contract period.

## **Notice of Claim**

After the first five days of your absence from work due to disability, you must file a claim for benefits with the proper forms with the Finance department. Claim form packets are available from the Finance department. The packets include forms to be completed by the employee, the Finance department and the doctor.

Completed claim forms should be sent to:

Gloucester County Public Schools  
Attn: Lydia Gilbert  
6099 T. C. Walker Rd.  
Gloucester, VA 23061

If there are any questions regarding your condition, Gloucester County Public Schools reserves the right to have you examined by the physician of their choice when and as often as they may reasonably require. Any such examination will be at the School Board's expense.

## **Termination of the Plan**

The Plan should not be interpreted as a contract or insurance policy and does not create any rights to continuance of the Plan in favor of employees. Accordingly, the School Board of Gloucester County Public Schools may amend, terminate or suspend, in whole or in part, the Plan at any time and without the consent of the employees.