

CHAPTER 17

DISABILITY PLAN

1700. Disability Plan Definitions.

1700.1 Actively at Work - in a "pay" status.

Employees "actively at work" include all employees at work earning regular pay, and those away from work on vacation, sick, funeral, holiday or military leave. Employees "actively at work" do not include employees on unpaid medical or personal leave, or absent from the workplace without leave. (Ord. 1696, Eff. 10/21/88)

1700.2 Covered Employee - Any full-time, permanent employee of Jackson County, Missouri or of any affiliated entity, whose salary is paid by Jackson County, who has completed six months of continuous full-time employment, and who is Actively at Work on the effective date of the Plan. If the employee is not Actively at Work on the effective date of the Plan, the Plan's coverage will become effective on the date the employee completes six months of continuous full-time employment or returns to active full-time employment, whichever is later, and subject to pre-existing limitations under section 3(h) hereof. Covered Employee does not include those employees for whom a fringe benefit contribution is paid to a collective bargaining agent. Covered employee shall also include any full time employee of the Jackson County Sports Complex Authority. (Ord. 1696, Eff. 10/21/88; Ord. 1834, Eff. 6/29/90)

1700.3 Elimination Period - 90 days following the date of onset of Total Disability or the duration of all accumulated vacation and sick leave if said leave exceeds 90 days. Upon the onset of Total Disability a Covered Employee shall have the option of resigning or retiring from his employment and receiving a lump sum pay out of any sick leave or vacation benefits or both to which he may be entitled or remaining on the payroll and using any such benefits day to day. If, during the Elimination Period, a Covered Employee recovers from Total Disability and then becomes totally disabled again within 14 calendar days, that Covered Employee will not begin a new Elimination Period, but those days during which the Covered Employee was not totally disabled will not count toward the Elimination Period. (Ord. 1696, Eff. 10/21/88)

1700.4 The Plan - The Jackson County Employees' Disability Income Plan. (Ord. 1696, Eff. 10/21/88)

1700.5 Plan Administrator - The Jackson County Personnel Director or such third party administrator as may be retained by the County. (Ord. 1696, Eff. 10/21/88)

1700.6 Salary - The monthly compensation, based on 173.3 hours of earned income, paid by Jackson County to a Covered Employee at the onset of Total Disability, excluding overtime, bonus income, compensation for additional duties,

and fringe benefits. (Ord. 1696, Eff. 10/21/88)

1700.7 Total Disability - The inability of a Covered Employee, due to accident or sickness, to perform the duties of his regular occupation prior to disability, provided that a Covered Employee claiming such disability is under the regular care and attendance of a legally licensed physician. (Ord. 1696, Eff. 10/21/88)

1701. Benefit.

Any Covered Employee who incurs a Total Disability shall receive from Jackson County, upon the expiration of the Elimination Period, 60% of his Salary, up to a maximum monthly benefit of \$5,000. Benefits under this section shall be paid, for any one period of Total Disability, for a maximum of 24 months. Any benefits paid may be subject to tax. (Ord. 1696, Eff. 10/21/88)

1701.1 Benefit Exclusions.

No benefits will be payable for any period of Total Disability:

- a. which occurs during the Elimination Period;
- b. on or after the date the Covered Employee fails to furnish due proof of the continuance of such disability;
- c. on or after the day the Covered Employee has received the maximum benefit under the Plan;
- d. caused by or resulting from, directly or indirectly, any war, or warlike action in time of peace;
- e. caused by or resulting from intentionally self-inflicted injury or illness;
- f. caused by or resulting from a Covered Employee's committing, or attempting to commit, an assault, battery or a felony;
- g. caused by or resulting from active participation in a riot, except in connection with the performance of duties for the County;
- h. caused by or resulting from any sickness or injury for which a Covered Employee received medical treatment, consultation, care or services, or prescription drugs or medicines in the three months immediately preceding the effective date of his coverage under this Plan. This exclusion will no longer apply: (1) on the date six months following that effective date if during such period the Covered Employee has not been absent from active work with the County because of such sickness or injury, except for routine office visits to a legally licensed physician; or (2) on the date twelve months following that effective date, whichever date occurs first. This exclusion shall

be waived for all Covered Employees on the effective date of the Plan. (Ord. 1696, Eff. 10/21/88)

1702. Coordination of Benefits.

Coordination benefits as used in this section shall refer to the reduction in disability payment as set out in the following subsections. (Ord. 1696, Eff. 10/21/88)

1702.1 The disability benefits paid under the provisions of this Chapter shall be reduced by:

a. Any disability benefits payable under any employee benefit plan or arrangement, except that benefits paid under a disability insurance plan procured individually by a Covered Employee or spouse shall not reduce the benefit;

b. Any benefit to which a Covered Employee is entitled from any employer-sponsored or provided income or income benefit, including Workers' Compensation Benefits, payable for time lost from work;

c. Income received from any employer, or from self-employment;

d. Income received from the County's defined benefit pension plan, including both retirement and disability benefits.

e. Retirement benefits payable under the Federal Social Security Act which a covered employee receives or is eligible to receive. A covered employee may be required to provide proof of application for these benefits. Early retirement benefits payable prior to normal retirement age under the Act will not be used to reduce the Plan's benefits unless such early retirement benefits are actually received.

f. Disability benefits payable under the Federal Social Security Act which a covered employee or his dependents receive or are eligible to receive. A covered employee may be required to provide proof of application for these benefits. (Ord. 1696, Eff. 10/21/88)

1702.2 Increases Received After Benefits Payable.

Any increase in the amounts received from the above which occurs after the first day that benefits are payable under the Plan will not be used to reduce the benefit under this Plan. (Ord. 1696, Eff. 10/21/88)

1702.3 Pro-rated Payments When Lump Sums Paid.

Any amounts received from the above in a lump sum will be pro-rated over the period of time for which the lump sum was paid. The Covered Employee will reimburse the Plan in full for any overpayment received from the Plan during this

period. The County reserves the right to withhold payment of future benefits to which a Covered Employee may be entitled under the Plan, pending any reimbursement due the Plan under the provisions of this subsection. (Ord. 1696, Eff. 10/21/88)

1703. Recurrent Disability - If after a period of Total Disability, a Covered Employee returns to full-time active work with the County and thereafter again becomes disabled due to the same or related cause or causes, then the second period of Total Disability will be considered a continuation of the previous Total Disability unless, between those periods, the Covered Employee has been actively at work with the County on a full-time basis for at least six consecutive months. (Ord. 1696, Eff. 10/21/88)

1704. Rehabilitation - If a Covered Employee who incurs a Total Disability which exceeds the duration of the Elimination Period is able to return to work for the County on a limited or part time basis, the benefit will be reduced by 50% of the compensation received for this work as long as the employee's total income from all sources does not exceed 75% of the Salary received when Total Disability began. The minimum monthly benefit under this Section will be \$50.00. (Ord. 1696, Eff. 10/21/88)

1705. Termination of Coverage - Coverage under the Plan will end on the earliest of the following dates:

1705.1 Termination of Active Employment.

The date on which the Covered Employee terminates active employment with the County;

1705.2 Final Benefit Payment.

The date on which the final benefit payment is made;

1705.3 Amendment or Elimination of Plan.

The effective date of any Ordinance which amends or eliminates the Plan. (Ord. 1696, Eff. 10/21/88)

1706. Claims Procedure.

A Covered Employee seeking benefits under the Plan must file, with the Plan Administrator, a written statement from a licensed physician indicating that the Covered Employee is Totally Disabled and under the physician's continuing care. This written statement must be provided as requested by the Plan Administrator, at the Covered Employee's expense. (Ord. 1696, Eff. 10/21/88)

1706.1 Jackson County's Right to Contest a Claim.

Jackson County reserves the right to contest a claim of Total Disability by a Covered Employee, in which case the Covered Employee must agree to an examination by a physician appointed by the County, at the County's expense. In the event that the County's and the Covered Employee's physicians do not agree on the existence of a Total Disability, an impartial physician shall be selected by the two physicians, who shall then meet with the two physicians and render an opinion, on the issue of the existence of a Total Disability, which opinion shall be binding on both the County and the Covered Employee. The expense of the impartial physician shall be borne by the County. (Ord. 1696, Eff. 10/21/88)

1707. Disputes.

Should a dispute, other than over the existence of a Total Disability, arise under the Plan, that dispute shall be resolved by the Jackson County Personnel Director or by such other person or entity as the County Executive may direct, within 90 days. The Covered Employee shall be notified of this resolution in writing. If the Covered Employee is dissatisfied with the initial resolution, he has the right to appeal said resolution, in writing, to the County Executive, within 30 days. The County Executive, or his designee, shall consider the matter, schedule a hearing if necessary, and shall thereafter issue a final decision which shall be binding upon the Covered Employee. (Ord. 1696, Eff. 10/21/88)

1708. Administration.

The Jackson County Employees' Disability Income Plan shall be administered by the Jackson County Personnel Department or by such other person or entity as the County Executive may direct. (Ord. 1696, Eff. 10/21/88)