



Voluntary Long-Term Disability insurance (Educators)

Benefit Highlights

For all eligible employees of West Sabine Independent School District, Policy #970630

Voluntary Long-Term Disability insurance provides you with a monthly benefit for when a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Coverage amount[s]

- Get a monthly check—after your claim is approved—of \$200 to \$6,000, in any \$100 increment you choose, to replace a portion of your income—up to 66.67% of your Total Monthly Earnings.
- Keep in mind that other sources of income could reduce your benefit amount.
- Your cost depends on factors such as your age and monthly earnings.

More about Sun Life's Voluntary Long-Term Disability insurance

- Choose how soon your benefit payments will begin, after your claim is approved (*elimination period*).
 - Choice 1 – 8 days Accident or Illness
 - Choice 2 – 15 days Accident or Illness
 - Choice 3 – 31 days Accident or Illness
 - Choice 4 - 60 days Accident or Illness
 - Choice 5 - 90 days Accident or Illness
 - Choice 6 - 180 days Accident or Illness
- First-Day Hospitalization for Choices 1, 2 and 3. This benefit helps protect hospitalized employees by providing immediate benefits with no elimination period.
- Receive benefits after your claim is approved—for as long as you are still unable to work due to a covered disability, provided you are still eligible to receive benefits. Your benefit duration is:
 - If your covered disability occurs before age 60, benefits will be paid for at least 5 years, but not beyond age 70. If your covered disability occurs between ages 60 and 64, benefits will be paid for up to 5 years but not beyond age 70. If your covered disability occurs after age 65, benefits will be paid for one year but not beyond age 70, whichever is later.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- Work with a certified rehabilitation specialist, when appropriate, to create a return-to-work plan (for longer-term claims) that's right for you.

How Sun Life's Voluntary Long-Term Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for Voluntary Long-Term Disability insurance through work. Mark filed a claim because he was unable to work due to a covered disability. After his claim was approved, he started receiving monthly benefits after he satisfied the elimination period and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Disability Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim. You will have to wait a certain number of days for your benefits to kick in after you are no longer able to work due to a covered disability.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period and meet the definition of disability.

What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

Do I need to answer any health questions to enroll for this coverage?

You will be required to answer health questions if you decline coverage and want to elect or increase coverage at a later date, or if you request an amount higher than the Guaranteed Issue limit, noted in the table, if applicable. The health questions are included in our "Evidence of Insurability" application, which must be approved by Sun Life before the coverage takes effect.

What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we may not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicine. Read the exclusions and limitations for more information.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

How much insurance do I need?

Use this worksheet to add up your monthly expenses and determine the amount of income you might need to replace if you were unable to work.

Mortgage/rent	\$	Family care (e.g., education and childcare costs)	\$
Car or transit payments	\$	Groceries	\$
Health insurance or out-of-pocket expenses	\$	Utilities	\$
Loans	\$	Other	\$
Credit card debt	\$	Total monthly expenses	\$

This worksheet is provided for informational purposes only. It should not be relied on as financial advice or solicitation of insurance. You may wish to consult an independent financial professional for advice.

Important Plan Provisions

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to the Certificate for details.

Limitations and exclusions*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-existing Condition, except:
 - if your Disability begins later than 12 months after your effective date or later than 3 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition;
 - cost of living, contract, or periodic salary review increases;
- your active Participation in a Riot, Rebellion or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

*The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Keep your life, and your bills, on track while you recover from an illness or injury.

If you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.



This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group Voluntary Long-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01 and 16-DI-C-01.

Rate Sheet - Choice 1

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

8/8 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$3,600	\$200	7.20
\$5,400	\$300	10.80
\$7,200	\$400	14.40
\$9,000	\$500	18.00
\$10,800	\$600	21.60
\$12,600	\$700	25.20
\$14,400	\$800	28.80
\$16,200	\$900	32.40
\$18,000	\$1,000	36.00
\$19,800	\$1,100	39.60
\$21,599	\$1,200	43.20
\$23,399	\$1,300	46.80
\$25,199	\$1,400	50.40
\$26,999	\$1,500	54.00
\$28,799	\$1,600	57.60
\$30,599	\$1,700	61.20
\$32,399	\$1,800	64.80
\$34,199	\$1,900	68.40
\$35,999	\$2,000	72.00
\$37,799	\$2,100	75.60
\$39,599	\$2,200	79.20
\$41,398	\$2,300	82.80
\$43,198	\$2,400	86.40
\$44,998	\$2,500	90.00
\$46,798	\$2,600	93.60
\$48,598	\$2,700	97.20
\$50,398	\$2,800	100.80
\$52,198	\$2,900	104.40
\$53,998	\$3,000	108.00
\$55,798	\$3,100	111.60
\$57,598	\$3,200	115.20
\$59,398	\$3,300	118.80
\$61,197	\$3,400	122.40
\$62,997	\$3,500	126.00
\$64,797	\$3,600	129.60
\$66,597	\$3,700	133.20
\$68,397	\$3,800	136.80
\$70,197	\$3,900	140.40
\$71,997	\$4,000	144.00
\$73,797	\$4,100	147.60
\$75,597	\$4,200	151.20
\$77,397	\$4,300	154.80
\$79,197	\$4,400	158.40
\$80,996	\$4,500	162.00
\$82,796	\$4,600	165.60
\$84,596	\$4,700	169.20
\$86,396	\$4,800	172.80

8/8 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$88,196	\$4,900	176.40
\$89,996	\$5,000	180.00
\$91,796	\$5,100	183.60
\$93,596	\$5,200	187.20
\$95,396	\$5,300	190.80
\$97,196	\$5,400	194.40
\$98,996	\$5,500	198.00
\$100,795	\$5,600	201.60
\$102,595	\$5,700	205.20
\$104,395	\$5,800	208.80
\$106,195	\$5,900	212.40
\$107,995	\$6,000	216.00

Rate Sheet - Choice 2

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

15/15 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$3,600	\$200	6.74
\$5,400	\$300	10.11
\$7,200	\$400	13.48
\$9,000	\$500	16.85
\$10,800	\$600	20.22
\$12,600	\$700	23.59
\$14,400	\$800	26.96
\$16,200	\$900	30.33
\$18,000	\$1,000	33.70
\$19,800	\$1,100	37.07
\$21,599	\$1,200	40.44
\$23,399	\$1,300	43.81
\$25,199	\$1,400	47.18
\$26,999	\$1,500	50.55
\$28,799	\$1,600	53.92
\$30,599	\$1,700	57.29
\$32,399	\$1,800	60.66
\$34,199	\$1,900	64.03
\$35,999	\$2,000	67.40
\$37,799	\$2,100	70.77
\$39,599	\$2,200	74.14
\$41,398	\$2,300	77.51
\$43,198	\$2,400	80.88
\$44,998	\$2,500	84.25
\$46,798	\$2,600	87.62
\$48,598	\$2,700	90.99
\$50,398	\$2,800	94.36
\$52,198	\$2,900	97.73
\$53,998	\$3,000	101.10
\$55,798	\$3,100	104.47
\$57,598	\$3,200	107.84
\$59,398	\$3,300	111.21
\$61,197	\$3,400	114.58
\$62,997	\$3,500	117.95
\$64,797	\$3,600	121.32
\$66,597	\$3,700	124.69
\$68,397	\$3,800	128.06
\$70,197	\$3,900	131.43
\$71,997	\$4,000	134.80
\$73,797	\$4,100	138.17
\$75,597	\$4,200	141.54
\$77,397	\$4,300	144.91
\$79,197	\$4,400	148.28
\$80,996	\$4,500	151.65
\$82,796	\$4,600	155.02
\$84,596	\$4,700	158.39
\$86,396	\$4,800	161.76

15/15 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$88,196	\$4,900	165.13
\$89,996	\$5,000	168.50
\$91,796	\$5,100	171.87
\$93,596	\$5,200	175.24
\$95,396	\$5,300	178.61
\$97,196	\$5,400	181.98
\$98,996	\$5,500	185.35
\$100,795	\$5,600	188.72
\$102,595	\$5,700	192.09
\$104,395	\$5,800	195.46
\$106,195	\$5,900	198.83
\$107,995	\$6,000	202.20

Rate Sheet - Choice 3

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

31/31 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$3,600	\$200	6.00
\$5,400	\$300	9.00
\$7,200	\$400	12.00
\$9,000	\$500	15.00
\$10,800	\$600	18.00
\$12,600	\$700	21.00
\$14,400	\$800	24.00
\$16,200	\$900	27.00
\$18,000	\$1,000	30.00
\$19,800	\$1,100	33.00
\$21,599	\$1,200	36.00
\$23,399	\$1,300	39.00
\$25,199	\$1,400	42.00
\$26,999	\$1,500	45.00
\$28,799	\$1,600	48.00
\$30,599	\$1,700	51.00
\$32,399	\$1,800	54.00
\$34,199	\$1,900	57.00
\$35,999	\$2,000	60.00
\$37,799	\$2,100	63.00
\$39,599	\$2,200	66.00
\$41,398	\$2,300	69.00
\$43,198	\$2,400	72.00
\$44,998	\$2,500	75.00
\$46,798	\$2,600	78.00
\$48,598	\$2,700	81.00
\$50,398	\$2,800	84.00
\$52,198	\$2,900	87.00
\$53,998	\$3,000	90.00
\$55,798	\$3,100	93.00
\$57,598	\$3,200	96.00
\$59,398	\$3,300	99.00
\$61,197	\$3,400	102.00
\$62,997	\$3,500	105.00
\$64,797	\$3,600	108.00
\$66,597	\$3,700	111.00
\$68,397	\$3,800	114.00
\$70,197	\$3,900	117.00
\$71,997	\$4,000	120.00
\$73,797	\$4,100	123.00
\$75,597	\$4,200	126.00
\$77,397	\$4,300	129.00
\$79,197	\$4,400	132.00
\$80,996	\$4,500	135.00
\$82,796	\$4,600	138.00
\$84,596	\$4,700	141.00
\$86,396	\$4,800	144.00

31/31 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$88,196	\$4,900	147.00
\$89,996	\$5,000	150.00
\$91,796	\$5,100	153.00
\$93,596	\$5,200	156.00
\$95,396	\$5,300	159.00
\$97,196	\$5,400	162.00
\$98,996	\$5,500	165.00
\$100,795	\$5,600	168.00
\$102,595	\$5,700	171.00
\$104,395	\$5,800	174.00
\$106,195	\$5,900	177.00
\$107,995	\$6,000	180.00

Rate Sheet - Choice 4

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

60/60 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$3,600	\$200	2.50
\$5,400	\$300	3.75
\$7,200	\$400	5.00
\$9,000	\$500	6.25
\$10,800	\$600	7.50
\$12,600	\$700	8.75
\$14,400	\$800	10.00
\$16,200	\$900	11.25
\$18,000	\$1,000	12.50
\$19,800	\$1,100	13.75
\$21,599	\$1,200	15.00
\$23,399	\$1,300	16.25
\$25,199	\$1,400	17.50
\$26,999	\$1,500	18.75
\$28,799	\$1,600	20.00
\$30,599	\$1,700	21.25
\$32,399	\$1,800	22.50
\$34,199	\$1,900	23.75
\$35,999	\$2,000	25.00
\$37,799	\$2,100	26.25
\$39,599	\$2,200	27.50
\$41,398	\$2,300	28.75
\$43,198	\$2,400	30.00
\$44,998	\$2,500	31.25
\$46,798	\$2,600	32.50
\$48,598	\$2,700	33.75
\$50,398	\$2,800	35.00
\$52,198	\$2,900	36.25
\$53,998	\$3,000	37.50
\$55,798	\$3,100	38.75
\$57,598	\$3,200	40.00
\$59,398	\$3,300	41.25
\$61,197	\$3,400	42.50
\$62,997	\$3,500	43.75
\$64,797	\$3,600	45.00
\$66,597	\$3,700	46.25
\$68,397	\$3,800	47.50
\$70,197	\$3,900	48.75
\$71,997	\$4,000	50.00
\$73,797	\$4,100	51.25
\$75,597	\$4,200	52.50
\$77,397	\$4,300	53.75
\$79,197	\$4,400	55.00
\$80,996	\$4,500	56.25
\$82,796	\$4,600	57.50
\$84,596	\$4,700	58.75
\$86,396	\$4,800	60.00

60/60 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$88,196	\$4,900	61.25
\$89,996	\$5,000	62.50
\$91,796	\$5,100	63.75
\$93,596	\$5,200	65.00
\$95,396	\$5,300	66.25
\$97,196	\$5,400	67.50
\$98,996	\$5,500	68.75
\$100,795	\$5,600	70.00
\$102,595	\$5,700	71.25
\$104,395	\$5,800	72.50
\$106,195	\$5,900	73.75
\$107,995	\$6,000	75.00

Rate Sheet - Choice 5

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

90/90 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$3,600	\$200	1.90
\$5,400	\$300	2.85
\$7,200	\$400	3.80
\$9,000	\$500	4.75
\$10,800	\$600	5.70
\$12,600	\$700	6.65
\$14,400	\$800	7.60
\$16,200	\$900	8.55
\$18,000	\$1,000	9.50
\$19,800	\$1,100	10.45
\$21,599	\$1,200	11.40
\$23,399	\$1,300	12.35
\$25,199	\$1,400	13.30
\$26,999	\$1,500	14.25
\$28,799	\$1,600	15.20
\$30,599	\$1,700	16.15
\$32,399	\$1,800	17.10
\$34,199	\$1,900	18.05
\$35,999	\$2,000	19.00
\$37,799	\$2,100	19.95
\$39,599	\$2,200	20.90
\$41,398	\$2,300	21.85
\$43,198	\$2,400	22.80
\$44,998	\$2,500	23.75
\$46,798	\$2,600	24.70
\$48,598	\$2,700	25.65
\$50,398	\$2,800	26.60
\$52,198	\$2,900	27.55
\$53,998	\$3,000	28.50
\$55,798	\$3,100	29.45
\$57,598	\$3,200	30.40
\$59,398	\$3,300	31.35
\$61,197	\$3,400	32.30
\$62,997	\$3,500	33.25
\$64,797	\$3,600	34.20
\$66,597	\$3,700	35.15
\$68,397	\$3,800	36.10
\$70,197	\$3,900	37.05
\$71,997	\$4,000	38.00
\$73,797	\$4,100	38.95
\$75,597	\$4,200	39.90
\$77,397	\$4,300	40.85
\$79,197	\$4,400	41.80
\$80,996	\$4,500	42.75
\$82,796	\$4,600	43.70
\$84,596	\$4,700	44.65
\$86,396	\$4,800	45.60

90/90 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$88,196	\$4,900	46.55
\$89,996	\$5,000	47.50
\$91,796	\$5,100	48.45
\$93,596	\$5,200	49.40
\$95,396	\$5,300	50.35
\$97,196	\$5,400	51.30
\$98,996	\$5,500	52.25
\$100,795	\$5,600	53.20
\$102,595	\$5,700	54.15
\$104,395	\$5,800	55.10
\$106,195	\$5,900	56.05
\$107,995	\$6,000	57.00

Rate Sheet - Choice 6

Employee – Coverage and **Monthly** cost for Long Term Disability.

Rates are effective as of September 1, 2024.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

180/180 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$3,600	\$200	1.56
\$5,400	\$300	2.34
\$7,200	\$400	3.12
\$9,000	\$500	3.90
\$10,800	\$600	4.68
\$12,600	\$700	5.46
\$14,400	\$800	6.24
\$16,200	\$900	7.02
\$18,000	\$1,000	7.80
\$19,800	\$1,100	8.58
\$21,599	\$1,200	9.36
\$23,399	\$1,300	10.14
\$25,199	\$1,400	10.92
\$26,999	\$1,500	11.70
\$28,799	\$1,600	12.48
\$30,599	\$1,700	13.26
\$32,399	\$1,800	14.04
\$34,199	\$1,900	14.82
\$35,999	\$2,000	15.60
\$37,799	\$2,100	16.38
\$39,599	\$2,200	17.16
\$41,398	\$2,300	17.94
\$43,198	\$2,400	18.72
\$44,998	\$2,500	19.50
\$46,798	\$2,600	20.28
\$48,598	\$2,700	21.06
\$50,398	\$2,800	21.84
\$52,198	\$2,900	22.62
\$53,998	\$3,000	23.40
\$55,798	\$3,100	24.18
\$57,598	\$3,200	24.96
\$59,398	\$3,300	25.74
\$61,197	\$3,400	26.52
\$62,997	\$3,500	27.30
\$64,797	\$3,600	28.08
\$66,597	\$3,700	28.86
\$68,397	\$3,800	29.64
\$70,197	\$3,900	30.42
\$71,997	\$4,000	31.20
\$73,797	\$4,100	31.98
\$75,597	\$4,200	32.76
\$77,397	\$4,300	33.54
\$79,197	\$4,400	34.32
\$80,996	\$4,500	35.10
\$82,796	\$4,600	35.88
\$84,596	\$4,700	36.66
\$86,396	\$4,800	37.44

180/180 Elimination Period		
Annual Earnings	Monthly Coverage Amounts	Cost
\$88,196	\$4,900	38.22
\$89,996	\$5,000	39.00
\$91,796	\$5,100	39.78
\$93,596	\$5,200	40.56
\$95,396	\$5,300	41.34
\$97,196	\$5,400	42.12
\$98,996	\$5,500	42.90
\$100,795	\$5,600	43.68
\$102,595	\$5,700	44.46
\$104,395	\$5,800	45.24
\$106,195	\$5,900	46.02
\$107,995	\$6,000	46.80