

# **SHORT-TERM DISABILITY**

## **BENEFIT HIGHLIGHTS AND KEY FEATURES**

#### **BENEFITS WILL VARY BY STATE**

Underwriting	Guarantee Issue (GI). Evidence of Insurability required for amounts over GI limit or late enrollees
Elimination Period	0 days Injury / 14 days Physical Disease (Sickness)
Maximum Benefit Period	13 weeks
Weekly Benefit	Benefits are elected in increments of \$25, not to exceed the lesser of 60% of your weekly Pre-disability Earnings or \$1,400.
Minimum Benefit	\$25 per week
Guarantee Issue	\$700 per week
Rate Basis	Issue Age rates, for initial policy and benefit amount increases
Job Coverage	Non-Occupational, off the job only
Pregnancy	Covered the same as any Physical Disease (Sickness)
Pre-Existing Condition Period	12 months prior to effective date / 12 months after effective date
Annual Enrollment Period	Benefits can be added or increased up to the GI limit, subject to Pre-Existing Conditions, without Evidence of Insurability
Waiver of Premium Benefit	Premiums are waived while Short-Term Disability benefits are payable
Integration	Pays in addition to Sick Pay for the first 10 days from the end of the Elimination Period, then pays up to 100% of Pre-Disability Earnings
Partial Disability Benefit	Pays up to 50% of the weekly benefit for up to 13 weeks
Rate Guarantee	1 Year
Insurance Portability	After at least 12 months of insurance, an Insured Person may continue insurance for up to 12 months if insurance under the Group Policy terminates

### SHORT TERM DISABILITY INSURANCE

#### **Biweekly Issue Age Rates per Weekly Benefit**

Weekly Benefits	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400
18-39	2.42	3.03	3.63	4.24	4.85	5.45	6.06	6.66	7.27	7.87	8.48	9.09	9.69
40-49	3.04	3.80	4.56	5.31	6.07	6.83	7.59	8.35	9.11	9.87	10.63	11.39	12.15
50-59	3.86	4.83	5.79	6.76	7.73	8.69	9.66	10.62	11.59	12.55	13.52	14.49	15.45
60+	5.66	7.07	8.49	9.90	11.32	12.73	14.15	15.56	16.98	18.39	19.80	21.22	22.63

Age	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700	
18-39	10.30	10.90	11.51	12.12	12.72	13.33	13.93	14.54	15.14	15.75	16.36	16.96	5.25
40-49	12.91	13.67	14.43	15.18	15.94	16.70	17.46	18.22	18.98	19.74	20.50	21.26	6.58
50-59	16.42	17.38	18.35	19.32	20.28	21.25	22.21	23.18	24.14	25.11	26.08	27.04	8.37
60+	24.05	25.46	26.88	28.29	29.71	31.12	32.54	33.95	35.37	36.78	38.19	39.61	12.26

Monthly Rates per \$100 of Weekly Benefit

### **Specific Details**

**Guarantee Issue (GI)** – is the amount of insurance that is available without Evidence of Insurability. Guaranteed Issue is applicable to insureds who apply for insurance within 31 days from the date they satisfy the eligibility requirements.

**Pre-Disability Earnings** – the insured's earnings in effect on their last full day of active work prior to becoming disabled. This may include the insured's base rate of pay and deductions made for pre-tax contributions to a qualified deferred compensation arrangement, or, Section 125 plan including but not limited to, income received from commissions, bonuses, overtime pay, and any other extra compensation.

**Elimination Period** – a period of time an insured must be continuously disabled before benefits are payable. No benefits are payable during the Elimination Period.

**Deductible Income** – is income an Insured receives or is eligible to receive, while disability benefits are payable, which is deducted from the Insured's disability benefit. This includes but is not limited to: sick pay, severance pay, work earnings, Social Security, Workers' Compensation, a state retirement system or other sources as listed in the Certificate of Insurance that will be subtracted from an insured's disability benefit.

**Definition of Disability** – disabled and earning less than 20% of pre-disability earnings; or disabled and working, earning more than 20% but less than 80% of pre-disability earnings. (Definition of Disability varies by state).

**Annual Enrollment** – Insureds can add or increase insurance up to the GI limit during a specified annual enrollment period without Evidence of Insurability (EOI). Additions/increases are subject to pre-existing limitation provision.

# SHORT TERM DISABILITY INSURANCE

# Specific Details (cont'd)

#### LIMITATIONS & EXCLUSIONS

**Pre-Existing Conditions** – no benefits are payable for disabilities that commence within the Pre-existing Condition Period after the insured's effective date as shown in the benefit highlights that are caused or contributed by or resulting from a Pre-Existing Condition.

A Pre-Existing Condition is defined as a mental or physical condition whether or not diagnosed or misdiagnosed for which the insured has consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications during a set time period prior to the insured's effective date, as shown in the benefit highlights. (May vary by state)

**Disability Limitations** – Benefits for Mental Disorder, Substance Abuse and \*Special Conditions are limited to the Maximum of 12 months (for all Disabilities during your lifetime).

\* **Special Condition** – a condition based on self-reported symptoms that is not verifiable using objective medical tests, procedures or clinical examinations standardly accepted in the practice of medicine. Special Conditions include but are not limited to the following: Musculoskeletal and connective tissue disorders of the neck and back, any disease or disorder of the cervical, thoracic and lumbosacral back and its surrounding soft tissue, chronic sprains and strains of joints and adjacent muscles, chronic headaches, chronic pain, Tinnitus (ringing of the ears), Hyperacusis (sensitivity to sound), Post Lyme disease syndrome, Chronic Fatigue Syndrome, Fibromyalgia, Environmental Allergic Sickness, chemical and environmental sensitivities, and Sick Building Syndrome. (May vary by state)

**Exclusions** – disabilities caused or contributed by, including but not limited to, (a) committing or attempting to commit a felony, or engaging in an illegal occupation; (b) intentionally self-inflicted or attempted suicide, while sane or insane; (c) confinement in a penal or correctional institution or under house arrest; (d) war or act of war whether declared or undeclared; (e) failure to be under the regular care of a physician; (f) voluntary taking of poison or inhaling of gas; or (g) riding in or driving any motor-driven vehicle in a race, stunt shown, or speed test; or while testing any vehicle on any racecourse or speedway. (Exclusions and limitations vary by state)

This Proposal section is for Certificate form number STD-C-0617.