Group Short Term Disability

The Employer Group offers Short-Term Disability coverage to all eligible employees. Coverage begins the first of the month following your eligibility. Please complete the attached application and be sure to sign and date the form.

Schedule of Benefits

Eligibility

You are eligible for short term disability coverage if you are an active employee working a minimum of 20 hours per week. The date you are eligible for coverage is the first of the month following your eligibility.

Definition of Disability

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.
- you must be under the regular care of a physician in order to be considered disabled.

Benefit Amount

You may purchase a weekly benefit in $100 units, starting at a minimum of $100, up to 66 2/3% of your weekly earnings rounded down to the nearest $100 increment, but not to exceed a weekly maximum benefit of $800.

***Please see the following enrollment form to calculate your maximum weekly benefit and monthly premium.*

Elimination Period

The Elimination Period is the length of time of continuous disability, due to injury or sickness, which must be satisfied before you are eligible to receive benefits.

You may choose an Elimination Period (injury/sickness) of 7/7 or 14/14 days.

Benefit Duration

If you meet the definition of disability you may receive a benefit for:

- 12 weeks if you choose the 7/7 Elimination Period option; or
- 11 weeks if you choose the 14/14 Elimination Period option.

Guarantee Issue

You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, you can apply only during an annual enrollment period, your coverage will be medically underwritten, and your coverage will not begin until Unum determines that you qualify based on information you provide regarding your health history.

Pre-existing Condition Clause

The pre-existing condition clause is 3/12, meaning if a claim is submitted in the first 12 months of coverage going into effect, UNUM will review health info over the 3 months prior to coverage going into effect to determine if health services have been received for the condition in question. If they determine health services have been received, the condition would be considered pre-existing and therefore not covered by the claim.

Federal Income Taxation

You pay 100% of the premium with **post-tax** dollars therefore your benefits **will not** be taxed.

You may choose from $100 through $800 (up to a maximum of 66 2/3% your weekly earnings)		
Elimination Period (in days)	7	14
Benefit Period (in weeks)	12	11
Employee Age Band	***Rate (per $10 of weekly benefit)***	
15-24	9.310	8.076
25-29	10.166	9.216
30-34	8.360	7.316
35-39	6.270	5.700
40-44	6.080	4.750
45-49	5.416	4.466
50-54	6.556	5.320
55-59	8.740	6.936
60-64	10.830	8.170
65-69	11.496	9.310
70+	11.400	9.310