GROUP SHORT-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on March 14, 2025.

POLICY INFORMATION

Policyholder:	2nd Adventure Payroll Services
Policy Effective Date:	January 1, 2025
Policy Anniversary:	January 1
Policy Number:	GUG-CMKF
Group Number:	G000CMKF
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	66 2/3%
Maximum Weekly Benefit:	$500
Minimum Weekly Benefit:	$25
Maximum Benefit Period:	24 weeks
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, $1,000 or an amount equal to the total Gross Weekly Benefit.
Vocational Rehabilitation Benefit:	5%