VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Proposal for: Fort Madison Health Center Operations, LLC
Alternate: 2.00

The following Preferred Choice Voluntary Short-Term Disability plan is being proposed on a fully-insured basis effective **09/01/23**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit *mutualofomaha.com*.

ELIGIBILITY

CLASS DEFINITION(S)	**Class 1:** All Eligible Employees
ELIGIBILITY REQUIREMENT	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
MINIMUM WORK HOURS	**Class 1:** 30 or more hours each week

BENEFIT SUMMARY

	Class 1
BENEFIT PERCENTAGE	60%
MAXIMUM BENEFIT	$1,000
ACCIDENT ELIMINATION PERIOD	14 days
SICKNESS ELIMINATION PERIOD	14 days
ZERO DAY RESIDUAL	Included
OWN JOB DEFINITION	Loss of duties and earnings
BENEFIT DURATION	11 weeks
INTEGRATION	Yes
SS INTEGRATION METHOD	Family
SALARY CONT.	Full
STATE DISABILITY PLAN OFFSET	Yes
PFL OFFSET	Yes
PRE-EXISTING CONDITION	3/6
MINIMUM BENEFIT	$25

PARTIAL DISABILITY

	Class 1
EARNINGS TEST %	99% (Mutually Progressive Partial)
PARTIAL DISABILITY FORMULA	Mutually Progressive Partial

PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
20%	71	100% employee paid

PARTICIPATION AND COST SUMMARY (CONT'D)

COST SUMMARY

	Monthly Rate (Per $10 of Weekly Benefit)
Preferred Choice Voluntary STD	$0.83

RATE GUARANTEE DATE 01/01/2025

ADDITIONAL BENEFITS

DEFINITION OF WEEKLY EARNINGS Earnings Just Prior to Disability, Annual Salary

OPEN ENROLLMENT A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount without providing health information.

ANNUAL OPEN ENROLLMENT An open enrollment is available for a period of up to 90 days each Policy Year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount without providing health information.

PORTABILITY Included, a continuation option is available

VOC REHAB INCENTIVE 5%

REASONABLE ACCOMMODATION BENEFIT 100%, up to $1,000

WAIVER OF PREMIUM Included

LAYOFF/FURLOUGH/ LEAVE

- **Temporary Layoff** - Not Included
- **Furlough** - Not Included
- **Personal Leave** - Not Included

CONTINUATION FOR FEDERAL AND STATE LAWS **Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

FICA PAYMENT The employer will deposit their portion of any applicable FICA tax with the IRS.

W-2 PREPARATION Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.