



## What is it?

Short-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

## Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

## Your short-term disability coverage

<b>Eligibility description</b>	All other full-time employees excluding California and Board of Director employees
<b>Contribution</b>	You pay the cost of your coverage.
<b>Coverage amount</b>	50% of your weekly salary to a maximum of \$2,000 per week
<b>Maximum payment period</b>	13 weeks
<b>Accident elimination period</b>	7 Days
<b>Illness elimination period</b>	7 Days
<b>Recurrent disability benefits</b>	If you become disabled for the same condition within two weeks following your prior disability, your benefits will continue under the same claim.
<b>Evidence of insurability (EOI):</b> A health statement requiring you to answer a few medical history questions.	Health statement may be required.
<b>Preexisting conditions:</b> Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months lookback; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium won't need to be paid when you're receiving benefits.	Yes



## Short-term disability rate information

Monthly rate	\$0.350 per \$10 of covered benefit
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## Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
- Recovery from third party

State variations apply.

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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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