

## Employer-Paid SHORT TERM DISABILITY INSURANCE

### Summary of Benefits

Prepared for: City of Commerce City

#### Eligibility:

All active full-time Employees of the Employer regularly working a minimum of 40 hours per week.

**Employee:** You will be eligible for coverage the first of the month following date of hire.

#### Available Coverage:

Gross Weekly Benefit <sup>1</sup>	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
100% of your weekly covered earnings	None	Employees must use 40 hours of general leave, old sick leave or compensatory time. If the employee does not have paid time off available, this 40 hours will be without pay.	90 Days for accident 90 Days for sickness

#### Important Definitions and Policy Provisions:

**Disability** – “Disability” or “Disabled” means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

**Covered Earnings** – “Covered Earnings” means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

**When Benefits Begin** – Employees must use 40 hours of general leave, old sick leave or compensatory time. If the Employee does not have paid time off available, this 40 hours will be without pay.

**How Long Benefits Last** – Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 90 Days for an accident and 90 Days for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

**When Coverage Takes Effect** – Your coverage takes effect on the later of the policy’s effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you’re not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

#### Benefit Reductions, Conditions, Limitations and Exclusions:

**Effects of Other Income Benefits** – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan’s benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers’ compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

**Termination of Disability Benefits** – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

**Exclusions** – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. SHD 961065. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference.

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