



## **VOLUNTARY SHORT TERM DISABILITY PLAN D11**



Most of us take for granted our ability to work and bring home a paycheck. We depend on it — our family depends on it. But what happens if you became disabled and could not work? That's when disability benefits can help.

The plan provides monthly benefit payments in the event of a total disability resulting from a non-occupational accident, illness or pregnancy. No benefits are payable for disabilities covered under a Workers' Compensation or similar law. When you really think about the risks of everyday life, you realize the importance of insuring your paycheck with a Voluntary Short-term Disability Income Insurance plan.

### **Your Voluntary Short Term Disability Benefit**

#### **Eligibility**

All active full-time members under age 70. Persons not actively at work on the effective date of the plan will not be eligible for coverage until they return to active employment.

#### **Benefit Amount**

Your Monthly Disability Benefit is determined by your Covered Monthly Compensation, up to a maximum monthly disability benefit of \$6,000. Your monthly disability benefit may not exceed 60% of your Covered Monthly Compensation. Covered Monthly Compensation equals your base compensation, including overtime, bonuses, and other such compensation. Benefits are also available for partial disability status, following a period of total disability.

#### **Elimination Period**

Accident benefits will be payable on the 8th day of continuous disability. Illness benefits will be payable on the 8th day of continuous disability.

#### **Benefit Period**

Accident and illness benefits will be paid up to 26 weeks.

#### **Pre-existing Conditions**

There are no pre-existing condition limitations under the Voluntary Short Term Disability Income Insurance plan.

#### **Guaranteed Issue Plan**

When you apply for coverage you are guaranteed to receive a maximum monthly benefit of up to \$1,200 (not to exceed 60% of your Covered Monthly Compensation). Enrolling outside of the initial enrollment period will result in no guaranteed issue and you will be required to prove good health for any benefit amount elected.

#### **Premium Plan**

To receive a higher monthly benefit (not to exceed 60% of your Covered Monthly Compensation) as determined by net income, you must answer the health questions on your application during the enrollment session. Please contact your employer for details.

#### **Paying for the Coverage & Waiver of Premium**

Once you select the plan level you want, you pay for the coverage through the convenience of payroll deductions. The cost is based on your age. Premiums are waived if you are in a disabled status at time of disability and do not resume until the disability status period has ended.



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Example: First, locate your monthly salary in the following table. If your salary is \$2,500, you can apply for a monthly benefit of \$1,500.

Monthly Salary Benefit	Monthly	Monthly Salary Benefit	Monthly	Monthly Salary	Monthly Benefit
\$ 333.00-\$ 415.99	\$ 200	\$4,250.00-\$4,332.99	\$2,550	\$8,166.00-\$8,249.99	\$4,900
\$ 416.00-\$ 499.99	\$ 250	\$4,333.00-\$4,415.99	\$2,600	\$8,250.00-\$8,332.99	\$4,950
\$ 500.00-\$ 582.99	\$ 300	\$4,416.00-\$4,499.99	\$2,650	\$8,333.00-\$8,415.99	\$5,000
\$ 583.00-\$ 665.99	\$ 350	\$4,500.00-\$4,582.99	\$2,700	\$8,416.00-\$8,499.99	\$5,050
\$ 666.00-\$ 749.99	\$ 400	\$4,583.00-\$4,665.99	\$2,750	\$8,500.00-\$8,582.99	\$5,100
\$ 750.00-\$ 832.99	\$ 450	\$4,666.00-\$4,749.99	\$2,800	\$8,583.00-\$8,665.99	\$5,150
\$ 833.00-\$ 915.99	\$ 500	\$4,750.00-\$4,832.99	\$2,850	\$8,666.00-\$8,749.99	\$5,200
\$ 916.00-\$ 999.99	\$ 550	\$4,833.00-\$4,915.99	\$2,900	\$8,750.00-\$8,832.99	\$5,250
\$1,000.00-\$1,082.99	\$ 600	\$4,916.00-\$4,999.99	\$2,950	\$8,833.00-\$8,915.99	\$5,300
\$1,083.00-\$1,165.99	\$ 650	\$5,000.00-\$5,082.99	\$3,000	\$8,916.00-\$8,999.99	\$5,350
\$1,166.00-\$1,249.99	\$ 700	\$5,083.00-\$5,165.99	\$3,050	\$9,000.00-\$9,082.99	\$5,400
\$1,250.00-\$1,332.99	\$ 750	\$5,166.00-\$5,249.99	\$3,100	\$9,083.00-\$9,165.99	\$5,450
\$1,333.00-\$1,415.99	\$ 800	\$5,250.00-\$5,332.99	\$3,150	\$9,166.00-\$9,249.99	\$5,500
\$1,416.00-\$1,499.99	\$ 850	\$5,333.00-\$5,415.99	\$3,200	\$9,250.00-\$9,332.99	\$5,550
\$1,500.00-\$1,582.99	\$ 900	\$5,416.00-\$5,499.99	\$3,250	\$9,333.00-\$9,415.99	\$5,600
\$1,583.00-\$1,665.99	\$ 950	\$5,500.00-\$5,582.99	\$3,300	\$9,416.00-\$9,499.99	\$5,650
\$1,666.00-\$1,749.99	\$1,000	\$5,583.00-\$5,665.99	\$3,350	\$9,500.00-\$9,582.99	\$5,700
\$1,750.00-\$1,832.99	\$1,050	\$5,666.00-\$5,749.99	\$3,400	\$9,583.00-\$9,665.99	\$5,750
\$1,833.00-\$1,915.99	\$1,100	\$5,750.00-\$5,832.99	\$3,450	\$9,666.00-\$9,749.99	\$5,800
\$1,916.00-\$1,999.99	\$1,150	\$5,833.00-\$5,915.99	\$3,500	\$9,750.00-\$9,832.99	\$5,850
\$2,000.00-\$2,082.99	\$1,200	\$5,916.00-\$5,999.99	\$3,550	\$9,833.00-\$9,915.99	\$5,900
\$2,083.00-\$2,165.99	\$1,250	\$6,000.00-\$6,082.99	\$3,600	\$9,916.00-\$9,999.99	\$5,950
\$2,166.00-\$2,249.99	\$1,300	\$6,083.00-\$6,165.99	\$3,650	\$10,000 and over	\$6,000
\$2,250.00-\$2,332.99	\$1,350	\$6,166.00-\$6,249.99	\$3,700		
\$2,333.00-\$2,415.99	\$1,400	\$6,250.00-\$6,332.99	\$3,750		
\$2,416.00-\$2,499.99	\$1,450	\$6,333.00-\$6,415.99	\$3,800		
\$2,500.00-\$2,582.99	\$1,500	\$6,416.00-\$6,499.99	\$3,850		
\$2,583.00-\$2,665.99	\$1,550	\$6,500.00-\$6,582.99	\$3,900		
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\$3,000.00-\$3,082.99	\$1,800	\$6,916.00-\$6,999.99	\$4,150		
\$3,083.00-\$3,165.99	\$1,850	\$7,000.00-\$7,082.99	\$4,200		
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\$3,916.00-\$3,999.99	\$2,350	\$7,833.00-\$7,915.99	\$4,700		
\$4,000.00-\$4,082.99	\$2,400	\$7,916.00-\$7,999.99	\$4,750		
\$4,083.00-\$4,165.99	\$2,450	\$8,000.00-\$8,082.99	\$4,800		
\$4,166.00-\$4,249.99	\$2,500	\$8,083.00-\$8,165.99	\$4,850		

Disclaimer:  
This information highlights the important features of the products. These policies have limitations and exclusions. Your Benefit Administrator can supply you with cost and complete details of coverage. Refer to the product brochure for more details.