



Group Short-Term Disability - Option 2

Eligibility		
Class Description	Class 1: All Active Full Time Employees	
Minimum Hours Requirement	30 Hours per week	
Eligibility Waiting Period	TBD	
Benefit Plan and Features		
Benefit Commencement Period	8 days Accident / 8 days Sickness	
Maximum Benefit Duration	7 Weeks	
Benefit Percentage	60%	
Maximum Weekly Benefit	\$2,300	
Minimum Weekly Benefit	\$25	
First Day Hospital	Not Included	
Maternity	Included	
Recurrent Disability	15 Days	
Offset Salary Continuation/Sick Leave (excl PTO)	Dollar for Dollar	
Definition of Disability	Residual	
Pre-Existing Condition Limitation	3/12, Exclusionary	
Coverage Basis	Non-Occupational	
Enrollment	Annual Open Enrollment	
Takeover	No	
Rehabilitation Employment Benefit	Included	
Waiver of Disability Premium	Not Included	
Employee Assistance Program	Not Included	
FICA Match	Not Included	
W2 Services	Included	
Telephonic Claims Submission	Included	
Definition of Earnings	Basic Annual Earnings Only	
Premium Contributions		
Employer Contribution	0.0%	
Participation Requirement	Greater of 4 enrolled lives or 20% of eligible employees	
Cost Summary	Weekly Covered Benefit (WCB)	Monthly Rate per \$10 WCB
<25	\$3,668	\$0.319
25-29	\$10,911	\$0.349
30-34	\$13,814	\$0.390
35-39	\$16,074	\$0.328
40-44	\$20,747	\$0.303
45-49	\$18,593	\$0.339
50-54	\$25,660	\$0.420
55-59	\$30,789	\$0.527
60-64	\$29,988	\$0.638
65+	\$20,790	\$0.693
Monthly Premium	\$8,876.93	
Eligible Employees	324	
Covered Employees	TBD	
Commissions	Flat 15%	
Rate Guarantee	15 Months	