



## Group Short-Term Disability - Option 2

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