**Paulding County**

**Short Term Disability Plan Highlights**

|  |  |
| --- | --- |
| Who is eligible? | You are eligible for Short Term Disability (STD) coverage if you are a full-time employee in active employment in the United States with the Employer working a minimum of 20 hours per week. |
| What is my weekly benefit amount? | You can elect to purchase a benefit of 40%, 50% or 60% of your weekly earnings to a maximum of $1500 per week.  |
| How long do I have to wait to receive benefits? | The elimination period is the length of time you must be continuously disabled before you can receive benefits. If your disability is the result of a covered injury, you could begin receiving benefits after 14 days. If your disability is the result of a covered sickness, you could receive benefits after 14 days. |
| When would I be considered disabled? | You are disabled when Unum determines that, due to sickness or injury:• You are limited from performing the material and substantial duties of your regular occupation;\* and• You have a 20% or more loss in weekly earnings due to the same sickness or injury. |
| How long will my benefits last? | As long as you continue to meet the definition of disability, you may receive benefits for 11 weeks. |
| How much does it cost? |

|  |
| --- |
| **Rates per $10 of weekly benefit** |
| **Age** | **Rates** |
| <25 | $0.240 |
| 25-29 | $0.240 |
| 30-34 | $0.240 |
| 35-39 | $0.240 |
| 40-44 | $0.340 |
| 45-49 | $0.340 |
| 50-54 | $0.450 |
| 55-59 | $0.450 |
| 60-64 | $0.520 |
| 65-69 | $0.520 |
| 70+ | $0.520 |

Here’s how to calculate your per-paycheck costs\_\_\_\_\_\_\_\_\_\_\_\_ ÷ 52 = \_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_= \_\_\_\_\_\_\_\_\_Annual salary Weekly salary Benefit % **Weekly benefit** \_\_\_\_\_\_\_\_\_\_\_\_ ÷ 10 = \_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_= \_\_\_\_\_\_\_\_\_Weekly benefit Your rate **Monthly cost**\_\_\_\_\_\_\_\_\_\_\_\_ X 12 = \_\_\_\_\_\_\_\_\_\_\_÷ \_\_\_\_\_\_\_\_\_= \_\_\_\_\_\_\_\_\_Monthly cost Annual cost # paychecks **Cost per paycheck**  |
| When is my coverage effective? | Please see your plan administrator for your effective date. |
| What if I am out of work when the coverage goes into effect? | Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that coverage would otherwise become effective.  |
| Can my benefit be reduced? | **Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.** Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers’ compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance;andamounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.  |
| Do I have to take a health exam to get coverage? | You may receive coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten. You may also have to provide information about routine, planned, unplanned or ongoing medical care or consultation. This review may result in coverage being declined.Please see your plan administrator for your eligibility date. |
| Will I receive benefits for an inpatient hospital stay? | Yes. Benefits begin on the fifteenth day you are confined to a hospital. |
| Are my benefits taxed? | It depends on how your premium was taxed during the plan year in which you become disabled. If you paid the premium for the plan year with **post-tax dollars**, your benefits **will not** be taxed.  |
| What is not covered? | Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:War, declared or undeclared or any act of war; * Active participation in a riot;
* Intentionally self-inflicted injuries;
* Loss of professional license, occupational license or certification;
* Commission of a crime for which you have been convicted;
* Any period of disability during which you are incarcerated;
* Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers’ compensation or any similar law);
 |
| When does my coverage end? | Your coverage under the policy ends on the earliest of:• The date the policy or plan is cancelled;• The date you no longer are in an eligible group;• The date your eligible group is no longer covered;• The last day of the period for which you made any required contributions;• The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Please see your plan administrator for further information on theseprovisions.Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan. |

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Underwritten by Unum Life Insurance Company of America, Portland, Maine

© 2016 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. **EN-1780 (1-16) FOR EMPLOYEES**