



## **Intermediate Unit One**

### Your Group Disability Plan

Policy No. 210473 011

Underwritten by Unum Life Insurance Company of America

5/1/2009

# BENEFITS AT A GLANCE

## SHORT TERM DISABILITY PLAN

This short term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began.

### EMPLOYER'S ORIGINAL PLAN

**EFFECTIVE DATE:** May 1, 2009

**POLICY NUMBER:** 210473 011

### ELIGIBLE GROUP(S):

ADMINISTRATIVE SENIOR GROUP - Full time 12 month salary exempt employees, with the inclusion of any 9-month salary exempt employees approved by the Executive Director, approved by the Board as a member of the senior group as identified in the Act 93 Agreement in active employment in the United States with the Employer

### MINIMUM HOURS REQUIREMENT:

Employees must be working at least 18 hours per week.

### WAITING PERIOD:

For employees in an eligible group on or before May 1, 2009: None

For employees entering an eligible group after May 1, 2009: First of the month coincident with or next following the date you enter an eligible group

### REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

### WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

### ELIMINATION PERIOD:

0 days for disability due to an injury

30 days for disability due to a sickness

Benefits begin the day after the elimination period is completed.

### WEEKLY BENEFIT:

60% of weekly earnings to a maximum benefit of \$250 per week

**Your payment may be reduced by deductible sources of income. Some disabilities may not be covered under this plan.**

### MAXIMUM PERIOD OF PAYMENT:

13 weeks

Premium payments are required for your coverage while you are receiving payments under this plan.

Your Short Term Disability plan does not cover disabilities due to an occupational sickness or injury.

**REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:**

10% of your gross disability payment to a maximum benefit of \$250 per week.

In addition, we will make weekly payments to you for 3 weeks following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

**OTHER FEATURES:**

Minimum Benefit

**The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.**