

Summary Plan Description

SHORT TERM DISABILITY INSURANCE

Purpose	To provide monthly earnings during time lost from work due to a disability
Actively At Work Waiver:	Employees Covered up to:
	Paid Leave: 2 Years
	Unpaid Leave: 1 Year
Benefit Starting Date:	1 Day Accident/4 Day Illness
Maximum Benefit Period:	13 Weeks
Scheduled Benefit Percentages:	66.67% of Annual Salary/52
Minimum Weekly Benefit:	\$0
Guarantee Issue Amount:	\$500
Maximum Weekly Benefit:	\$1,000
Pre-Existing Conditions:	6/12
Survivor Benefit:	Included: 3 weeks
Partial Disability:	Included
12-Month Coverage	Included
Sick pay/PTO Integration:	Yes

Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.