

# 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. In some cases, **you** can receive disability payments even if **you** work while **you** are disabled. Your **disability** must begin while **you** are covered under the short term disability plan.

All terms **bolded** are defined in the **GLOSSARY** section.

### EMPLOYER'S ORIGINAL PLAN

**EFFECTIVE DATE:** January 1, 2023

**POLICY NUMBER:** 920844 001

### ELIGIBLE GROUP(S):

All Eligible Employees in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

### MINIMUM HOURS REQUIREMENT:

**Employees** must be in **active employment** at least 20 hours per week.

### WAITING PERIOD:

The **waiting period** is a continuous period of **active employment** which **you** must satisfy before **you** are eligible for coverage.

For **employees** in an eligible group on or before the plan effective date: None

For **employees** entering an eligible group after the plan effective date: First of the month coincident with or next following the date **you** enter an eligible group

### ENROLLMENT:

**Employees** who are eligible may apply for their coverage at any time within the first 31 days of being eligible.

After 31 days, **employees** who are eligible may apply for their coverage during any **scheduled enrollment period**.

**You** may decrease any coverage for which **you** make contributions at any time.

### EVIDENCE OF INSURABILITY:

**Evidence of insurability** is required:

- for any amount of coverage applied for more than 31 days after **you** are first eligible for coverage.
- if **you** reapply for coverage after it terminates.

### 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:

**You** must make contributions for your coverage.

Premium contributions are required for your coverage while **you** are receiving payments under this short term disability plan.

## ELIMINATION PERIOD:

Benefits begin on the later of:

- 7 days after the date the **disability** occurs due to an **injury**; or
- 7 days after the date the **disability** occurs due to a **sickness**.

Your **elimination period** is a period of continuous **total disability** and/or **partial disability** which must be satisfied before **you** are eligible to receive benefits. Your benefits will begin after the **elimination period** is completed.

## DISABILITY COVERED:

### Total Disability and Partial Disability

For definition of **disability** refer to "**WHEN ARE YOU TOTALLY DISABLED?**" and "**WHEN ARE YOU PARTIALLY DISABLED?**" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this short term disability plan.

Your short term disability plan covers only non-occupational disabilities. Disabilities for which **you** receive Workers' Compensation Disability benefits will not be covered.

However, Unum will cover disabilities due to **occupational sicknesses or injuries** for partners or sole proprietors who cannot be covered by a workers' compensation law.

## MAXIMUM WEEKLY BENEFIT:

### All Eligible California Employees

20% of your **weekly pre-disability earnings** to a maximum benefit of \$2,000 per week, minus other income paid to **you** because of your **disability**.

Your payment will be reduced by **disability earnings**.

### All Eligible Non-California Employees

60% of your **weekly pre-disability earnings** to a maximum benefit of \$2,000 per week, minus other income paid to **you** because of your **disability**.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "**WHAT ARE BENEFIT REDUCTIONS?**" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

## MAXIMUM PERIOD OF PAYMENT (for total disability and partial disability combined):

12 weeks

## PRE-EXISTING CONDITION:

Benefits are not payable for any **disability** caused by or resulting from a pre-existing condition, as defined in the policy. To see if your **disability** excludes **you** from receiving benefits due to a pre-existing condition, refer to "**WHAT IS AN EXCLUDED PRE-EXISTING CONDITION?**" in the **BENEFIT INFORMATION** section.

The above items are only highlights of this short term disability plan. For a full description of your coverage, continue reading your certificate of coverage and if you make contributions to the short term disability plan, refer to your confirmation of coverage. The short term disability plan includes enrollment, risk management and other support services related to your Employer's benefit program.