

Voluntary Short Term Disability (VSTD)

Eligibility:

Class 1: All Active Full-Time Employees

Weekly Benefit

May be selected in \$10 increments not to exceed 60% of the employee's Basic Weekly Earnings.

Maximum Weekly Benefit \$1,000

Accident 1st day of a covered disability

Illness Benefits Begin 8th day of a covered disability

Maximum Benefit Duration 26 weeks

Pre-Existing Conditions Exclusion 3/12

Waiting Period: You will be eligible for coverage on the first of the policy month following completion of the following period of continuous active work- 30 days.

Other Program Provisions

Integration

Short-Term Disability benefits may be reduced by certain other income you or your dependent receive such as Social Security Benefits, Retirement Benefits and Workers' Compensation.

Waiver of Premium

You do not pay premiums while benefits are payable. Premiums are waived beginning with the premium due date following the date benefits become payable.

Pre-Existing Condition Exclusion

Benefits will not be paid if your disability begins in the first 12 months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition.

Pre-Existing Condition means:

Any condition for which you have done any of the following at any time during the 3 months just prior to your effective date of coverage:

- Received medical treatment or consultation;
- Taken or were prescribed drugs or medicine; or
- Received care or services, including diagnostic measures,

Whether or not that condition is diagnosed at all or is misdiagnosed during that period of time.

Renewability

This coverage is optionally renewable at the discretion of your Employer.

General Exclusions

We do not cover, and no benefit shall be paid for, any disability:

1. War, declared or undeclared, or any act of war;
2. Intentionally self-inflicted injuries or Sickness, while sane or insane;
3. Your active Participation in a Riot or an act of Terrorism;
4. Your attempt to commit or Your commission of a felony under federal or state law, or Your being engaged in an illegal occupation or activity;
5. Your commission of a crime for which You have been convicted;
6. Traveling or flying in a military or experimental aircraft;
7. Your attempted suicide, regardless of Your mental capacity;
8. Elective surgery except when required for Your Regular Care as a result of Your Sickness or Injury (organ donation is not considered elective surgery);
9. Active Military Service of any country, group of countries, governments or international authority;
10. Resulting from or caused by Your operation of a Motor Vehicle while Intoxicated or while You were a distracted operator as defined by applicable state law.

No benefits are payable for any period during which You are incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of US Able Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by US Able Life on 7/27/2019 at 7:25 PM and may not reflect changes recently submitted to US Able Life.

Hardee County District School Board

Voluntary Short Term Disability Premium Calculation Worksheet

Employee Age	Rate Per \$10 of Weekly Benefit	Employee Age	Rate Per \$10 of Weekly Benefit
<25	\$1.17	50 - 54	\$1.26
25 - 29	\$1.24	55 - 59	\$1.72
30 - 34	\$1.15	60 - 64	\$2.11
35 - 39	\$0.99	65 - 70	\$2.28
40 - 44	\$1.04	70+	\$2.28
45 - 49	\$1.05		

How to determine your premium:

1. Look for your age under "Employee Age."
2. Follow the appropriate Rate Formula below, using the "Rate per \$10 of weekly benefit".

$$\begin{array}{ccccccc}
 & \div & 10 & = & & \times & & = & \\
 \hline
 \text{*Choose your} & & & & & \text{Rate per \$10 of} & & & \text{Your monthly premium} \\
 \text{benefit amount} & & & & & \text{weekly benefit at} & & & \\
 \text{(\$10} & & & & & \text{your age} & & & \\
 \text{increments} & & & & & & & & \\
 \text{(Minimum \$50,} & & & & & & & & \\
 \text{Maximum} & & & & & & & & \\
 \text{\$1000)} & & & & & & & &
 \end{array}$$

**Your benefit may not exceed 60 % of your salary, rounded down to the nearest \$10, or \$1000 per week, whichever is less.*

Example:

$$\begin{array}{ccccccc}
 \text{\$700} & \div & 10 & = & \text{\$70.00} & \times & \text{\$0.99} & = & \text{\$ 69.30} \\
 \hline
 \text{Elected} & & & & & \text{Employee is} & & & \text{Your monthly premium} \\
 \text{Benefit} & & & & & \text{36 years old} & & &
 \end{array}$$