

## Voluntary Short Term Disability Insurance

Standard Insurance Company has developed this document to provide information about the optional coverage you may select through Lee County Board of County Commissioners. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Short Term Disability (STD) brochure included in your packet or check with your human resources benefits representative.

## **Employer Plan Effective Date**

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary STD coverage can become effective. This level of participation has been agreed upon by Lee County Board of County Commissioners and The Standard. If this level of participation is met, the plan effective date will be August 1, 2011.

#### Eligibility

To become insured, you must be:

- A regular employee of Lee County Board of County Commissioners, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- Actively at work at least 30 hours each week

#### **Employee Coverage Effective Date**

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*. You are eligible on the later of (a) the *group policy effective date*, and (b) the first day of the calendar month following one calendar month of continuous service as an eligible employee.
- Any evidence of insurability requirements
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of *active work* as an eligible employee.

#### **Benefit Amount**

Your weekly benefit is 60 percent of your insured *predisability earnings* reduced by *deductible income*. Please contact your human resources representative for information regarding what is included in *predisability earnings*.

Plan Maximum Weekly Benefit: \$600

Plan Minimum Weekly Benefit: \$50

#### **Benefit Waiting Period**

The *benefit waiting period* is the period of time that you must be continuously *disabled* before benefits become payable.

Accidental *injury*: 7 days, benefits begin on the  $8^{th}$  day

Other *disabilities*: 7 days, benefits begin on the 8<sup>th</sup> day

## Definition Of Disability

You are considered *disabled* if, as a result of *physical disease, injury, pregnancy*, or *mental disorder* you are unable to perform with reasonable continuity the *material duties* of your *own occupation*.

## Partial Disability Income Percentage

You are considered *partially disabled* if, as a result of *physical disease*, *injury*, *pregnancy*, or *mental disorder*, you are unable to earn more than 80 percent of your *predisability earnings*.

#### Maximum Benefit Period

If you become *disabled*, benefits may continue during *disability* up to 12 weeks. If you are eligible to receive benefits under a long term disability (LTD) plan issued by us, *STD benefits* cease to be payable when LTD benefits begin.

## When Benefits End

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date LTD benefits become payable to you under a group long term disability policy issued by The Standard
- The date you begin working for an employer other than your employer, or become self-employed

#### Rates

If you have questions regarding how to determine your weekly earnings, please contact your human resources representative.

| Age<br>(as of MM/DD/YY) | Rate<br>per \$10 of<br><i>STD benefit</i> |  |  |
|-------------------------|---|--|--|
| <30                     | \$0.682                                   |  |  |
| 30-39                   | \$0.348                                   |  |  |
| 40-49                   | \$0.377                                   |  |  |
| 50-59                   | \$0.479                                   |  |  |
| 60-64                   | \$0.682                                   |  |  |
| 65 & Older              | \$1.146                                   |  |  |
|                         |   |  |  |
|                         |   |  |  |

To calculate your monthly payroll deduction, use the formula indicated below:

| 1. | Enter your average weekly earnings, not to exceed \$1,000, on Line 1. | Line 1: |  |
|----|---|---------|--|
| 2. | Multiply your weekly earnings (Line 1) by 0.60 and enter on Line 2.   | Line 2: |  |
| 3. | Select your rate from the rate table and enter on Line 3.             | Line 3: |  |
| 4. | Multiply Line 2 by the amount entered on Line 3.                      | Line 4: |  |
| 5. | Divide the amount entered on<br>Line 4 by 10 and enter on Line 5.     | Line 5: |  |
|    | he amount shown on Line 5 is your stimated monthly payroll deduction. |         |  |

# Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.