

# Voluntary Short Term Disability Insurance - Benefit Summary

Prepared for: Wilson School District No 7 - Schools Medical Insurance Trust

## Eligibility

To be eligible, you must be an active employee working a minimum of 30 hours per week.

## Coverage Eligibility Date

You are benefit eligible the first of the month following 30 days of active employment.

## Choice of Benefit Amount

You have the option to choose your monthly benefit in \$100 increments up to 66-2/3% of basic monthly earnings, up to a maximum of \$5,000 per month.

## Guaranteed Issue

As a newly eligible employee, you can elect up to a \$3,000 maximum monthly benefit as outlined above without answering the medical questionnaire if applying within 31 days from your eligibility date. All amounts over \$3,000 will require medical questions.

## Annual Open Enrollment

Every year you are provided with an annual enrollment period. During this time, you can choose to enroll if you have previously waived coverage; however, Evidence of Insurability will be required. Or, if you already have coverage, you can choose to increase your Monthly Benefit amount by a maximum amount of \$100 up to the \$3,000 Guarantee Issue; this increase will not require Evidence of Insurability. Evidence of Insurability is required for all benefit elections over \$3,000. **The pre-existing condition exclusion applies to all amounts elected during the annual enrollment period.**

## Pre-Existing Conditions

**Definition:** A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 12 month period prior to your effective date of coverage.

**Coverage under this plan:** You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 12 months and been actively at work for at least one day after the end of the 12 months.

## When Benefits Begin

Benefit payments will begin after one of the following timeframes:

For a covered injury: 7 calendar days

For a covered sickness: 7 calendar days

## Minimum Benefit

25% of Gross STD Benefit

## Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. Please see your certificate of insurance for details.

## When Benefits Ends

Benefits continue for 26 weeks or until Long-Term Disability Benefits commence, whichever comes first.

## Definition of Disability

As a result of physical disease, injury, mental disorder, substance abuse or pregnancy, you are considered disabled if you are unable to perform one or more of the material duties of your own occupation.

## When Coverage Ends

Coverage ends on the earliest of the following: the date your Employer's coverage ends; the date you cease to be an Eligible Person; the date your premium payment is not paid when required; or your Retirement Date.

## How to Enroll

Please complete the enrollment form and return it to your Employer.

## Questions

Contact Ochs

[ochs@ochsinc.com](mailto:ochs@ochsinc.com)

651-665-3789 • 1-800-392-7295

**Exclusions** (see certificate for complete definitions)

- A. War.
- B. Criminal Conduct.
- C. Military Leave.
- D. Imprisonment.
- E. Intentionally Self-Inflicted Injury-Suicide.
- F. Pre-existing Conditions.
- G. Elective Surgery.
- H. Occupational Disability. You are not covered for a Disability arising out of or in the course of any employment for wage or profit. You are not covered for any Disability for which Worker's Compensation benefits are payable.
- I. Motor-driven Vehicle.
- J. Sporting Event.
- K. Aircraft.

**Limitations**

- A. **Foreign Residency.** Payment of STD Benefits is limited to 6 months for each period of continuous Disability while you reside outside of the United States or Canada.
- B. **Payment Limit.** In no event will the STD Benefit plus Deductible Income plus Work Earnings exceed 100% of Pre-disability Earnings. In the event your STD Benefit plus Deductible Income plus Work Earnings exceeds 100% of Pre-disability Earnings, the STD Benefit will be reduced by the amount in excess of 100% of Pre-disability Earnings, subject to the Minimum Weekly Benefit.



This brochure is not the insurance contract. It is a brief description of your insurance plan. For complete details including all benefits, exclusions and limitations, refer to the certificate of insurance GSDI-C200-(12/06) as issued by your employer.