

Premium Worksheet

Group Short Term Disability Insurance



USD 489

Scheduled Benefit: Each eligible employee may elect **66 2/3%** of their weekly earnings, up to **\$1,600** per week benefit maximum.

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

1. Enter your Weekly Earnings, not to exceed \$ 2,400 1. \$ _____
2. Multiply your weekly earnings (Line 1) by .667 2. \$ _____
3. Multiply the amount on Line 2 by \$0.48 3. \$ _____
4. Divide the amount on Line 3 by 10 and enter the amount on Line 4 to get your monthly payroll deduction. 4. \$ _____

| |
|--------------------------|
| Rate per \$10 benefit |
| \$0.48 |

Example Calculation:

1. Enter your Weekly Earnings, not to exceed \$ 2,400 1. \$ 400
2. Multiply your weekly earnings (Line 1) by .667 2. \$ 266.80 (maximum weekly benefit)
3. Multiply the amount on Line 2 by \$0.48 3. \$ 128.06
4. Divide the amount on Line 3 by 10 and enter the amount on Line 4 to get your monthly payroll deduction. 4. \$ 12.81 (monthly payroll deduction)

Plan Highlights

Voluntary Group Short Term Disability Insurance



USD 489

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active employee, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The weekly benefit is an amount equal to 66.67% of covered earnings, up to a maximum benefit of \$1,600 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 14th consecutive day of disability;

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 24 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability benefit included
- ▶ Zero Day Residual included Definition

LIMITATIONS

- ▶ Pre-Existing Condition Limitation - 3/6
- Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

Plan Highlights

Voluntary Group Short Term Disability Insurance



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COVERAGE

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ELIGIBILITY

Each Active employee, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The weekly benefit is an amount equal to 66.67% of covered earnings, up to a maximum benefit of \$1,600 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 31st consecutive day of disability;

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 22 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability benefit included
- ▶ Zero Day Residual included Definition

LIMITATIONS

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