# Voluntary Short Term Disability Insurance - Benefit Summary

Prepared for: Catalina Foothills School District 16

## **Eligibility**

To be eligible, you must be an active employee working a minimum of 20 hours per week.

## **Coverage Eligibility Date**

You are benefit eligible the first of the month following your first day of active employment.

#### **Benefit Amount**

70% of basic weekly earnings plus extra pay for Masters and PhD degrees and National Board Certification, up to a maximum of \$1,000 per week.

## **Guaranteed Issue**

As a newly eligible employee, you can elect up to the maximum benefit as outlined above without answering the medical questionnaire if applying within 31 days from your eligibility date.

## **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 not received treatment or services for that condition for 12 months from the effective date of your insurance; or unless you have been continuously covered under the group policy for at least 24 months and have been Actively at Work for at least 1 full day after the end of the 24 months.

## When Benefits Begin

Benefit payments will begin after one of the following timeframes:

For a covered injury: 30 calendar days

For a covered sickness: 30 calendar days

## **Minimum Benefit**

Greater of \$100 or 10% of Gross Weekly 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 22 weeks or until Long-Term Disability Benefits commence, whichever comes first.

If the Disability is the result of a Pre-Existing Condition, then STD benefits are only payable for the lesser of 4 weeks, or until LTD Benefits commence.

## **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. Please see your certificate of insurance for full definition.

#### 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 <u>ochs@ochsinc.com</u> 651-665-3789 • 1-800-392-7295

# **Exclusions**

- A. War.
- B. Criminal Conduct.
- C. Military Leave.
- D. Imprisonment.
- E. Intentionally Self-Inflicted Injury-Suicide.
- F. Pre-existing Conditions.
- G. Failure to be Under the Regular Care of a Physician.
- 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.

# 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.

**Employee Assistance Program (EAP):** EAP is provided to participating employees at no additional cost by Morneau Shepell. The program offers confidential 24/7 support for a wide variety of personal problems including; financial or legal concerns, depression, eating disorders, relationship problems, child and elder care, stress management, alcohol or drug addictions and more. EAP is not part of the Madison National Life Insurance Company, Inc. insurance contract. Brochures with additional information can be requested through your employer.



Policy underwritten by: Madison National Life Insurance Company A Member of The IHC Group Madison, WI

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