## Plan Highlights

# **Voluntary Group Short Term Disability Insurance**



#### Unified School District 495 Fort Larned

#### **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**

As defined by the Employer.

#### **BENEFIT AMOUNT**

The benefit amount is equal to 60% of your weekly covered earnings to a maximum benefit of \$1,000 per week.

#### **DAY BENEFITS BEGIN**

Injury (accident) and Sickness (illness): benefits begin on the 15th 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
- Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled
- Transfer of Coverage provision

**LIMITATIONS** 

- Pre-Existing Condition Limitation: 3/12
- Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6451, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

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