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# GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY

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This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on September 25, 2024.

## POLICY INFORMATION

Policyholder:	Dakota 911
Policy Effective Date:	January 1, 2015
Policy Anniversary:	January 1
Policy Number:	GUC-ATL3
Group Number:	G000ATL3
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

## BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,000
Maximum Benefit Period:	11 weeks
Portability:	Included
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit.
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	10%

## LIMITATION

Pre-existing Condition Limitation:	3/6
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