



Voluntary Short Term Disability Insurance

Standard Insurance Company has developed this document to provide information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Short Term Disability brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary Short Term Disability (STD) coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

Eligibility

To become insured, you must be:

- An active employee of Howard County Public School System, excluding temporary and seasonal employees, and full-time members of the armed forces
- *Actively at work* at least 30 hours each week

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of *active work* as an eligible employee.

Benefit Amount

Your weekly benefit is 60 percent of your insured *pre-disability earnings* reduced by *deductible income*. Please contact your human resources representative for information regarding *deductible income* and what is included in *pre-disability earnings*.

Plan Maximum Weekly Benefit: \$2,500

Plan Minimum Weekly Benefit: \$15

Benefit Waiting Period

The *benefit waiting period* is the period of time that you must be continuously *disabled* before benefits become payable.

Option A:

Accidental *injury*: 30 days

Other *disabilities*: 30 days

Option B:

Accidental *injury*: 14 days

Other *disabilities*: 14 days

Option C:

Accidental *injury*: 7 days

Other *disabilities*: 7 days

Partial Disability Income Percentage

You are considered *disabled* if you are unable to perform with reasonable continuity the *material duties* of your *own occupation* or you are unable to earn more than 60 percent of your *pre-disability earnings*.

Maximum Benefit Period

If you become *disabled*, benefits may continue during *disability* through the 90th day of disability. If you are eligible to receive benefits under a Long Term Disability plan issued by us, *STD benefits* cease to be payable when LTD benefits begin.

When Benefits End

STD benefits end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date LTD benefits become payable to you under a policy issued by The Standard
- The date you begin working for an employer other than your *employer*, or become self-employed

Rates

If you have questions regarding how to determine your weekly earnings, please contact your human resources representative. BWP refers to *benefit waiting period*. Refer to page 1 for more information.

Age (as of Jan 1)	Rate per \$10 of <i>STD benefit</i>
Option A (30-day BWP)	Option A (30-day BWP)
<40	\$0.17
40-49	\$0.12
50-59	\$0.16
60 +	\$0.22
Option B (14-day BWP)	Option B (14-day BWP)
<40	\$0.25
40-49	\$0.17
50-59	\$0.22
60 +	\$0.32
Option C (7-day BWP)	Option C (7-day BWP)
<40	\$0.29
40-49	\$0.22
50-59	\$0.28
60 +	\$0.40

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

1. Enter your average weekly earnings, not to exceed \$4,167, on Line 1. Line 1: _____
2. Multiply your weekly earnings (Line 1) by 0.60 and enter on Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Multiply Line 2 by the amount entered on Line 3. Line 4: _____
5. Divide the amount entered on Line 4 by 10 and enter on Line 5. Line 5: _____

The amount shown on Line 5 is your estimated per payroll rate based on 20 annual deductions.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.