

Voluntary Short-Term Disability Insurance

RHODE ISLAND

Valuable Income Replacement at Affordable Group Rates

An accident or illness can strike anyone at any time. If you are unable to work because of a disabling sickness or injury, disability insurance can protect your most important asset – your income!

Eligibility

You are eligible to participate if you are actively working (not on leave of absence) an average of at least 24 hours a week at your usual place of employment.

Benefits Available

Short-term disability pays a specific weekly benefit if you become disabled due to an injury or sickness that is not job-related.

To receive total disability benefits, you must be totally disabled, under the regular care of a physician and unable to perform any work for pay or profit due to an injury or sickness that is not job-related. To receive partial disability benefits, you must become partially disabled, be engaged in partial disability employment earning at least 20% of your basic weekly earnings when partial disability employment begins and be under the regular care of a physician.

Basic Weekly Pay Definition

Basic Weekly Pay is defined as the weekly rate of pay from an employer in effect the day before the total disability begins. It excludes bonuses, overtime pay or other extra compensation.

Elimination Period & Benefit Duration

The elimination period is the number of days of continuous disability before benefits begin.

The benefit duration is the maximum number of weeks you may receive disability benefits.

Samples of when benefits will end: on the date you fail to give required proof of continuing disability; your disability ends; or the maximum benefit period ends. Required premium remains unpaid after a due date; you are no longer eligible; retirement. If the group policy ends and you are considered disabled by the insurance company, it will not act to end the maximum benefit period.

Pre-Existing Condition Exclusion

Benefits will not be payable for any disability which is caused by, contributed to by, or resulting from an injury, disease, sickness, pregnancy or mental disorder for which you have visited or consulted a physician, hospital or medical facility or took clinical tests or received treatment within the 12 months before becoming insured under this plan. This includes (but is not limited to) taking pills, injections or other medications to treat any condition. This exclusion will not apply after you have been insured under this policy for at least 12 months.

Reduction of Income Benefits

Any time the total of the weekly benefit you are receiving from this policy and your income from other sources exceeds 100% of your pre-disability weekly earnings, the weekly benefit under this policy will be reduced. Income from other sources includes but is not limited to: income received from any compulsory benefit act or law; any disability benefits or retirement benefits the Insured Person receives under a Retirement Plan; The Federal Social Security Act or the Railroad Retirement Act; unemployment insurance; and earning the Insured Person earns or receives from any form of employment.

Successive Periods of Disability

Successive periods of disability will be considered one period and will allow continuation of benefits if you return to work for less than two weeks. A new elimination period does not need to be satisfied if the successive period of disability is the result of the same cause as the original disability. The maximum benefit duration continues to accumulate from the date disability recurs.

Maternity Benefits

Benefits for disability due to pregnancy or its complications will be paid the same as any other sickness, but will be subject to any pre-existing conditions limitation which applies to your plan.

Income Increase

If other income benefits are increased after the first week that benefits are paid for a period of disability, such increase will not be used to determine the weekly benefit reduction.

Exclusions

No weekly benefits will be paid for a disability due to: intentional self-inflicted injury or suicide attempt; result of a sickness or injury covered by Worker's Compensation; a job-related sickness or injury; any period you are no longer under the regular care of a physician; a war (declared or undeclared) or act of war.

A+ Rated Insurance Company

The group disability plan is underwritten by Lincoln National Life Insurance Company, 8801 Indian Hills Drive, Omaha, NE 68114. A.M. Best Company, a leading independent analyst of insurance companies, has rated Lincoln National Life A+ (Superior), basing its opinion on the relative financial strengths and performances of insurers.

SEE MORE INFORMATION ON REVERSE SIDE

The Benefit Alliance Plan

 Leslie & Associates, Inc.

SHORT-TERM DISABILITY BENEFIT PROVISIONS

Maximum Benefit Percentage	50% of Weekly Pay
Maximum Weekly Benefit	\$1,000
Day Benefits Begin	1st Day for Accident; 8th Day for Sickness
Benefit Duration	26 Weeks
Benefit Coordination	Standard STD; Coordinates with RI State Plan
Pre-Existing Condition Exclusion	12 months
Occupation	Non-Occupational Disabilities Only
Coverage Ends	Upon Termination of Employment or Retirement

PREMIUM COSTS PER MONTH

Weekly Benefit	Ages 18-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60 +
\$100	\$2.34	\$2.60	\$2.86	\$2.86	\$3.12	\$3.77	\$4.55	\$5.58
\$150	\$2.45	\$2.73	\$3.00	\$3.00	\$3.27	\$3.96	\$4.78	\$5.87
\$200	\$4.68	\$5.19	\$5.71	\$5.71	\$6.23	\$7.53	\$9.09	\$11.17
\$250	\$4.79	\$5.32	\$5.86	\$5.86	\$6.39	\$7.73	\$9.32	\$11.45
\$300	\$7.01	\$7.79	\$8.57	\$8.57	\$9.35	\$11.30	\$13.64	\$16.75
\$350	\$7.13	\$7.92	\$8.71	\$8.71	\$9.51	\$11.49	\$13.87	\$17.04
\$400	\$9.35	\$10.39	\$11.43	\$11.43	\$12.47	\$15.06	\$18.18	\$22.34
\$450	\$9.47	\$10.52	\$11.57	\$11.57	\$12.63	\$15.26	\$18.42	\$22.62
\$500	\$11.69	\$12.99	\$14.29	\$14.29	\$15.58	\$18.83	\$22.73	\$27.92
\$550	\$11.80	\$13.12	\$14.43	\$14.43	\$15.74	\$19.02	\$22.96	\$28.21
\$600	\$14.03	\$15.58	\$17.14	\$17.14	\$18.70	\$22.60	\$27.27	\$33.51
\$700	\$16.36	\$18.18	\$20.00	\$20.00	\$21.82	\$26.36	\$31.82	\$39.09
\$800	\$18.70	\$20.78	\$22.86	\$22.86	\$24.94	\$30.13	\$36.36	\$44.68
\$900	\$21.04	\$23.38	\$25.71	\$25.71	\$28.05	\$33.90	\$40.91	\$50.26
\$1,000	\$23.38	\$25.97	\$28.57	\$28.57	\$31.17	\$37.66	\$45.45	\$55.84

This is only a summary of benefits and is subject to the terms, conditions and limitations of the group policy. You may request a copy of the full text benefit information from Leslie & Associates.