

**SHORT TERM DISABILITY  
Non-Occupational Coverage  
Monthly Rates**

Provides you with a monthly income when you are totally disabled as a result of an accidental injury or sickness and cannot work. You can protect up to 60% of your pay.

**90 Days Benefit Period:**

- Covers off-the-job accidental injuries beginning with the 1st day of total disability.
- Benefits begin on the 8th day for sickness.
- Benefits are paid for a maximum of 90 days per disability.

Elimination Period for Sickness	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
7 Days	\$17.64	\$21.18	\$24.71	\$28.24	\$31.77	\$35.29	\$38.82	\$42.35	\$45.88	\$49.41	\$52.94	\$56.46	\$59.99	\$63.53	\$67.06	\$70.59
14 Days	\$16.46	\$19.75	\$23.03	\$26.32	\$29.62	\$32.91	\$36.20	\$39.49	\$42.88	\$46.07	\$49.37	\$52.66	\$55.95	\$59.24	\$62.52	\$65.81

**180 Days Benefit Period:**

- Covers off-the-job accidental injuries beginning with the 1st day of total disability.
- Benefits begin on the 8th day for sickness.
- Benefits are paid for a maximum of 180 days per disability.

Elimination Period for Sickness	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
7 Days	\$19.71	\$23.65	\$27.59	\$31.54	\$35.48	\$39.41	\$43.36	\$47.30	\$51.24	\$55.19	\$59.13	\$63.06	\$67.01	\$70.95	\$74.89	\$78.84
14 Days	\$18.57	\$22.28	\$25.99	\$29.70	\$33.42	\$37.13	\$40.84	\$44.55	\$48.27	\$51.98	\$55.69	\$59.40	\$63.12	\$66.83	\$70.54	\$74.24

**12 Month Benefit Period:**

- Covers off-the-job accidental injuries beginning with the 1st day of total disability.
- Benefits begin on the 8th day for sickness.
- Benefits are paid for a maximum of 12 months per disability.

Elimination Period for Sickness	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
7 Days	\$23.93	\$28.71	\$33.50	\$38.28	\$43.07	\$47.85	\$52.64	\$57.42	\$62.21	\$66.99	\$71.78	\$76.56	\$81.35	\$86.13	\$90.92	\$95.70
14 Days	\$22.83	\$27.39	\$31.96	\$36.52	\$41.31	\$45.65	\$50.22	\$54.78	\$59.35	\$63.91	\$68.48	\$73.04	\$77.61	\$82.17	\$86.74	\$91.30

**Plan Highlights**

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| <ul style="list-style-type: none"> <li>Employee may keep this coverage at the same rate even if they change jobs.</li> <li style="padding-left: 20px;">Premiums waived after 90 days of continuous Disability.</li> <li style="padding-left: 40px;">Covers Maternity as any other sickness.</li> <li style="padding-left: 60px;">Guarantee to Issue is Available.</li> </ul> | <ul style="list-style-type: none"> <li>• Disclosed, pre-existing conditions covered after twelve (12) months.</li> <li>• Individual policies are issued to each Employee.</li> <li>• One rate regardless of gender up to age 69.</li> <li>• Guaranteed Renewable.</li> </ul> |
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