



Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

Note: Teachers must be working at least 1/2 of a normal academic workload as determined by the institution in order to be eligible.

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.


What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:¹

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Consider your weekly expenses

| | | |
|---|--|-----------------|
|  | Food | \$ _____ |
|  | Transportation (gas, car payments, repairs) | _____ |
|  | Child care/elder care | _____ |
|  | Mortgage/rent | _____ |
|  | Utilities (electric, water, cable, phone) | _____ |
|  | Medical costs (co-pays, medications) | _____ |
|  | Insurance (health, life, car, home) | _____ |
| | Total weekly expenses | \$ _____ |

¹ Unum internal data, 2015

Short Term Disability Insurance

How much coverage can I get?

| | |
|-------------|--|
| You* | <p>You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.</p> <p>Coverage amounts Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week.</p> <p><small>*See the Legal Disclosures for more information</small></p> |
|-------------|--|

- ! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

Calculate your cost

- **For step 2:**
Enter your rate from the Rate Chart, based on your age.
(Choose the age you will be when your coverage becomes effective on 09/01/2018.)

| Disability worksheet | | | | | | |
|--|----------------------------|---|---------------------------|--------------------------|--|------------------------------|
| 1 Calculate your weekly disability benefit. | | | | | | |
| \$ _____ ÷ 52 = \$ _____ | Your annual earnings | x | 60% = | \$ _____ | Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000.) | |
| | Your weekly earnings | | (Max % of income covered) | | | |
| 2 Calculate your cost per paycheck. | | | | | | |
| \$ _____ ÷ 10 = \$ _____ | Your weekly benefit amount | x | \$ _____ = | \$ _____ x 12 = \$ _____ | ÷ 12 = | \$ _____ |
| | | | Your rate | Your monthly cost | Your annual cost | Number of paychecks per year |
| | | | | | | Your cost per paycheck |

| Age | Rates |
|-------|---------|
| 15-24 | \$0.812 |
| 25-29 | \$1.070 |
| 30-34 | \$0.979 |
| 35-39 | \$0.738 |
| 40-44 | \$0.643 |
| 45-49 | \$0.659 |
| 50-54 | \$0.750 |
| 55-59 | \$0.946 |
| 60-64 | \$1.133 |
| 65+ | \$1.370 |

Short Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Diocese of Owensboro for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers’ compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Underwritten by:
Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

Diocese of Owensboro

Short Term Disability Insurance

Enrollment Form

Policy # 693003

| | |
|---|----------------|
| Employee Name: | Employee #: |
| Social Security Number: ____ - ____ - _____ | Date of Birth: |
| Hours Worked/Week: | Gender: |
| Date of Hire: | Annual Salary: |

Yes, I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this Short Term Disability coverage. My signature verifies the accuracy of information contained on this form.

Short Term Disability

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information in the New Hire Packet, including all statements regarding exclusions.**

No, I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.

Short Term Disability

Employee Signature: _____

Date: ____/____/_____

Return Forms To: _____

By: _____

This section to be completed by your employer:

Coverage Effective Date: ____/____/_____