

Summary Plan Description - Option 1

SHORT TERM DISABILITY INSURANCE

Purpose To provide monthly earnings during time lost from work due to a disability

Benefit Starting Date: 1st Day Accident/8th Day Illness

Maximum Benefit Period: 26 weeks

Scheduled Benefit Percentages: 60% of weekly earnings

Minimum Weekly Benefit: \$150

Guarantee Issue Amount:

New WCA member and under 60 years old: \$1,000

Current Member: \$0

Maximum Weekly Benefit: \$1,000

Pre-Existing Conditions: 6/12 Months

Maternity: Included

Survivor Benefit: Included: 3 weeks

Partial Disability: Included

First Day Hospital: Not Included

Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.