

Summary Plan Description - Option 2

SHORT TERM DISABILITY INSURANCE

Purpose	To provide monthly earnings during time lost from work due to a disability
Benefit Starting Date:	1st Day Accident/31st 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.