



## SHORT TERM DISABILITY

	Option 1	Option 2
Coverage amount	Choose weekly benefit amount from	60% of salary to maximum
	\$100 to \$2000. See cost	\$2000/week
	illustration page for weekly benefit	
	offerings.	
Maximum payment period: Maximum	11 Weeks	
length of time you can receive disability		
benefits.		
Accident benefits begin: The length of time	Day 15	
you must be disabled before benefits begin.		
Illness benefits begin: The length of time	Day 15	
you must be disabled before benefits begin.		
Evidence of Insurability: A health	Health Statement may be required	
statement requiring you to answer a few		3
medical history questions.		
Guarantee Issue: The 'guarantee' means	We Guarantee Issue \$2000 in coverage	
you are not required to answer health		
questions to qualify for coverage up to and		
including the specified amount, when		
applicant signs up for coverage during the		
initial enrollment period.		
Minimum work hours/week: Minimum	Planholder Determines	
number of hours you must regularly work		
each week to be eligible for coverage.		
Pre-existing conditions: A pre-existing	3 months look back; 12 months after 2 week limitation	
condition includes any condition/symptom		
for which you, in the specified time period		
prior to coverage in this plan, consulted with		
a physician, received treatment, or took		
prescribed drugs.		
Survivor benefit: Additional benefit payable	Ye	es
to your family if you die while disabled.		

## UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

• Earnings definition: Your covered salary includes bonus/commissions based on a 12 month average.