

# ST. PETER'S HEALTH

## SHORT-TERM DISABILITY INCOME INSURANCE

If you had to miss work because of a covered injury or sickness, how long could you go without your paycheck? **Short-Term Disability Income Insurance** provides a benefit to help replace a portion of your income while you're unable to work due to a covered Disability. This policy can help with expenses like your mortgage, car payment, groceries, medical bills and more.

### When Coverage Begins

Your coverage will begin on the requested effective date following the date you become eligible.

### Monthly Disability Benefit

The available benefit amount is 50% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$8,666.67 and the amount for which premium is being paid.

### Maximum Benefit Period

Benefits are payable up to 60 (Plan I), 90 (Plan II) and 180 (Plan III) calendar days for a covered Injury or Sickness. This is based on your age as of the date Disability begins.

Benefits Begin		
Plan I	On the 8th day of Disability due to a covered Injury or Sickness.	*\$0.74
Plan II	On the 8th day of Disability due to a covered Injury or Sickness.	*\$0.82
Plan III	On the 8th day of Disability due to a covered Injury or Sickness.	*\$1.00

*\*The Premium is per \$100 of Covered Monthly Compensation*

### Disabled Due to a Covered Disability and Not Working

We will pay the Disability Benefit described in the schedule. No Disability Payment will be provided for any period you are not under a physician's regular and appropriate care.

### Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. Benefits will not be paid beyond the Maximum Benefit Period. If drug addiction is sustained at the hands of or while under the regular and appropriate care of a physician during treatment for injury or sickness, it will be covered the same as any other sickness.

### Leave of Absence

Your coverage may continue up to one year during a leave of absence approved in writing by your employer.

### Termination of Coverage

Your insurance coverage will end on the earliest of these dates: the date you do not meet the eligibility requirements as defined in the eligibility section; the date you retire; the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision; the end of the last period for which premium has been paid; the date the policy is discontinued; or the date your employment ends.

If your coverage ends as a result of your termination of Active Employment, such termination is caused by an injury or sickness for which Disability Benefits would be payable, and Disability is established before the termination of Active Employment, then Disability Benefits will be paid as if such termination had not occurred.

Termination of the policy will not affect Disability Payments that began before termination. We may end your coverage if you submit a fraudulent claim. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

### Definitions

**Active Employment** means you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day, and these duties are completed at one of the places of business where you usually do such duties or at some location to which your employment sends you. You are said to be on Active Employment on a day that is not a scheduled work day only if you are not disabled and would be able to perform in the usual manner all of the regular duties of your employment if it were a scheduled work day.

**Disability** or disabled means that you cannot perform your regular occupation's material and substantial duties.

**Disability Payments** mean your Disability Benefits minus any deductible sources of income.

**Disability Earnings** mean the gross monthly earnings you receive while disabled and working.

**Hospital** shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients. The definition of a Hospital may vary by state.

**Monthly Compensation** means for contracted employees, one-twelfth (1/12) of your contract salary through your employer; or for non-contracted employees, it's one-twelfth (1/12) of your annual salary through your employer, in effect on the date Disability began. It excludes any additional compensation, including but not limited to overtime pay, weekend or summer work compensation, bus or other allowances, bonuses or district-funded fringe benefits. If you become disabled while on an approved leave of absence, we will use your gross Monthly Compensation from your employer in effect just before the date your absence began.

**Pre-Existing Condition** means a disease, injury, sickness, physical condition or mental illness for which you had treatment, incurred expense, took medication, received care or services including diagnostic testing or related measures, or received a diagnosis or advice from a physician during the 12 months immediately before your effective date of coverage. Pre-Existing Conditions will also include conditions related to such disease, injury, sickness, physical condition, or mental illness.

### Limitations

#### Pre-Existing Condition Limitation

If Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months, no Disability Benefit will be payable. No consideration will be given to prior group Disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

## Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period you are incarcerated in a penal or correctional institution for 30 consecutive days or longer.
- Injury or sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period you are entitled to Workers' Compensation benefits.



American Fidelity Assurance Company