



### Voluntary Short Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through Region 4 Education Service Center. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Short Term Disability (STD) Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

The *group policy* effective date is September 1, 2007.

### Eligibility

To become insured, you must be:

- A regular, full-time employee of Region 4 Education Service Center, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- *Actively at work* at least 30 hours each week
- A citizen or resident of the United States or Canada

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period* of 0 days
- An *evidence of insurability* requirement, if applicable
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one day of *active work* as an eligible employee.

### Benefit Amount

Your weekly benefit is 66 2/3 percent of your insured *predisability earnings* reduced by *deductible income*. Please contact your human resources representative for information regarding what is included in *predisability earnings*.

Plan Maximum Weekly Benefit: \$1,200

Plan Minimum Weekly Benefit: \$15

### Benefit Waiting Period

The *benefit waiting period* is the period of time that you must be continuously *disabled* before benefits become payable. Under this plan, you may choose your *benefit waiting period* from one of the following options:

	Plan A	Plan B
Accidental Injury:	7 days	14 days
Other disabilities:	7 days	14 days

If you do not apply for this Voluntary STD coverage within 31 days of becoming eligible, **or if you switch from Plan A to Plan B or from Plan B to Plan A**, you will be subject to a *late enrollment penalty*. This means that if you file a claim for anything other than an accidental injury during the first 12 months after your coverage takes effect, your benefits will become payable after you have been continuously *disabled* for 60 days and remain *disabled*.

**Maximum Benefit Period**

If you become *disabled*, benefits may continue during *disability* up to 90 days. If you are eligible to receive benefits under an employer-sponsored Long Term Disability (LTD) plan, *STD benefits* may continue during *disability* up to 90 days, minus the length of the *benefit waiting period*. *STD benefits* cease to be payable when *LTD benefits* begin.

**When Benefits End**

*STD benefits* end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other *disability* insurance plan under which you become insured through employment during a period of *temporary recovery*
- The date *LTD benefits* become payable to you under a policy issued by The Standard
- The date you fail to provide proof of continued *disability* and entitlement to benefits

**Rates**

If you have questions regarding how to determine your weekly earnings, please contact your human resources representative.

Age (as of Jan. 1)	Plan A Rates (per \$10 of STD benefit)	Plan B Rates (per \$10 of STD benefit)
<30	\$0.690	\$0.48
30-34	\$0.700	\$0.49
35-39	\$0.700	\$0.50
40-44	\$0.715	\$0.50
45-49	\$0.730	\$0.51
50-54	\$0.740	\$0.59
55-59	\$0.850	\$0.67
60-64	\$0.920	\$0.72
65-69	\$1.150	\$0.90
70-74	\$1.386	\$1.09
75+	\$1.620	\$1.27

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average weekly income, not to exceed \$1,800, on Line 1.      Line 1: \_\_\_\_\_
2. Multiply your weekly earnings (Line 1) by 0.6667 and enter on Line 2.      Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3.      Line 3: \_\_\_\_\_
4. Multiply Line 2 by the amount entered on Line 3.      Line 4: \_\_\_\_\_
5. Divide the amount entered on Line 4 by 10 and enter on Line 5.      Line 5: \_\_\_\_\_

The amount shown on Line 5 is your estimated monthly payroll deduction.

**Group Insurance Certificate**

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.