

BENEFITS AT A GLANCE

SHORT TERM DISABILITY PLAN

This short term disability plan provides financial protection for you by paying a portion of your income while you are disabled. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: April 1, 2011

POLICY NUMBER: R0342972 STD_TRAD_09-01

ELIGIBLE GROUP(S):

All Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be in active employment at least 40 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before the plan effective date: None

For employees entering an eligible group after the plan effective date: 90 days of continuous active employment

Employees are not eligible for coverage until the waiting period has been completed.

PARTICIPATION REQUIREMENTS:

All employees who are eligible for coverage must participate in the plan.

ENROLLMENT:

Employees who are eligible for coverage are automatically enrolled for coverage.

EVIDENCE OF INSURABILITY:

Evidence of insurability is not required for any amount of coverage.

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

WHO PAYS FOR THE COVERAGE:

Your Employer must make contributions and you are not required to make any contributions for your coverage.

Premium contributions are required for your coverage while you are receiving benefit payments under this plan.

ELIMINATION PERIOD:

7 days for disability due to an injury

7 days for disability due to a sickness

Benefits begin the day after the elimination period is completed.

WEEKLY BENEFIT:

60% of weekly earnings to a maximum benefit of \$1,000 per week.

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.

Your Short Term Disability plan does not cover disabilities due to an occupational sickness or injury.

MINIMUM WEEKLY BENEFIT:

\$25

MAXIMUM PERIOD OF PAYMENT:

12 weeks

OTHER FEATURES:

Rehabilitation and Return to Work Assistance Benefit

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage and if you make contributions to the plan, refer to your confirmation of coverage. The plan includes enrollment, risk management and other support services related to your Employer's benefit program.