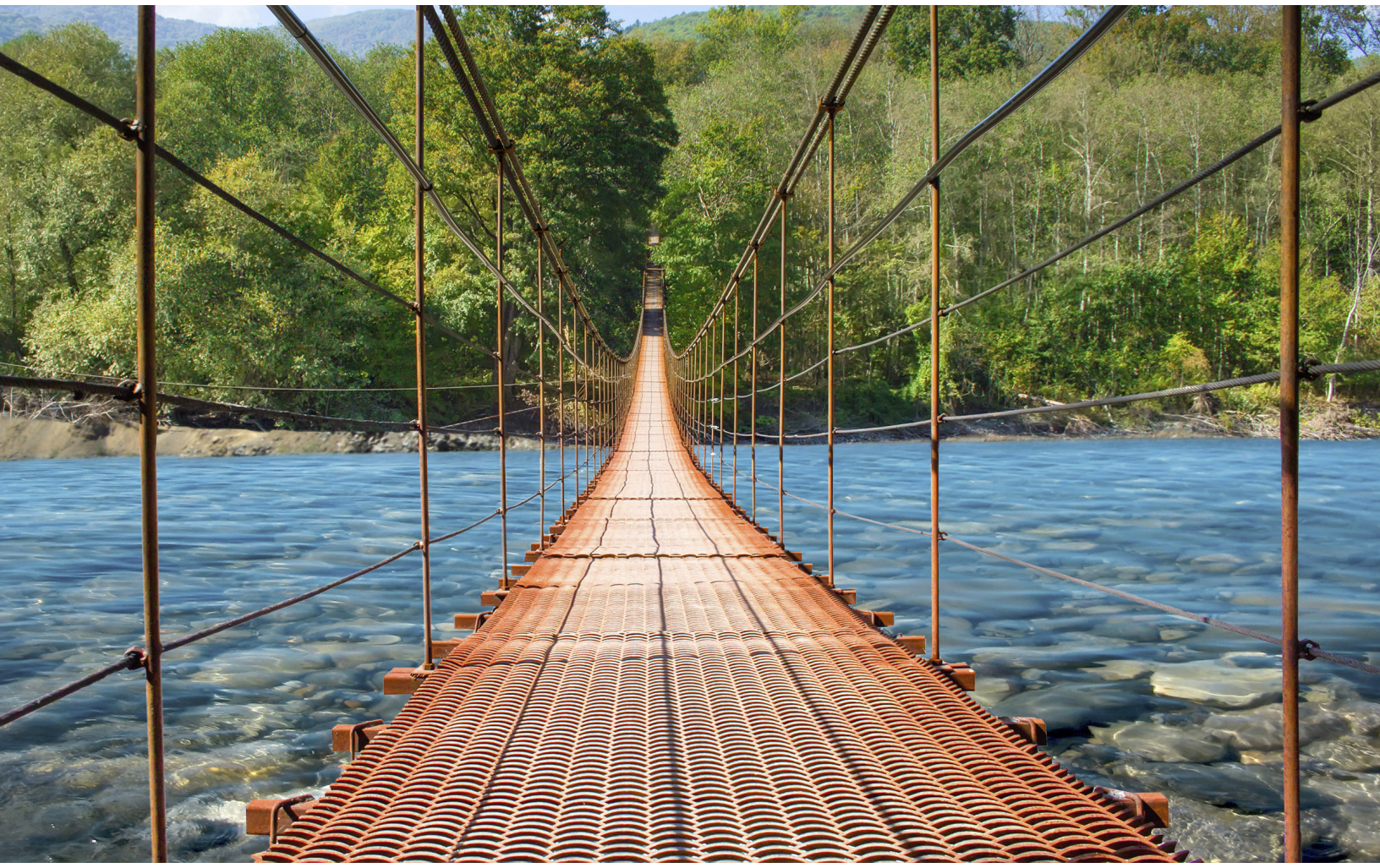
Group Voluntary Short Term Disability Insurance

For Employees of Employers Participating in the Washington Counties Insurance Fund

Answers To Your Questions About Coverage From The Standard



Booklet Includes

- Coverage Highlights
- Enrollment Form

Standard Insurance Company

TheStandard®

Standard Insurance Company
Voluntary Short Term Disability Coverage Highlights
Washington Counties Insurance Fund

Voluntary Short Term Disability (STD) Insurance

Short Term Disability insurance pays a weekly benefit in the event you cannot work because of a covered illness or injury. An STD benefit replaces a portion of your weekly income, providing funds directly to you to help pay your bills and living expenses. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through your employer, who must be participating in Washington Counties Insurance Fund (WCIF).

Eligibility Requirements

Policy # 645273-D

- Group policy effective date is January 1, 2009

Employee

- A citizen or resident of the United States or Canada, and one of the following:
  - A regular employee of an employer participating in WCIF, who is actively working at least the minimum number of hours required by your employer to be eligible under the group policy and who meets any and all other employer-specific requirements necessary to be eligible under the group policy*; or
  - An elected official of an employer participating in WCIF
- **Class 1** A member who is insured for Long Term Disability insurance Plan 2 (90-day Benefit Waiting Period) under group policy 645273-F
- **Class 2** A member who is not insured for Long Term Disability insurance Plan 2 (90-day Benefit Waiting Period) under group policy 645273-F
- Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible

Premium

- You pay 100 percent of the premium for this coverage through easy payroll deduction

*Please ask your human resources representative for more information about eligibility requirements

Benefit Amount and Duration

Benefit Percentage

Your weekly STD benefit is 60 percent of the first $1,667 of your weekly insured predisability earnings, reduced by deductible income

Plan Maximum Weekly Benefit

$1,000

Plan Minimum Weekly Benefit

$15

Maximum Benefit Period

Class 1 90 days. However, STD benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the 90 days.

Class 2 You may choose one of the following options:

Option 1 - 90 days. However, STD benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the 90 days.

Option 2 - 180 days. However, STD benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the 180 days.

Note:

- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval.
- To submit a medical history statement online, visit: http://www.standard.com/mhs. To obtain a paper form, visit the WCIF website at www.wcif.net.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period (if applicable), receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. 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 full day of active work as an eligible employee.

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

Understanding Your Plan Design

Benefit Waiting Period

If your claim for STD Benefits is approved by The Standard, benefits become payable after you have served continuously the applicable days noted below for your disability and you remain disabled. Benefits are not payable during the benefit waiting period.

Accidental Injury, physical disease, pregnancy or mental disorder: After 30 days

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, or
- You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation

You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Deductible Income

Deductible income is income you receive or are eligible to receive while STD benefits are payable. Deductible income includes, but is not limited to:

- Amounts under an unemployment compensation law
- Amounts because of your disability under any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while STD benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

Reasonable Accommodation Expense Benefit

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A disability arising out of or in the course of any employment for wage or profit

Limitations

STD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your predisability earnings in your own occupation, but you elect not to work
- Receiving sick-leave pay, annual or personal leave pay, or other salary continuation including donated amounts from your employer
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

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 you fail to provide proof of continued disability and entitlement to benefits
- If applicable, the date long term disability benefits become payable to you under a long term disability plan

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The date your employment terminates, unless your employer allows insurance for members to continue through the last day of the calendar month in which employment terminates
- The date the group policy terminates
- The last day of the calendar month in which you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificates

If coverage becomes effective, and you become insured, you may retrieve a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events from www.wcif.net or by calling (800) 344-8570. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

If you have questions regarding how to determine your monthly earnings, please contact your human resources representative. Premiums for this coverage will be deducted directly from your paycheck.

Monthly Earnings*	Rate per member, per month *90 days*	Rate per member, per month *180 days*
Under $1,000	$0.80	$0.95
$1,000 – $1,499	$0.90	$1.10
$1,500 – $1,999	$1.00	$1.35
$2,000 – $2,499	$1.15	$1.50
$2,500 – $2,999	$1.25	$1.75
$3,000 – $3,499	$1.35	$1.85
$3,500 – $3,999	$1.45	$2.10
$4,000 – $4,499	$1.55	$2.25
$4,500 – $4,999	$1.65	$2.40
$5,000 – $5,499	$1.75	$2.60
$5,500 – $5,999	$1.90	$2.70
$6,000 – $6,499	$1.95	$2.95
$6,500 – $6,999	$2.10	$3.10
$7,000+	$2.20	$3.35

*Monthly earnings means 4.333 times your predisability earnings. Monthly earnings as of the preceding December 31, or the date you become insured, whichever is later.

Reset

Standard Insurance Company **Enrollment and Change**

To Be Completed By Human Resources

Group Name	Group Number	Division	Billing Category	Date of Employment
Washington Counties Insurance Fund (WCIF)	**645273**	**0001**	**0100**	

To Be Completed By Applicant ☐ Apply for Coverage ☐ Name Change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	☐ Male ☐ Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) *Complete only if name change*			Phone Number	
Employer Name			Job Title/Occupation	
Hours Worked Per Week	Earnings $_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year			

Coverage ***Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.***

Voluntary Short Term Disability Insurance

☐ Option 1 – 90 days

☐ Option 2 – 180 days

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Print

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial security so they can confidently pursue their dreams. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to nearly 26,000 groups covering more than 8.5 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about The Standard, visit us at **www.standard.com**. For more information about group Voluntary STD insurance from The Standard, contact your human resources department.

* As of January 31, 2010, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

GP399-STD, GP899-STD, GP309-STD, GP209-STD,
GP399-STD/ASSOC, GP399-STD/TRUST

Group Voluntary Short Term Disability Insurance EE
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