



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 the ABC Company, Inc. 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 January 1, 2011.

Eligibility

To become insured, you must be:

- A regular, full-time employee of ABC Company, Inc., excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- Actively at work at least 00 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 the first day of the month coinciding with or next following 00 days as an eligible employee
- 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 00 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: \$0,000

Plan Minimum Weekly Benefit: \$00

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable.

Accidental injury: 00 days

Other disabilities: 00 days

If you do not apply for this coverage within 31 days of becoming eligible, your *benefit waiting period* for non-accidents will be 60 days if you file a claim during the first 12 months after your coverage takes effect. This longer *benefit waiting period* will not apply to you if you were required to submit *evidence of insurability* for your coverage.

Maximum Benefit Period

If you become disabled, benefits may continue during disability up to 00 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 00 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 an employer-sponsored LTD plan
- 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 January 1)	Rate per \$10 of STD benefit
<30	\$0.00
30-34	\$0.00
35-39	\$0.00
40-44	\$0.00
45-49	\$0.00
50-54	\$0.00
55-59	\$0.00
60-64	\$0.00
65-69	\$0.00
70-74	\$0.00
75+	\$0.00

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

1. Enter your average weekly income, not to exceed \$0,000, on Line 1. Line 1: _____
2. Multiply your weekly earnings (Line 1) by 0.00 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.