

Help prepare for the unexpected with income protection through UnitedHealthcare.

Your ability to earn an income is your biggest asset. Short-Term Disability Insurance pays you a benefit while you are temporarily unable to work due to a sickness or injury. It provides income protection so you can focus on your health rather than worrying about paying your bills and expenses.

Your Short-Term Disability plan highlights:

Eligibility: All Active Full Time Associate Employees, excluding Employees in CA and HI, working a minimum of 30 Hours per week.

Coverage amount is a percentage of your weekly earnings just prior to becoming disabled.	50.00% of your weekly earnings to a maximum of \$1,000 per week.		
Maximum Benefit Period is the total length of time can receive disability benefits under this plan; prov you continue to meet the definition of disability as defined by your policy.			
Benefits begin after you complete the Elimination F This is a period of time you must be disabled befor benefits are payable. This timeframe may be the sa or different for accident and for sickness.	e on day 15 after your accident or on day 15 of		
Pre-Existing Condition is a disease or physical cor	ndition Look Back period: 3/12		
for which treatment has been received within a def period of time immediately prior to becoming cove under the plan.			
If your plan includes a Pre-Existing Condition prov is displayed as two time periods. (e.g. 3/12)	ision it		
 Look Back Period: Number of months prior to the effective date where we look for received treatment diagnosis by a physician. Exclusion Period: Number of months following the effective date where if you become disabled due to pre-existing condition, then benefits for the disabilitiexcluded 	e e o a		
Lump Sum Survivor Benefit is an additional benefit payable to your family if you die while you are disa and receiving benefits under this plan.			
Minimum Weekly Benefit is the minimum weekly b amount payable for a qualifying disability, regardle other sources of income.			
Frequently Asked Questions about your Short-Terr	n Disability		
	You are eligible if you are working a minimum of 30 Hours per week and considered benefit eligible by your employer.		



Who pays for my coverage?	Your employer has made this coverage available to all eligible employees on a voluntary basis which means you pay your premiums if you elect the coverage.	
When can I enroll in coverage?	If you are required to contribute to your coverage you may enroll during your open enrollment period which is defined by your employer.	
	You have 31 days from the date you become eligible for the coverage to enroll. Contact your company HR representative to confirm.	
	If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period, (or any time after you first become eligible), evidence of insurability will be required for all coverage amounts.	
What does it mean to be Disabled under this Short-Term Disability plan?	You are considered Disabled or have a Disability when we determine that you are:	
	 not Actively at Work and you are unable to perform some or all of the Material and Substantial Duties of your regular job due to a Sickness or Injury; and you have a loss in your weekly earnings (20% or more) due to your Sickness or Injury; and you are under the Regular Care of a Physician 	
Can I keep my Short-Term Disability coverage if I leave my employer?	No, your Short-Term Disability coverage is not portable. You cannot take the coverage with you if you leave your employer.	
Does my coverage reduce as I get older?	No, your Short-Term Disability benefits are calculated based on a portion of your earnings not your age.	
When does my coverage go into effect?	You must be Actively at Work with your employer on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.	

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.



If you need to file a claim:

- · Notify your employer of your absence from work.
- · Complete, sign and date the necessary forms.

• Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to our unsecured email address fpcustomersupport@uhc.com®

Exclusions:

You cannot receive Short-Term Disability Insurance benefit payments for disabilities that are caused or contributed by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Sickness or injury which Workers' Compensation benefits are paid, or may be paid, if duly claimed
- · Any injury sustained as a result of doing work for pay or profit for another employer

*You must be under the regular care of a physician to receive benefits.

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, including but not limited to:

- Social Security Disability Insurance
- Workers' Compensation
- Other employer-based insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as pension plan)
- Employer's sick leave or salary continuation plan
- · Loss of time or lost wages from no-fault motor vehicle insurance plan

*Some state variations may apply

Short-Term Disability Cost Summary (Current Monthly Rates)

Who is eligible for coverage?	All Active Full Time Employees working a minimum of 30 Hours per week.	
Coverage Type: Voluntary	Age-banded per \$10 of Total Covered Weekly Benefit	



Age Range	Rate
Age less than 25	\$0.514
Ages 25-29	\$0.502
Ages 30-34	\$0.444
Ages 35-39	\$0.380
Ages 40-44	\$0.383
Ages 45-49	\$0.381
Ages 50-54	\$0.443
Ages 55-59	\$0.519
Ages 60-64	\$0.630
Ages 65 +	\$0.768

Premium Calculation Example:

Voluntary Short-Term Disability

To calculate the cost of coverage, use the formula below:



UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.