Short Term Disability (STD)

Employee Plan Summary	Class 2	
Class Description	All Active Full Time Employees,	
-	Excluding Physicians	
Weekly Benefit	60%	
Maximum Weekly Benefit	\$1,000	
Guarantee Issue Amount	\$1,000	
Benefits Commence on	15th day for Injury/15th day for Sickness	
Benefit Duration	11 Weeks	
First Day Hospital	No	
Definition of Disability	Includes Disabled and Working Benefits	
Integration/Offsets	Direct/Standard	
Disabled and Working Benefit	Standard - 50% Offset	
Formula		
Benefit Commencement Option	Included (Can satisfy Benefit Commence	
-	period with days of Total and Partial	
	Disability)	
Salcon & Sick Leave Offset	Included	
Pre-Existing Condition	Not Included	
Limitation		
Coverage Basis	Non-Occupational	
Employer Participates in	Yes	
Worker's Compensation		
Employee Contribution	Non-Contributory	
Enrollment Type	Standard	
Participation Requirement	100%	
Number of Employees	202	

Employee Rate Summary	Rate	Volume	Monthly Premium
Class 2:	\$.36 per \$10 of Covered	\$92,867 of Covered Weekly	\$3,343.21
Rate Guarantee :	Weekly Benefit 2 Years	Benefit	
		CMA) members qualify for 5% disc.	ount to STD Rates

Accepted by: _____ Date: _____ Signature assumes all parts of the plan schedule, including the plan assumptions



