

# **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. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

### **EMPLOYER'S ORIGINAL PLAN**

**EFFECTIVE DATE:** March 1, 2006

**POLICY NUMBER:** 39213 022

### **ELIGIBLE GROUP(S):**

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

### **MINIMUM HOURS REQUIREMENT:**

Employees must be working at least 20 hours per week.

### **WAITING PERIOD:**

For employees in an eligible group on or before March 1, 2006: None

For employees entering an eligible group after March 1, 2006: None

### **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.

### **WAIVE THE WAITING PERIOD:**

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

### **CREDIT PRIOR SERVICE:**

Unum will apply any prior period of work with your Employer toward the waiting period to determine your eligibility date.

### **WHO PAYS FOR THE COVERAGE:**

Your Employer pays the cost of your coverage.

### **ELIMINATION PERIOD:**

0 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 \$500 per week

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

**MAXIMUM PERIOD OF PAYMENT:**

26 weeks

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

Your Short Term Disability plan covers disabilities due to an occupational sickness or injury.

**REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:**

10% of your gross disability payment to a maximum benefit of \$250 per week.

In addition, we will make weekly payments to you for 3 weeks following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

**OTHER FEATURES:**

Minimum Benefit

**The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.**

# **BENEFITS AT A GLANCE**

## **LONG TERM DISABILITY PLAN**

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

### **EMPLOYER'S ORIGINAL PLAN**

**EFFECTIVE DATE:** March 1, 2006

**POLICY NUMBER:** 39213 022

### **ELIGIBLE GROUP(S):**

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

### **MINIMUM HOURS REQUIREMENT:**

Employees must be working at least 20 hours per week.

### **WAITING PERIOD:**

For employees in an eligible group on or before March 1, 2006: None

For employees entering an eligible group after March 1, 2006: None

### **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.

### **WAIVE THE WAITING PERIOD:**

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

### **CREDIT PRIOR SERVICE:**

Unum will apply any prior period of work with your Employer toward the waiting period to determine your eligibility date.

### **WHO PAYS FOR THE COVERAGE:**

Your Employer pays the cost of your coverage.

### **ELIMINATION PERIOD:**

The later of:

- 180 days; or
- the date your insured Short Term Disability payments end, if applicable.

Benefits begin the day after the elimination period is completed.

### **MONTHLY BENEFIT:**

60% of monthly earnings to a maximum benefit of \$5,000 per month.

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

**MAXIMUM PERIOD OF PAYMENT:**

<u>Age at Disability</u>	<u>Maximum Period of Payment</u>
Less than age 65	5 years
Age 65 through 68	To age 70, but not less than 1 year
Age 69 and over	1 year

No premium payments are required for your coverage while you are receiving payments under this plan.

**REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:**

10% of your gross disability payment to a maximum benefit of \$1,000 per month.

In addition, we will make monthly payments to you for 3 months following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

**DEPENDENT CARE EXPENSE BENEFIT:**

While you are participating in Unum's Rehabilitation and Return to Work Assistance program, you may receive payments to cover certain dependent care expenses limited to the following amounts:

Dependent Care Expense Benefit Amount: \$350 per month, per dependent

Dependent Care Expense Maximum Benefit Amount: \$1,000 per month for all eligible dependent care expenses combined

**TOTAL BENEFIT CAP:**

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

**OTHER FEATURES:**

Continuity of Coverage

Minimum Benefit

Pre-Existing: 3/12

Survivor Benefit

Work Life Assistance Program

**The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.**