

Short-term Disability Insurance

	Group STD		Voluntary STD
	2 to 9 employees	10+ employees	3+ employees
Employee Participation	Greater of 2 enrolled employees or 75%	75% of employees	3 to 50: Minimum 3 enrolled lives 51+: Minimum 10 enrolled
Eligibility	All active full-time employees working 20+ hours/week	All active full-time employees working 20+ hours/week	All active full-time employees working 20+ hours/week
Benefit Percentage	Standard: 60% Options: 50% or 66 2/3%	Standard: 60% Options: 50% or 66 2/3%	Standard: 60% Options: 50% or 66 2/3%
Weekly Benefit	Standard: \$100 to \$1,000 Flat Amounts: \$100 to \$300	Standard: \$100 to \$1,000 Flat Amounts: \$100 to \$300	Standard: \$100 to \$2000 Flat Amounts: \$100 to \$300
Commencement Period–Sickness & Injury	Standard: 1/8, 8/8, 15/15, 30/30 Option: 1st to 60th day injury 8th to 60th day sickness	Standard: 1/8, 8/8, 15/15, 30/30 Option: 1st to 60th day injury 8th to 60th day sickness	Standard: 1/8, 8/8, 15/15, 30/30 Option: 1st to 60th day injury 8th to 60th day sickness
Coverage Basis	Non-occupational	Non-occupational	Non-occupational
Definition of Disability	Residual	Residual	Residual
Initial Rate Guarantee	2 years	2 years	2 years
Pre-existing Condition	Not included	Not included	Included- Standard is 3/3/12
Family Medical Leave	Option	Option	Included
Recurrent Disability Duration	15 days (3 month LTD EP) or 30 days (6 month LTD EP)	15 days (3 month LTD EP) or 30 days (6 month LTD EP)	15 days (3 month LTD EP) or 30 days (6 month LTD EP)
W-2 Service	Signed agreement required to include or waive service	Signed agreement required to include or waive service	Signed agreement required to include or waive service