Summary of Benefits

Group Short-Term Disability Income Insurance | Effective: 01/01/2027 | Group #: 0012345 (Sample Company, Inc.)

Schedule of Benefits

Provision	Benefit
Weekly Benefit	60% of pre-disability weekly earnings
Maximum Weekly Benefit	$1,500
Elimination Period	0 days for accidental injury / 7 days for sickness
Maximum Benefit Duration	13 weeks per period of disability
Definition of Disability	Own occupation
Premium Contributions	100% employer-paid

Plan Provisions

Provision	Detail
Maternity	Covered the same as any other disability
Benefit Offsets	Benefits are reduced by state disability, sick pay, and other group income benefits

Limitations and Exclusions

Benefits are not payable for disabilities caused by war, intentionally self-inflicted injury, or commission of a felony, or during any period of incarceration. Proof of continued disability is required at reasonable intervals. See the certificate of coverage for complete provisions.