



**Short Term Disability Insurance**  
can pay you a weekly benefit if you have a covered disability that keeps you from working.

Voluntary Benefit - Employee Paid

**How does it work?**

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 24 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

**Why is this coverage so valuable?**

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

**What's covered?**

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries (excluding back)
- Joint disorders
- Cancer
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

**Consider your weekly expenses**

|  |  |                 |
|--|--|-----------------|
|  | Food   | \$ _____        |
|  | Transportation<br>(gas, car payments, repairs) | _____           |
|  | Child care/elder care                          | _____           |
|  | Mortgage/rent                                  | _____           |
|  | Utilities<br>(electric, water, cable, phone)   | _____           |
|  | Medical costs<br>(co-pays, medications)        | _____           |
|  | Insurance<br>(health, life, car, home)         | _____           |
|  | <b>Total weekly expenses</b>                   | <b>\$ _____</b> |

**Cesarean section benefit**

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

<sup>1</sup> Unum internal data, 2018. Note: Causes are listed in ranked order.



## Short Term Disability Insurance

### How much coverage can I get?

#### You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

#### Coverage amounts

Cover 20% of your weekly income, up to a maximum benefit of \$1,000 per week. The weekly benefit may be reduced or offset by other sources of income.

\*See the Legal Disclosures for more information

! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

#### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

#### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 24 week benefit duration.

### Calculate your cost

- For step 2: Enter your rate from the Rate Chart, based on your age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

| Disability worksheet                               |                      |                           |   |                              |                        |  |
|--|----------------------|---------------------------|---|------------------------------|------------------------|--|
| <b>1 Calculate your weekly disability benefit.</b> |                      |                           |   |                              |                        |  |
| \$ _____ ÷ 52 = \$ _____                           | x                    | 20% =                     | \$ _____  |                              |                        |  |
| Your annual earnings                               | Your weekly earnings | (Max % of income covered) | Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000. |                              |                        |  |
| <b>2 Calculate your cost per paycheck.</b>         |                      |                           |   |                              |                        |  |
| \$ _____ ÷ 10 = \$ _____                           | x                    | \$ _____ =                | \$ _____ x 12 = \$ _____  | ÷ 12 =                       | \$ _____               |  |
| Your weekly benefit amount                         | Your rate            | Your monthly cost         | Your annual cost  | Number of paychecks per year | Your cost per paycheck |  |

| Age   | Rates   |
|-------|---------|
| 15-24 | \$0.233 |
| 25-29 | \$0.357 |
| 30-34 | \$0.574 |
| 35-39 | \$0.491 |
| 40-44 | \$0.453 |
| 45-49 | \$0.552 |
| 50-54 | \$0.727 |
| 55-59 | \$1.005 |
| 60-64 | \$1.265 |
| 65+   | \$1.534 |

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band. \* The maximum covered annual income is \$260,000.

# Short Term Disability Insurance

## Exclusions and limitations

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by HANSEL ENTERPRISES, INC dba HANSEL AUTO GROUP for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Definition of disability

You are considered totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

You are considered partially disabled when you are not totally disabled, but while actually working in your usual occupation, a sickness or injury keeps you from earning 80% or more of your indexed weekly pre-disability earnings.

You are considered partially disabled when you are not totally disabled, but while actually working in your usual occupation, a sickness or injury keeps you from earning 80% or more of your indexed weekly pre-disability earnings.

You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

### Pre-existing conditions

You have an excluded pre-existing condition if:

- You received medical treatment, care, or services for a diagnosed condition, or took prescribed medication for that diagnosed condition, in the 3 months immediately prior to your effective date of coverage; and
- The disability caused or substantially contributed to by the condition begins in the first 12 months after your effective date of coverage.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under workers' compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans, if applicable; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Here's an example of how the benefit may be reduced by deductible sources of income:

|  |         |
|--|---------|
| Weekly pre-disability earnings:.....                   | \$1,000 |
| Short term disability benefit percentage:.....         | x 60%   |
| Unreduced maximum benefit:.....                        | \$600   |
| Less Social Security disability benefit per week:..... | -\$300  |
| Less state disability income benefit per week:.....    | -\$100  |
| Weekly short term disability benefit:.....             | \$200   |

### Exclusions and limitations

Your plan does not cover any disabilities caused by or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a felony for which you have been convicted;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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