



Insurance for every step of life.

Voluntary Short Term Disability

For Pierce County

How the Plan Works

Short Term Disability Coverage pays you a weekly benefit for things your health plan doesn't. Like grocery bills. Or diapers. Having additional cash in hand means you can focus on getting back on your feet instead of worrying about falling behind.

- Eligibility Requirement**
 If you are a full-time active employee working a minimum of 14 hours per week, you will be eligible for this benefit.
- Who pays for the coverage?**
 Voluntary Short Term Disability premiums are paid by you, the employee, through payroll deduction.
- Collecting Your Benefit**
 If you satisfy the plan's requirements for disability, there's just one form for you, your employer and your doctor to fill out to get your claim processing. To find it, go to LifeMapCo.com and search "Short Term Disability Claim".
- Guaranteed Acceptance***
 Enroll when this coverage is initially offered and you won't need to answer any health questions, although benefits may not be payable for pre-existing conditions.
 *Minimum participation rates apply.

Benefits Summary

Plan Benefits

Weekly Benefits Begin	On the 1st day of disability caused by an accident or 8th day caused by illness. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	60% per week
Maximum Benefit	\$400 per week
Minimum Benefit	\$25 per week
Maximum Benefit Period	Benefits are payable for a maximum of 26 weeks

Plan Features

Reasonable Accommodation Expense	We may pay a Reasonable Accommodation Expense Benefit to your employer if you return to work in any occupation, excluding self-employment, as a result of a reasonable accommodation your employer has made for you.
Vocational Rehabilitation	During a period of disability you may be eligible to participate in a vocational rehabilitation plan. We will review your disability claim to determine if you are eligible to participate in these services. If we determine that you are qualified to participate in a rehabilitation plan, we will provide you with a written plan to be agreed upon by you. We may pay for all or some of the expenses incurred as part of the rehabilitation plan.
Survivor Benefit	Upon confirmation of your death while receiving a weekly benefit, we will pay a lump sum benefit equal to 3 times your gross weekly benefit to your Eligible Survivor.
Partial Disability	If you return to work on a part-time basis you may qualify for a partial disability benefit.

LifeMapCo.com
1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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Monthly Rates

Age	Rate Per \$10 of Covered Benefit
24 and under	\$.193
25-29	\$.188
30-34	\$.185
35-39	\$.166
40-44	\$.160
45-49	\$.189
50-54	\$.223
55-59	\$.283
60-64	\$.349
65-69	\$.391
70-74	\$.438
75 and over	\$.490

Limitations & Exclusions

Benefits are not payable for disability that results from:

- any injury/illness sustained in the course of any employment for wage or profit
- participation in an assault or felony
- intentionally self-inflicted injuries, attempted suicide
- participation in a war, declared or undeclared, or any act of war
- elective cosmetic or plastic surgery unless required due to injury or sickness; except complications of cosmetic or plastic surgery
- elective sterilization, except complications of an elective sterilization

Pre-existing Condition Exclusion: Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date.

Limitations & Exclusions, cont'd

In addition, no benefits will be paid for any period of disability:

- during which you are not under the Regular Care of a Physician;
- during which you have received 100% of your Pre-disability Earnings under your Employer's Sick Leave or Salary Continuation Plan, except that the minimum weekly benefit shown in the coverage outline will be payable;
- during which you are incarcerated in a corrections facility;
- during which you are receiving; or are eligible to receive Workers' Compensation benefits, regardless of the cause of the disability; or for a disability that would be covered by Workers' Compensation if you had filed a claim.

The Short Term Disability Proceeds will be reduced by the amount of any benefit for loss of income from the following sources which is provided as a result of the period of disability for which benefits are being claimed under the Policy:

1. any state disability program;
2. any Federal Social Security Benefits you, your spouse, and/or your children receive or are eligible to receive because of your disability or retirement;
3. any sick leave paid by the Employer which, when added to the Short Term Disability Benefit, exceeds 100% of your Pre-disability Earnings; and
4. any governmental law or program.

If a lump sum payment is made for any of Items 1-4 above, we will pro-rate the lump sum:

1. over the period of time it would have been paid if not paid in a lump sum; or
2. if the period of time cannot be determined, over a period of 60 months.

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