

## Plan Highlights

# Voluntary Group Short Term Disability Insurance



### FirstFleet, Inc.

#### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

All Active Full-Time Employees working 20 hours or more per week and earning at least \$15,000 annually, except for any person working on a temporary or seasonal basis.

#### BENEFIT AMOUNT

The benefit amount is equal to 60% of your weekly covered earnings, from a minimum of \$25, to a maximum benefit of \$1,250 per week.

#### DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 15th consecutive day of disability.

#### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 24 weeks.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability
- ▶ Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled
- ▶ Transfer of Coverage provision
- ▶ FMLA Continuation
- ▶ Military Services Leave of Absence Continuation
- ▶ W-2 Services

#### VALUE-ADDED SERVICES

- ▶ Telephonic Claim Intake Included

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

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The benefit amount is equal to 60% of your weekly covered earnings, to a maximum benefit of \$1,250 per week.

To calculate your weekly payroll deduction, use the formula indicated below:

1. Enter your **Weekly Earnings**, not to exceed **\$2,083**. 1. \$ \_\_\_\_\_
2. **Multiply** the amount on Line 1 by **0.60**. 2. \$ \_\_\_\_\_
3. Find your rate from the age table displayed. 3. \$ \_\_\_\_\_
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ \_\_\_\_\_
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ \_\_\_\_\_
6. **Multiply** the amount on Line 5 by 12, then **Divide** by 52 to get your weekly payroll deduction. 6. \$ \_\_\_\_\_

Age	Rate per \$10 benefit
18-24	\$0.743
25-29	\$0.743
30-34	\$0.743
35-39	\$0.743
40-44	\$0.743
45-49	\$0.934
50-54	\$1.125
55-59	\$1.347
60-64	\$1.560
65-69	\$2.027
70+	\$2.027

*Example Calculation: Jane Smith is age 35.*

1. Enter your **Weekly Earnings**, not to exceed **\$2,083**. 1. \$ 400
2. **Multiply** the amount on Line 1 by **0.60**. 2. \$ 240 (maximum weekly benefit)
3. Find your rate from the age table displayed. 3. \$ 0.743
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ 178.32
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 17.83 (monthly payroll deduction)
6. **Multiply** the amount on Line 5 by 12, then **Divide** by 52 to get your weekly payroll deduction. 6. \$ 4.11 (weekly payroll deduction)