

Group Short Term Disability Benefits



Why Short Term Disability?

Receiving an income while you're disabled can make an enormous financial difference.

Benefits

- Covers Total Disability resulting from accidents and from sicknesses for up to 13 weeks.
- Weekly benefits are 60% of your Total Weekly Earnings.
- Maximum benefits are \$1,000 per week.
- Benefits begin on the 8th day for Total Disability resulting from accidents and on the 8th day for Total Disability resulting from sickness.
- Benefits are not be payable for pre-existing conditions 3 months prior to your effective date or 12 months after your effective date. Please refer to policy for additional information.

Cost to you

- Short Term Disability ("STD") coverage is contributory, meaning that you are responsible for paying for all of the cost through payroll deduction.
- Calculate your cost by dividing your weekly benefit by 10 and multiplying the result by the rate found in the chart below. Follow the example below to determine your cost.

Your Age	Rate	Your Age	Rate	Your Age	Rate	Your Age	Rate
Under age 25	\$ 0.38	35-39	\$ 0.38	50-54	\$ 0.59	65-69	\$ 0.88
25-29	\$ 0.38	40-44	\$ 0.38	55-59	\$ 0.78	70-74	\$ 0.88
30-34	\$ 0.38	45-49	\$ 0.38	60-64	\$ 0.88	75-79	\$ 0.88

Example Weekly Benefit (60% of earnings)	Divided by 10	Multiplied by rate	Total cost	Example monthly cost*	Cost per pay period
\$ 350	/ 10 = 35	x \$0.38	=	\$ 13.30	[]

Your Weekly Benefit (60% of earnings)	Divided by 10	Multiplied by rate	Total cost	Your monthly cost*	Your cost per pay period*
\$ []	/ 10 = []	x \$ []	= \$ []	\$ []	[]

*

How to enroll

- STD coverage begins once you meet the eligibility requirements, satisfy any Waiting Period applicable to your policy, and complete the enrollment process.
- To enroll, fill out the STD enrollment form available from your employer. Please submit the form to your employer along with any Evidence of Insurability application that may be required.

About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
 - you decline coverage during your initial eligibility period and then want coverage at a later date, or
- All late entrants and increases require Evidence of Insurability.
- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves it.

For complete plan details

- This highlight flyer is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life booklet containing complete plan details.

Limitations

Subject to state variations, no STD benefit will be payable for any disability during any of the following periods:

- any period the employee is not under the regular and continuing care of a physician providing appropriate treatment by means of examination and testing in accordance with the disabling condition
- any period the employee fails to submit to any medical examination requested by Sun Life
- any period the employee engages in any occupation or employment for wage or profit, if partial disability is not included in the plan
- any period of total disability due to mental illness, unless the employee is under the continuing care of a specialist in psychiatric care
- any period of total disability due to drug and alcohol illness, unless the employee is actively supervised by a physician or rehabilitation counselor and is receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life
- if a pre-existing condition limitation applies to the plan, then any period of disability that occurs within the exclusionary period and is caused by, contributed to by, or resulting from a pre-existing condition

Exclusions

Subject to state variations, no benefit will be payable for any total disability that is due to:

- an intentionally self-inflicted injury,
- war, declared or undeclared, or any act of war,
- active participation in a riot, rebellion, or insurrection,
- committing or attempting to commit an assault, felony, or other illegal act,
- injury or sickness for which the employee is entitled to benefits under any workers' compensation, occupational disease or similar law, if coverage type is non-occupational, or
- injury or sickness sustained while doing any act or thing pertaining to any occupation for wage or profit, if coverage type is non-occupational.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your STD booklet for complete information.

This overview is preliminary to the issuance of the policy and booklet certificate. It does not describe the specific benefits under the policy. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 12-SD-C-01, 13-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LH-01, 13-LF-C-01, 13-GPPORT-P-01, 13-LFPort-C-01, 13-ADD-C-01, 13-LTD-C-01, 13-LTD-P-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GP-A-1, and GC-A-1. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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