

VOLUNTARY SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Employees of Sumter County Board of Education

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 20 hours per week to be eligible for coverage.
Coverage Payment	You pay 100% of the premium for this coverage through easy payroll deduction.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> ▪ On the 1st day of your disabling injury. ▪ On the 8th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
Maximum Benefit Period	Short-term disability benefits are available for up to 13 weeks .
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	None
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Weekly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings may include commissions, bonuses, overtime or differentials.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
Waiver of Premium	The premium for your short-term disability coverage is waived while you are receiving benefits.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
EXCLUSIONS & LIMITATIONS	
Pre-existing Conditions Limitation	Disabilities that occur during the first 6 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
Other Exclusions	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.

VOLUNTARY SHORT-TERM DISABILITY BENEFIT AND PREMIUM CALCULATION

Calculate your benefit and premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

Benefit and Premium Calculation Example	
<i>This example is for an employee earning \$42,000 a year.</i>	
A. Enter your annual salary	\$42,000.00
B. Enter the Weekly Benefit percentage	60%
C. Multiply "A" times "B"	\$25,200.00
D. Divide "C" by 52	\$484.62
E. Enter the Maximum Weekly Benefit	\$1000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$484.62
G. Divide "F" by \$10	\$48.46
H. Multiply "G" times \$.650	\$31.50
I. Multiply "I" by 12	\$378.00
J. Enter the annual pay cycle	12
K. Divide "J" by "K"; This is your premium (cost per paycheck)	\$31.50

Benefit and Premium Calculation Worksheet	
A. Enter your annual salary*	
B. Enter the Weekly Benefit percentage	60%
C. Multiply "A" times "B"	
D. Divide "C" by 52	
E. Enter the Maximum Weekly Benefit	\$1000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by \$10	
H. Multiply "G" times \$.650	
I. Multiply "I" by 12	
J. Enter the annual pay cycle	12
K. Divide "J" by "K"; This is your premium (cost per paycheck)	

*If you are uncertain what your current annual salary is, please consult your employer.

To enroll for short-term disability coverage:

- 1) Enter the amount from line "F" in your worksheet into the Voluntary Short-Term Disability Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "K" in your worksheet into the Voluntary Short-Term Disability Premium Amount section on your enrollment form.