

## Short Term Disability Insurance Benefit Summary Twin Falls County

**LIFEWISE**

**ASSURANCE COMPANY**

Life | Disability | Stop Loss

LifeWise Assurance Company (we, us, our) is pleased to provide you with Short Term Disability Insurance benefit for disabilities that are not caused by work-related injuries. The following is a brief summary of the provisions for these benefits. Your plan document will provide a full description of these provisions.

### Your Short Term Disability Insurance

**Disabled and Working** Disabled and working means that you are prevented by injury, sickness, mental illness, substance abuse or pregnancy from performing some but not all of the essential duties of your own occupation, are working on a part-time or limited duty basis and, as a result, your current weekly earnings are more than 20% but are less than or equal to 80% of your pre-disability earnings. You will be considered totally disabled if you are unable to earn more than 20% of pre-disability earnings.

**Coverage Basis** This plan pays for non-occupational sickness or injuries.

### Benefit

**Total Disability Weekly Benefit Amount** 60% of your weekly pre-disability earnings less other income benefits to a maximum benefit of \$1,000.

**Partial Disability Weekly Benefit Amount** If, while covered under this benefit, you are disabled and working, as defined above, the following calculation will be used to determine your weekly benefit:

1. multiply your pre-disability earnings by the benefit percentage; and
2. compare the result with the maximum benefit; and
3. from the lesser, amount deduct other income benefits.

Current weekly earnings will not be used to reduce your weekly benefit; however, if the sum of your weekly benefit and your current weekly earnings exceeds 100% of your pre-disability earnings, we will reduce your weekly benefit by the amount of the excess.

**Minimum Weekly Benefit** \$25

**When Benefit Payments Begin** 15<sup>th</sup> consecutive day for an accident  
15<sup>th</sup> consecutive day for a sickness

With the exception of benefits required by state law, benefits will not begin until the expiration of any employer sponsored salary continuation program.

**Maximum Benefit Duration** Benefits will be payable for a maximum of 11 weeks.

**Integration of Other Income Benefits** We will reduce your benefit by other income you or your spouse or children may receive as a result of your disability. If you receive income from any other source (i.e. state disability plans, mandatory no-fault auto coverage, social security, etc.), this income will be integrated with the weekly benefit we will pay.

**Return to Work During the Elimination Period** Your disability must continue through the elimination period before we begin making payments to you.

**Waiver of Premium** Premium payments for this coverage must continue if you are receiving a short term disability benefit under the policy.

### Exclusions

**Exclusions** No benefit shall be paid for any disability unless you are under the regular care of a physician; that is caused or contributed to by war or act of war (declared or not); caused by your commission of or attempt to commit a felony; caused by or contributed to by your being engaged in an illegal occupation; caused or contributed to by an intentionally self-inflicted injury; for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or sustained as a result of doing work for pay or profit for any employer, including self-employment.

## Short Term Disability Insurance (Continued)

### Other Provisions

<b>Rehabilitative Employment Benefit</b>	If, while you are totally disabled, you accept rehabilitative employment, we will continue to pay a weekly benefit. The weekly benefit we will pay will be equal to your total disability weekly benefit less 50% of any income received from the rehabilitative employment; however, the sum of the weekly benefit and total income received from rehabilitative employment may not exceed 100% of your pre-disability earnings. If this sum exceeds the pre-disability earnings, we will reduce the weekly benefit paid by us by the excess amount. If you remain totally disabled after a period of rehabilitative employment, you may continue to receive benefits under the total disability benefit, subject to the maximum payment period for such benefit.
<b>Recurrent Disability</b>	<p>If you return to work as an active employee and, within 14 consecutive days of your return to work, become disabled due to the same or a related cause, we will consider the prior disability and the recurrent disability one period of disability, provided the policy remains in force.</p> <p>If you return to work as an active employee for 14 consecutive days or more, any recurrence of a disability will be treated as a new disability.</p>
<b>Termination of Benefits</b>	We will stop payments on the earliest of the following dates: the date you are no longer disabled; the date you fail to furnish proof of loss; the date you are no longer under the regular care of a physician; the date you refuse our request that you submit to an examination by a physician or other qualified medical professional; the date of your death; the date you refuse to receive recommended treatment that is generally acknowledge by physicians to cure, correct or limit the disabling condition; the last day benefits are payable according to the maximum duration of benefits; the date no further benefits are payable under any provision in the policy that limits benefit duration; the date you refuse to participate in a rehabilitation program, or refuse to cooperate with or try modifications made to the work site or job process to accommodate your identified medical limitations to enable you to perform the essential duties of your occupation, or adaptive equipment or devices designed to accommodate your identified medical limitations to enable you to perform the essential duties of your occupation.

### Claim Form Assistance

<b>Assistance</b>	You can access forms related to these benefits by contacting your Plan Administrator or visiting our website at <a href="http://www.lifewiseac.com">www.lifewiseac.com</a> .
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*This is a brief summary and explanation of the insurance benefits and does not constitute a contract. The full terms and conditions of this coverage are set forth in a contract between LifeWise Assurance Company and your employer. Claim payments are based solely on that contract.*