

# E-Z Choice Short-Term Disability (STD)

## E-Z Choice Short-Term Disability (STD) Insurance Provides:

- Guaranteed Issue\* – no medical questions
- Choice of Flat Amounts or Percentage of Weekly Earnings of 50%, 60%, 66<sup>2</sup>/<sub>3</sub>% or 70%
- Maximum Weekly Benefit up to \$1,000
- 13 or 26 Week Benefit Duration
- Pre-Existing Conditions - Benefit Limitations
- Partial Disability Benefit
- Benefits for Maternity as any Other Illness
- Flexible Claims Submission via Web, Phone or Fax

\*For employees who enroll on a timely basis. (See Non-Medical Issue.)

## E-Z Choice Short-Term Disability (STD) Plan Benefits and Features

<b>Benefit Duration</b>	Choice of 13 or 26 Weeks
<b>Commencement of Benefits</b>	First day for a disability due to an accident and on the 8th day for a disability due to sickness
<b>Benefit Amounts</b>	Choice of flat amounts or percentage of weekly earnings equal to: 50%, 60%, 66 <sup>2</sup> / <sub>3</sub> % or 70%, rounded to the nearest \$10 figure. Flat amounts or percentage amounts must be the same for all employees in the same class. <sup>1</sup>
<b>Maximum Weekly Benefit</b>	2 to 5 lives – \$750 6 to 24 lives – \$1,000
<b>Minimum Weekly Benefit</b>	\$10 (after reduction by any other income)
<b>Maternity Benefit</b>	Paid as any other illness <sup>2</sup>
<b>Pre-existing Conditions Benefit Limitations</b>	If pre-existing condition exists, benefits are paid as any other illness for groups of 10 or more as long as the disability begins after the insured employee's coverage takes effect. For groups of 2 to 9 employees, the benefit for the first 6 months of coverage will be the lesser of 50% of the STD benefit or \$50 for a maximum of 5 weeks.
<b>Partial Disability Benefit</b>	Provides compensation if a disabled employee returns to part-time work at less than full-time pay
<b>Employee Eligibility</b>	Minimum of 30 hours per week
<b>Group Size</b>	2 to 24 employees
<b>Contributions</b>	Employers pay all or part of premium. (Employees can pay up to 100% of premium.)
<b>Participation</b>	2 to 5 employees – all must be insured 6 to 9 employees – all but one must be insured 10 to 24 employees – 75% must be insured
<b>Non-medical Issue</b>	Coverage is available for all eligible employees who enroll on a timely basis
<b>Rate Guarantee</b>	Initial rate table is guaranteed for 24 months

<sup>1</sup> Benefits for groups covered in California, Hawaii, New Jersey or Rhode Island, are subject to a maximum weekly benefit amount of 20% of the employee's weekly earnings and will not be reduced by benefits received from other sources as a result of the same disability.

<sup>2</sup> Subject to pre-existing condition benefit limitation.

## Key Features of our Return to Wellness Program

E-Z Choice STD offers employees more than income protection. We also offer Return to Wellness - a program of support that helps employees return quickly and safely to the workplace, even on a part-time basis. This progressive approach to rehabilitation combines early intervention through flexible claim notification, nurse case consultation, vocational rehabilitation, Social Security assistance and an on-line case management system.

## General Plan Information

### Eligibility

**Employer Eligibility:** Most employers with two or more employees are eligible to participate in this program; those that are ineligible are listed on the reverse side of the rate calculation sheet. Employers with less than 10 eligible employees must have been in business for a minimum of six months.

**Employee Eligibility:** For an employee to be eligible, he or she must:

- Perform all the duties of his or her occupation on a full-time basis (30 or more hours per week), and
- Have at least 30 days continuous service, except for minor interruptions of not more than a total of five days.

### Class Carve-Out Provision

The employer may create classes of employees by occupational duties or by pay levels to carve out “preferred employees” for different levels of coverage. All employees within a given class must be enrolled for the same benefit amount.

### Participation

The following minimum participation requirements must be met:

Number of Eligible Employees	Minimum to be Insured
2 to 5	All
6 to 9	All but one
10 to 24	75% of all eligible employees

If classes of employees are insured, these minimums must be met within each class.

### Contribution Options

There are three ways to pay for E-Z Choice STD:

- The employer can pay 100% of the premium. If so, all eligible employees in each class must be insured.
- The employee can pay 100% of the premium.
- The cost can be shared between employer and employees.

### Non-Medical Issue

All eligible employees who enroll on a timely basis will be accepted. Employees enrolling more than 31 days after they become eligible may be required to provide satisfactory evidence of insurability.

### Effective Date

E-Z Choice STD may be effective on the first or the 15th day of the month provided that the submission (E-Z Choice Request for Participation & Enrollment Form and other pertinent materials as indicated on the form) is postmarked no later than five business days after the chosen effective date.

Insurance for new employees will become effective on the greater of the first day of the month following 30 days of continuous employment, or the Waiting Period as selected by the employer.

## Benefit Amounts

Employers can arrange benefits one of two ways. Benefits can be selected as a:

\$750 per week	2-5 lives
\$1000 per week	6-24 lives

**Percentage of Earnings:** Employers can choose benefits equal to 50%, 60%, 66<sup>2</sup>/<sub>3</sub>% or 70% of weekly earnings to a maximum benefit of:

The benefit amount should then be rounded to the nearest \$10 figure. The percentage must be the same for all employees in the same class.

**Flat Dollar Amount:** These benefits should be selected in \$10 increments to a maximum benefit of: \$750 per week, 2 – 5 lives; \$1,000 per week, 6 – 24 lives. The minimum flat dollar amount that can be elected is \$100. The flat amount must be the same for all employees in the same class.

## Pre-existing Condition - Benefit Limitations

For groups with 10 or more insured employees, full benefits are paid for disabilities resulting from a Pre-Existing Condition as long as the disability begins after the insured employee's coverage takes effect.

For firms with two to nine insured employees, full benefits will be paid for a Pre-Existing Condition when the disability begins after the employee has been insured for more than six months. When a disability results from a Pre-Existing Condition during the first six months of coverage, the Pre-Existing Condition benefit will be the lesser of 50% of the E-Z Choice STD weekly benefit amount or \$50 per week. The maximum benefit period for a Pre-Existing Condition is five weeks.

A Pre-Existing Condition is a sickness or injury for which a covered employee received medical care, diagnosis, treatment or consultation or was prescribed drugs during the three months before the effective date of coverage.

## Rate Guarantee

Rate tables are guaranteed for 24 months after the effective date, except for increases in an employee's age. We will notify employers in writing at least 31 days (subject to individual state law) before changing rate tables.

Rates for insured employees moving from one age bracket to another will change on the premium due date following the insured employee's date of birth.

## Return to Wellness Program

Disability Management Services under this program include:

- Flexible claim reporting
- Early claim intervention
- Nurse case consultation
- Cost-effective return-to-work programs
- On-line disability management system
- Fully integrated short and long term disability plans (purchased through Sun Life Financial) providing seamless disability protection.

## Definitions of Disability

**Total Disability:** To receive E-Z Choice STD benefits, the insured employee must be unable to perform all the material duties of his or her regular occupation; be under the regular and continuing care of a physician; and be insured under the policy at the time the disability commences.

**Partial Disability:** Partial Disability means that as a result of sickness or injury which caused the total disability, the insured employee is unable to perform all of the material duties of his or her regular occupation on a full-time basis and is performing at least one of the material duties of his or her regular occupation or any occupation on a full-time or part-time basis.

E-Z Choice STD pays Partial Disability benefits when the insured employee:

- Requires regular attendance of a physician; and
- Submits proof of continuing partial disability.

The benefit amount will be reduced by 50% of any earnings received while the employee is partially disabled. Minimum benefit amounts do not apply to a period of Partial Disability.

The insured employee can collect Partial Disability benefits until the earliest of the date: Partial Disability ends; the maximum benefit period ends; or the death of the insured.

### **Successive Disability**

If a disability from the same or related condition recurs within the 14 day period after returning to active, full-time work or if the successive periods of disability are due to injuries received in one accident, E-Z Choice STD benefits will continue under the same maximum benefit period. When two periods of disability are separated by more than 14 days, or are the result of two different conditions, the second will be treated as a new period of disability.

### **Benefit Coordination**

Benefits paid by E-Z Choice STD will not be reduced by individual disability income benefits. Benefits for groups covered in California, Hawaii, New Jersey or Rhode Island will not be reduced by benefits received from other sources as a result of the same disability.

### **Stand-Alone Coverage**

E-Z Choice STD can be sold on a stand-alone basis or in combination with other group products underwritten by Genworth Life and Health Insurance Company (subject to state availability). E-Z Choice LTD, when added to E-Z Choice STD, provides a complete disability management program.

### **Exclusions**

The E-Z Choice STD insurance plan does not cover disability caused by or resulting from: intentionally self-inflicted injuries; attempted suicide; work related injury or sickness; war or act of war; active participation in a riot; or participation in the commission of a felony.

The exclusion for work related injury or sickness will not apply to corporate officers, partners or proprietors of the employer who are not eligible for coverage under Workers' Compensation or Occupational Disease Law or similar legislation.

### **Termination**

Employee coverage will cease on the earliest of the following:

- the employee is no longer actively-at-work.
- the employee ceases to be in a class of employees who are eligible for such coverage.
- any required contribution is not received.
- the employer's participation under the policy is terminated.
- participation drops below two eligible employees.
- the employee is laid off or goes on a leave of absence.

The group disability policy advertised provides disability income insurance only. It does NOT provide basic hospital, basic major medical or major medical insurance as defined by the New York State Insurance Department.

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