
GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on June 23, 2023.

POLICY INFORMATION

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| Policyholder: | Stephens County School System |
| Policy Effective Date: | July 1, 2023 |
| Policy Anniversary: | July 1 |
| Policy Number: | GUC-CBJ5 |
| Group Number: | G000CBJ5 |
| Classification: | All Eligible Employees electing 30/30 to 50% |
| Minimum Work Hours Required: | 20 hours per week |
| Eligibility Present Waiting Period: | 30 day |
| Eligibility Future Waiting Period: | 30 day |
| When Insurance Begins: | The first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate. |
| Elimination Period: | |
| Injury: | 30 calendar days |
| Sickness: | 30 calendar days |

BENEFITS

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| Weekly Benefit Percentage: | 50% |
| Maximum Weekly Benefit: | \$1,500 |
| Minimum Weekly Benefit: | \$25 |
| Maximum Benefit Period: | 9 weeks |
| Conversion: | Included |
| Reasonable Accommodation Benefit: | The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit. |
| Vocational Rehabilitation Benefit: | 5% |

LIMITATION

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| Pre-existing Condition Limitation: | 3/6 |
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