
GROUP 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 August 12, 2013.

POLICY INFORMATION

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| Policyholder: | St. Clair County Commission |
| Policy Effective Date: | August 1, 2013 |
| Policy Anniversary: | August 1 |
| Policy Number: | GUG-AQB4 |
| Group Number: | G000AQB4 |
| Classification: | All Eligible Employees excluding Elected Officials |
| Minimum Work Hours Required: | 40 hours per week |
| Eligibility Present Waiting Period: | None |
| Eligibility Future Waiting Period: | 60 days |
| Elimination Period: | |
| Injury: | 0 calendar days |
| Sickness: | 7 calendar days |

BENEFITS

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|------------------------------------|--|
| Maximum Weekly Benefit: | \$70, not to exceed 100% of Your Basic Weekly Earnings |
| Minimum Weekly Benefit: | \$25 |
| Maximum Benefit Period: | 26 weeks |
| Survivor Benefit: | Included |
| Vocational Rehabilitation Benefit: | 5% |

