



## Summary of Benefits

### Short Term Disability Benefit Summary

<b>Group ID:</b>	00336041	<b>Member Coverage Type:</b>	Contributory
<b>Group Name:</b>	DILLON FAMILY MEDICINE, P.A.	<b>Class:</b>	0001 ALL OTHER ELIGIBLE EMPLOYEES
<b>Waiting Period:</b>	1st of the month following 30 day(s)	<b>As of Date:</b>	11/17/2018

### Coverage Information

<b>Weekly Volume</b>	60% of weekly earnings
<b>Guaranteed Issue</b>	There is no guaranteed issue. All amounts are approved.
<b>Maximum Amount</b>	\$500
<b>Waiting Periods (Benefits begin on ...)</b>	Accident: Day 15 Illness: Day 15
<b>Maximum Payment Period</b>	26 weeks

### Plan Information

<b>When is my policy effective?</b>	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
<b>How are my earnings defined?</b>	Earnings means your weekly earnings excluding commissions, expense accounts, and any other extra compensation. Earnings include the average of your bonuses for the previous 24 months.
<b>Can I take the policy with me if I leave the company?</b>	No.
<b>Do I have to answer medical questions as part of purchasing insurance?</b>	No.
<b>Can I return to work part time while I'm disabled</b>	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

### Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment:

- a. exceeding one year; or
- b. in an area under travel warning by the US Department of State, subject to state specific variations.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

### Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

### Other

When applicable, this coverage will integrate with any mandated state disability plans.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.