
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 October 7, 2020.

POLICY INFORMATION

Policyholder:	Madison County School District
Policy Effective Date:	January 1, 2014
Policy Anniversary:	January 1
Policy Number:	GUC-ARFG
Group Number:	G000ARFG
Classification:	All Eligible Employees
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	30 days
Eligibility Future Waiting Period:	30 days
When Insurance Begins:	the first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,250
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	11 weeks
Portability:	Included
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	5%

LIMITATION

Pre-existing Condition Exclusion:	3/6
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