

GROUP *Short Term Disability*

FLEXIBLE DESIGN WITH INNOVATIVE BENEFITS

Short Term Disability is designed to encourage ultimate flexibility. Designs can be perfectly simple, easily adjusted to match an existing plan, or enhanced with innovative benefits.

Build in the Basics

- Waiver of Premium
- Partial Disability
- Conditional Portability
- Initial Rate/Premium Guarantee
- Experience Rating

BENEFITS

Total Disability Benefit

The amount of the Total Disability Benefit equals the maximum benefit amount minus any deductible sources of income.

Definition

- Choice of own occupation or any occupation definition
- Insured is unable, due to non-occupational sickness or injury, to do the substantial and material duties of his or her regular job/any occupation; and is not doing any work for pay or benefits

Partial Disability Benefit

Option A: The maximum benefit amount minus any deductible source of income.

Option B: The maximum benefit amount minus 50% of deductible sources of income.

Option C: Benefit equals 50% of the maximum benefit amount for up to six months.

Definition

- Insured is unable, due to non-occupational sickness or injury, to do one or more, but not all the substantial and material duties of his or her regular job/any occupation
- Insured has a 20% loss in pre-disability earnings due to the same non-occupational sickness or injury
- Insured is not totally disabled
- (Options B and C only) Insured was Totally Disabled during the elimination period and for at least four consecutive weeks following the elimination period for the same non-occupational sickness or injury

Rely on Complete Coverage

- Mental Illness
- Drug and Alcohol
- Pre-Existing Credit for Takeover groups

Experience Benefit Innovation

- Pre-Existing Condition Benefit
- Survivor Benefit
- Critical Care/FMLA
- Terminal Illness
- Organ Donation

Covered Conditions

- Non-occupational sickness or injury
- Pregnancy
- Complications of Pregnancy

Pre-Existing Condition

Definition

Sickness or injury for which the insured had received medical treatment, consultation, care or services including diagnostic measures, or had taken prescribed drugs or medicines in the 3/6/12 months immediately prior to the effective date.

Limitation

No benefits will be paid for any disability caused by or resulting from a pre-existing condition, which begins in the first 6/12/24 months after the insured's effective date.

Pre-existing Condition Credit for Takeovers

An insured will receive credit for a pre-existing period that has been satisfied with the prior group carrier for like benefits, as long as there is no lapse in coverage between the termination date with the prior group carrier and the effective date. The benefit is the lesser of the amount paid by the prior plan (had it remained in force) and the benefit under this coverage.

Maximum Benefit Periods

- 13 to 104 weeks
- 3, 6, 12, 24 months

Injury/Sickness Elimination Periods

0/7, 7/7, 0/14, 7/14, 14/14, 0/30, 7/30, 14/30, 30/30, 60/60, 180/180, 365/365

Standard Eligibility

Active full-time employees, age 17 to 67, on the job 90 days; longer than 90 days for part-time employees.

Flat Dollar Amount Design

Guaranteed Issue

- \$300 to \$3200/month, in \$100 increments, up to 50 or 60% of earnings*
- \$100 to \$750/week, in \$50 increments, up to 50 or 60% of earnings*

Modified Guaranteed Issue

- \$300 to \$6000/month, in \$100 increments, up to 67% of earnings*
- \$100 to \$1350/week, in \$50 increments, up to 67% of earnings*

Percentage of Earnings Design

Guaranteed Issue

50 or 60% of earnings* up to \$3200/month or \$750/week

Modified Guaranteed Issue

50, 60, or 67% of earnings* up to \$6000/month or \$1350/week

GI and MGI designs can be offered simultaneously within a group.

Participation Requirements

GI – 20% of eligible employees

MGI – 15 applications

*Earnings do not typically include commissions, bonuses, overtime or special pay.

ADDITIONAL BENEFIT OPTIONS

Waiver of Premium

After 30 days of total disability or the elimination period, if longer, payment of premiums will be waived for as long as Total Disability continues, but not beyond the maximum benefit period.

Conditional Portability

If employment ends, an insured may continue coverage for up to 12 months, as long as the group plan stays in force.

Pre-existing Condition Benefit

25% of the maximum benefit amount will be paid for any Total Disability caused by or resulting from a Pre-Existing Condition which begins in the first 6/12/24 months after the effective date. Benefit will be paid for four weeks or the duration of the benefit period, but not more than 52 weeks.

Critical Care/FMLA

If an insured goes on family medical leave of absence to provide full-time care for a dependent or family member who suffers from a sickness or injury, 25 percent of the maximum benefit amount is paid, up to \$500 per month for up to 12 weeks.

Organ Donation

If an insured voluntarily donates an organ and as a result is Totally Disabled, the disability will be considered a result of sickness. A Total Disability Benefit will be paid for up to 52 weeks, subject to the elimination period and maximum benefit period.

Survivorship

The eligible survivor will be paid a lump sum benefit equal to two times the maximum benefit amount if on the date of death, the insured's Total Disability (or Partial Disability) had continued for 30 or more consecutive days; and the insured was receiving or eligible to receive Total Disability or Partial Disability payments.

Terminal Illness

If an insured becomes terminally ill after having been Totally Disabled (or Partially Disabled) for 30 days, the maximum benefit amount will be paid for the remainder of the maximum benefit period, not to exceed 52 weeks. The benefit will be paid in a lump sum payment.

Mental Illness/Drug and Alcohol Coverage Options

Same as any Other Illness

Disability due to mental illness or drug and alcohol abuse is covered the same as any other sickness or injury.

6-Month Limited Benefit

The maximum benefit period for all disabilities due to mental illness, drug and alcohol abuse is 6 months.

No coverage

Disabilities due to mental illness, drug and alcohol abuse are excluded from coverage.

Trustmark Voluntary Benefit Solutions®

Rated A- (EXCELLENT) A.M. Best • Rated A- (STRONG) Fitch

Underwritten by Trustmark Insurance Company

Lake Forest, IL 60045 • (800) 840-4692 • www.trustmarksolutions.com

This brochure is published for the use of Trustmark producers. It provides a brief description of voluntary benefit protection, Form VGD-404, and it is not a contract. Benefits, definitions, exclusions and limitations may vary by state.