

DEFINED CONTRIBUTION INSURANCE PLAN

VOLUNTARY SHORT TERM DISABILITY INSURANCE BENEFITS

A Voluntary Short Term Disability Insurance Benefit is provided for disabilities that are not caused by work-related injury or sickness. Benefits are payable to an employee during total disability while under the regular care of a licensed physician. Total disability is defined as the employee's inability to engage in any occupation for which he or she is or becomes qualified by education, training, or experience.

Class Description	All full-time employees RATE (effective 01/01/22) \$0.90 per \$10 of benefit						
Disability Insurance Benefit	60%, to maximum benefit of \$1,250 per week Maternity covered the same as any other illness.						
Benefits Begin	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Accident</th> <th style="text-align: left;">Sickness</th> <th style="text-align: left;">Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Day 8</td> <td style="text-align: left;">Day 8</td> <td style="text-align: left;">26 weeks</td> </tr> </tbody> </table>	Accident	Sickness	Maximum Benefit Period	Day 8	Day 8	26 weeks
Accident	Sickness	Maximum Benefit Period					
Day 8	Day 8	26 weeks					
Pre-existing Exclusion	<p>We will not cover a disability that begins in the first 12 months after the effective date.</p> <p>This applies if the disability results from a pre-existing condition with treatment within 12 months prior to the effective date.</p>						

ADDITIONAL BENEFITS

Partial Disability Insurance Benefit	If a partially-disabled employee returns to work on a part-time basis during a period of disability for which Group Short Term Disability Insurance Benefits for total disability have been paid, a Partial Disability Insurance Benefit may be paid. Eligibility for such benefit will be defined in the Master Policy. The Partial Disability Insurance Benefit will be an amount equal to the employee's full Group Short Term Disability Insurance Benefit less 50% of the employee's part-time wages.
Benefit Period	Benefits begin on the day of disability specified on the Schedule of Benefits page and continue until the end of the period of disability or until the maximum number of weeks shown on the Schedule of Benefits page is reached, whichever is earlier.
Successive Disabilities	A disability resulting from the same or related causes of a preceding disability will be considered as a continuation unless the employee has been back to active work on a full-time basis for at least two weeks (fourteen days).
Maternity Coverage	The benefit is indicated on the Schedule of Benefits page. Complications of pregnancy are treated in the same manner as for any other sickness. An insured's disability caused by her pregnancy is covered if she becomes disabled as a result of the condition while she is insured. The benefit period is up to the maximum period shown on the Schedule of Benefits page.

COVERAGE LIMITATIONS

- No benefits will be payable under this coverage for any loss resulting from:
1. Disability while not being continuously treated by a legally qualified physician or surgeon;
 2. Injury or sickness arising out of work for wage or profit.

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This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

These benefits are provided by Policy Form No. ICC20-CL-STD-1000-P.

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VOLUNTARY SHORT TERM DISABILITY INSURANCE

Voluntary Short Term Disability Insurance

Limitations

The Policy will not pay benefits for any disability which is a result of:

1. being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the Certificate's Effective Date;
2. Injury or Sickness that, in either case, arises out of work for wage or profit;
3. an intentionally self-inflicted Injury or a suicide attempt;
4. declared or undeclared war, or any act of war, or which results from active duty in the armed forces of any country or international authority;
5. participation in a riot or insurrection, or commission of, or attempt to commit an assault or felony, or while engaged in an illegal occupation.

Pre-existing Condition Limitations

Companion Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under this Policy.

Formula to estimate your short-term disability monthly premium*:

Your annual salary / 52 weeks X .60 (since benefit is 60% of weekly pay) X the rate per \$10 / 10

***Home Instead contributes up to \$15 per month to help cover any Companion Life premiums, so our contribution would lower your monthly payment.**