



Group Short Term Disability Summary for Eligible Employees of City of Malden

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

All Full-Time Active Employees working a minimum of 30 hours per week are eligible for coverage. If an Employee is not actively at work on the effective date then insurance will not become effective until they return to active employment.

Short Term Disability Benefit

- The Weekly Short Term Disability benefit is 60% of Basic Weekly Earnings rounded to the next highest \$1 to a Maximum of \$1,150 and with a Minimum of \$25.
- There is a 30 Day Elimination Period for benefits if disability is caused by Accident or Injury. There is a 30 Day Elimination Period for benefits if caused by Sickness. The date that benefits begin is referred to as the benefit commencement date. The benefit commencement date is the last day of the elimination period listed above or after the end of sick leave, whichever is greater.
- The Maximum Payment Duration is 22 Weeks.
- This coverage is Non-Occupational coverage – This means that you are covered 24 hours per day for sicknesses and injuries occurring off the job.

Definition of Disability

Disability means that, due to your sickness or injury you are unable to perform all of the material and substantial duties of your regular occupation and you have had a 20% or more loss in your weekly earnings.

Benefits will be based on Pre-Disability Earnings.

Your Basic Weekly Earnings also referred to as your Pre-Disability Earnings is defined as your gross income from your employer in effect just prior to your date of disability. It includes your total income before taxes and any deductions for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, or any other extra compensation or income received from sources other than your employer.

Exclusions

We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.

In addition, we will not cover occupational sickness or injury unless the insured is a partner or sole proprietor not covered by Workers Compensation.

Cost of Coverage

You pay the cost of this STD benefit on a post-tax basis.

Age Band	Monthly Rate Per \$10.00 of Benefit
<25	\$0.44
25-29	\$0.46
30-34	\$0.48
35-39	\$0.54
40-44	\$0.69
45-49	\$0.82
50-54	\$0.95
55-59	\$1.28
60-64	\$1.64
65+	\$1.880

Also available to you...

Telephonic EAP*

- 24/7 Access Unlimited Telephonic Counseling
- Toll-Free 800-847-7240
- Legal Services – initial 30 minute in-office or phone consultation at no cost; 25% discount beyond initial consult
- Online Will Preparation
- Financial Services – one initial 60 minute phone consultation at no cost; 25% discount beyond initial consult

Online Work-Life Resources*

- 24/7 Access On-Line Work-Life Resources
- Financial Calculators
- Child and Eldercare Resources
- Health and Wellness Resources
- Additional Legal and Financial Resources
- www.my-life-resource.com

User Name: **worklife**

Password: **myresource**

*Services provided by Health Management Systems of America – a nationally recognized leader in the field of Mental and Behavioral Health Care Services. These services are not part of your Boston Mutual policy/contract.