



# Group Short-Term Disability Benefits

## Benefit Highlights

for Employees of Cenergistic

All Eligible Employees

### **Disability Can Happen to Anyone.**

Want to know more  
about your chances  
of becoming disabled?

Sun Life Financial  
is a founding member  
of the Council for  
Disability Awareness.

Visit

**[www.disabilitycan  
happen.org](http://www.disabilitycanhappen.org)**

and find out your  
Personal Disability  
Quotient.

### **Benefits**

- Coverage for All Full-Time United States Employees working in the United States working 30 hours or more per week.
- Coverage for Total Disability resulting from accidents and sicknesses for up to 25 weeks.
- Weekly benefits are 60% of your weekly salary to a maximum of \$1,500 per week.
- Benefits begin on the 8th day for Total Disability resulting from accidents and on the 8th day for Total Disability resulting from sickness.

# Group Short Term Disability Benefits

## Benefit Highlights (continued)

### Cost to you

- STD coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your cost by dividing your weekly benefit by 10 and multiplying the result by the rate found in the chart below. Follow the example below to determine your monthly cost.

Your Age	Rate	Your Age	Rate	Your Age	Rate	Your Age	Rate
Under 25	\$0.167	35–39	\$0.239	50–54	\$0.327	65–69	\$0.568
25–29	\$0.270	40–44	\$0.246	55–59	\$0.348	70 and Over	\$0.523
30–34	\$0.313	45–49	\$0.278	60–64	\$0.546		

Example Weekly Benefit (60% of earnings)	Divided by 10	Multiplied by rate	Total Cost	Example monthly cost*	Cost per pay period
\$350	/ 10 = 35	X \$0.40	= \$14.00	\$14.00	[ ]
Your Weekly Benefit 60% of earnings	Divided by 10	Multiplied by rate	Total Cost	Your monthly cost*	Your cost per pay period
\$	/ 10 =	x \$	x \$	x \$	\$

\*The rate is in effect for 03/01/2015. Contact your employer to confirm the portion of the cost for which you will be responsible

# Group Short-Term Disability Benefits

## Benefit Highlights (continued)

### How to enroll

- STD coverage begins once you meet the eligibility requirements, satisfy any waiting period applicable to your policy, and complete the enrollment process.
- To enroll, fill out the STD enrollment form available from your employer. Please submit the form to your employer along with any Evidence of Insurability application that may be required.

### For complete plan details

- This highlight flyer is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- For complete plan designs, you may request a copy of the Sun Life Financial Group booklet from your employer.

### About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - you decline coverage during your initial eligibility period and then want coverage at a later date.
- All late entrants and increases in coverage require Evidence of Insurability.
- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves the application in writing.

### Limitations

No STD benefit will be payable for any disability during any of the following periods:

- any period you are not under the regular and continuing care of a physician providing appropriate treatment by means of examination and testing in accordance with the disabling condition
- any period you fail to submit to any medical examination requested by Sun Life
- any period you engage in any occupation or employment for wage or profit, if partial disability is not included in the plan
- any period of Total Disability due to mental illness, unless you are under the continuing care of a specialist in psychiatric care
- any period of Total Disability due to drug and alcohol illness, unless you are actively supervised by a physician or rehabilitation counselor and receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life

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## Benefit Highlights (continued)

### Exclusions

Subject to state variations, no STD benefit will be payable for any Total Disability that is due to:

- an intentionally self-inflicted injury,
- war, declared or undeclared, or any act of war,
- active participation in a riot, rebellion, or insurrection,
- committing or attempting to commit an assault, felony, or other illegal act,
- injury or sickness for which the employee is entitled to benefits under any workers' compensation, occupational disease or similar law, if coverage type is non-occupational, or
- injury or sickness sustained while doing any act or thing pertaining to any occupation for wage or profit, if coverage type is non-occupational.

If a pre-existing condition limitation applies to the plan, then no STD benefit is payable for any period of disability that occurs within the exclusionary period and is caused by, contributed to by, or resulting from a pre-existing condition. For more information, consult with your Benefits Administrator.

This summary represents a general overview. Limitations and exclusions may vary depending on state requirements and your specific benefit plan. Please review your STD booklet for complete information.

This overview is preliminary to the issuance of the policy and booklet certificate. It does not describe the specific benefits under the policy. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 12-GP-01, and 12-DI-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) under Policy Form Series 13-GP-LH-01 AND 13-GP-LF-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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