

Short Term Disability Income Insurance

Explore Your Benefits & Costs



Group Name: Heartland Employment Services, LLC
Group Number: 712710

Life doesn't stop when you're unable to work. If a maternity leave, planned surgery, or unexpected illness or injury affect your income, **Short Term Disability Income Insurance** can help. This document includes cost and coverage information about Short Term Disability Income Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage



Group pricing makes coverage more cost-effective



One dedicated claim analyst guides you throughout your leave

More than half (60%) of US households have less than \$6,275 in liquid cash. That's what it would take for a family of four to replace income at the poverty level for three months.¹ Help keep a portion of your income protected with the Short Term Disability Income Insurance that's available to you through your employer.

¹ "The State of Disability Coverage in America," Council for Disability Awareness, 2019.

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Choose coverage to fit your needs

With Short Term Disability Income Insurance, you'll still be able to replace a portion of your income if a disabling illness or injury prevents you from working. When you become disabled, you must complete a waiting period before benefits are payable (Learn more in the "Before benefit payments begin" section below). When benefit payments begin, here's how much you'll receive:

Coverage Amount	
60% of your weekly earnings	
Coverage Amount	
Coverage Minimum	\$20 per week
Coverage Maximum	\$1,500 per week



Waiting period

Waiting period

- The benefit waiting period for a disability caused by an accidental injury* is 14 days
- The benefit waiting period for a disability caused by a sickness is 14 days

*You must see a doctor within 48 hours of the accident. If you do not, the benefit waiting period for sickness will apply.



How long benefit payments last

Short Term Disability Income Insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive Short Term Disability benefit payments is 13 weeks.

How much does it cost?

Rates shown are guaranteed until: 01/01/2023. Your premiums are deducted on a post-tax basis.

Use the chart below to find your monthly cost, based on the amount of coverage you'd like to elect. You can elect up to 60% of your basic weekly earnings. (Your "basic weekly earnings" are the weekly salary or wage you receive from your employer, not including commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than your Employer).

Short Term Disability Income Insurance rates

Age*	Monthly rate per \$10 of weekly benefit
<25	\$1.016
25-29	\$0.759
30-34	\$0.667
35-39	\$0.592
40-44	\$0.625
45-49	\$0.667
50-54	\$0.692
55-59	\$0.742
60-64	\$0.759
65-69	\$0.759
70+	\$0.759

*Age at the start of the plan's current policy year.



To calculate your cost:

1. Enter your basic annual earnings.	\$
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.	\$
3. Enter the maximum benefit percentage.	60%
4. Multiply the figure from Step 2 by the percentage in Step 3.	\$
5. Enter the Maximum Weekly Benefit for the plan.	\$1,500
6. Take the lesser of the amounts shown in Step 4 or Step 5; this is your weekly benefit .	\$
7. Divide your weekly benefit that you calculated in Step 6 by 10.	\$
8. Multiply the result in Step 7 by your rate from the grid above. This is your monthly premium .	\$
9. To determine your payroll deduction amount: Multiply your total monthly premium by 12 for your annual premium amount. Then, divide by your number of paychecks per year for your payroll deduction amount.	\$

Your eligible annual earnings are the salary or wage you receive from your employer.

It does not include:

- Bonuses
- Commissions
- Overtime pay

Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Sickness or injury which occurs in any armed conflict, whether declared as war or not, involving any country or government.
- Sickness or injury which occurs while you are on military service for any country or government.
- Intentionally self-inflicted injury or illness, whether you are sane or insane.
- Injury which occurs when you commit or attempt to commit a felony.
- Injury suffered in a fight in which you are the aggressor.
- Sickness or injury due to cosmetic or reconstructive surgery, except for surgery necessary to correct a deformity caused by sickness or accidental injury.
- Sickness or accidental injury for which you have or had a right to payment under a workers' compensation or similar law. This includes payment you would have been entitled to receive if the Policyholder had not declined to provide workers' compensation insurance as allowed by the Policyholder's state of domicile.
- Sickness or accidental injury arising out of or in the course of work for pay, profit, or gain.

We will not pay benefits for the portion of any period of disability that you are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

We will not pay an additional benefit for disability caused by both sickness and accidental injury or by more than one sickness or accidental injury.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.

Pre-existing conditions: We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 12 months** following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 12** months just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

*Limitations and exclusions will vary by state and by your employer's benefit plan.

**The length of the pre-existing condition "limitation" period and "look-back" period may vary for your employer's plan. Contact your employer for details.



Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/Home/hcrmanorcare>

This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form ICC19 RL-STD-POL-19 (may vary by state).

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