

Short Term Disability Income Coverage

Explore Your Benefits & Costs

Group Name: Bergstrom, Inc.
Group Number: 725111
Class: All Active Full-Time Salaried and Hourly Employees

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 Coverage** can help. This document includes cost and coverage information about Short Term Disability Income Coverage 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 Coverage 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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Get basic coverage at no cost

Your employer is providing basic Short Term Disability Income Coverage to you at no cost to you. This means that if a disabling illness or injury prevents you from working, you'll still be able to replace a portion of your income.

When you become disabled, you must complete a waiting period before benefits are payable. When they do begin, here's how much you'll receive:

Coverage Amount
Hourly: 60% of your weekly earnings to a weekly maximum of $1,500
Salaried: 60% of your weekly earnings to a weekly maximum of $3,500

Waiting period	**Waiting period** ▪ The benefit waiting period for a disability caused by an accidental injury is 0 days ▪ The benefit waiting period for a disability caused by a sickness is 7 days
How long benefit payments last	Short Term Disability Income Coverage 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.

Evidence of Insurability (health questions)

You do not need to provide evidence of insurability to be covered.

Exclusions and limitations

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

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.

- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.
- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

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.

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.

- 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.

Benefits are not payable 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.

Even though you may experience multiple reasons for your disability, only one Disability benefit is payable at any given time.

Your benefits will be reduced by other income you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

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

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/Bergstrom

This is a summary of benefits only. A complete description of coverage will be provided in the plan documents. ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies, provides only administrative services for self-funded short term disability income plans.

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