

# VOLUNTARY SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



## For Employees of Creighton University

### ELIGIBILITY – CLASS 01: ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 20 hours per week to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.

### BENEFITS

<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>▪ On the 15th day of your disabling injury.</li> <li>▪ On the 15th day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 67% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount, less other income sources.
<b>Maximum Benefit Period</b>	Short-term disability benefits are available for up to 11 weeks.
<b>Maximum Weekly Benefit</b>	\$2,500
<b>Minimum Weekly Benefit</b>	None

### DEFINITIONS

<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You must be totally disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings is the gross weekly income you receive from your employer for the week immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim.

### FEATURES

<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving short-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
<b>Waiver of Premium</b>	The premium for your short-term disability coverage is waived while you are receiving benefits.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

### EXCLUSIONS

<b>Pre-existing Conditions Exclusion</b>	Disabilities that occur during the first 6 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, which is available from your employer. Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

## VOLUNTARY SHORT-TERM DISABILITY BENEFIT AND PREMIUM CALCULATION

Calculate your benefit and premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

### Benefit and Premium Calculation Example

*This example is for an employee earning \$36,000 a year.*

A. Enter your annual salary	\$36,000.00
B. Enter the Weekly Benefit percentage	67%
C. Multiply "A" times "B"	\$24,120.00
D. Divide "C" by 52	\$463.85
E. Enter the Maximum Weekly Benefit	\$2,500.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$463.85
G. Divide "F" by \$10	\$46.39
H. Multiply "G" times \$.430	\$19.95
I. Multiply "H" by 12	\$239.40
J. Enter the annual pay cycle	12
K. Divide "I" by "J"; This is your premium (cost per paycheck)	\$19.95

### Benefit and Premium Calculation Worksheet

A. Enter your annual salary*	
B. Enter the Weekly Benefit percentage	67%
C. Multiply "A" times "B"	
D. Divide "C" by 52	
E. Enter the Maximum Weekly Benefit	\$2,500.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by \$10	
H. Multiply "G" times \$.430	
I. Multiply "H" by 12	
J. Enter the annual pay cycle	12
K. Divide "I" by "J"; This is your premium (cost per paycheck)	

\* If you are uncertain what your current annual salary is, please consult your employer.

#### **To enroll for short-term disability coverage:**

- 1) Enter the amount from line "F" in your worksheet into the Voluntary Short-Term Disability Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "K" in your worksheet into the Voluntary Short-Term Disability Premium Amount section on your enrollment form.