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# GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY

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This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 30, 2024.

## POLICY INFORMATION

Policyholder:	Pickens County Board of Education
Policy Effective Date:	January 1, 2025
Policy Anniversary:	January 1
Policy Number:	GUC-CLF3
Group Number:	G000CLF3
Classification:	All Eligible Employees electing 60% & 30/30/9 VSTD
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	30 day
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	30 calendar days
Sickness:	30 calendar days

## BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,500
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	9 weeks
Portability:	Included
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit.
Vocational Rehabilitation Benefit:	5%

## LIMITATION

Pre-existing Condition Limitation:	3/6
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