



Group Short Term Disability Summary for Eligible Employees of Town of Mansfield, MA

The following information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

Class 2 - All Full Time Active Town Employees working a minimum of 20 hours per week are eligible for coverage. If an Employee is not actively at work on the effective date then insurance will not become effective until they return to active employment.

Short Term Disability Benefit

- The Weekly Short Term Disability benefit is 60% of your Basic Weekly Earnings to a Maximum of \$1,150 with a Minimum of benefit of \$25 per week.
- All Short Term Disability coverage is Guaranteed Issue as long as employees enroll within their initial eligibility period as defined within the master policy.
- There is a 30 Day Elimination Period for benefits if disability is caused by Accident or Injury. There is 30 Day Elimination Period for benefits if caused by Sickness. The benefits will be payable at the end of the elimination period.
- The Maximum Payment Duration is 22 Weeks.
- This coverage is Non-Occupational coverage – This means that you are covered 24 hours per day for sicknesses and injuries occurring off the job.

Benefits will be based on Pre-Disability Earnings, meaning your gross weekly earnings from your employer in effect immediately prior to the date of disability. It includes your total income before taxes and any deductions for pre-tax contributions to a qualified deferred compensation plan, Section 125, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, or any other extra compensation or income received from sources other than your employer.

Exclusions

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.

Cost of Coverage

You pay the cost of this STD benefit. Below, you will find the monthly premium rates.

Age Band	Monthly Rate Per \$10.00 of Benefit
<25	\$0.43
25-29	\$0.45
30-34	\$0.47
35-39	\$0.53
40-44	\$0.67
45-49	\$0.80
50-54	\$0.93
55-59	\$1.25
60-64	\$1.61
65+	\$1.84

Also available to you...

Telephonic EAP*

- 24/7 Access Unlimited Telephonic Counseling
- Toll-Free 800-847-7240
- Legal Services – initial 30 minute in-office or phone consultation at no cost; 25% discount beyond initial consult
- Online Will Preparation
- Financial Services – one initial 60 minute phone consultation at no cost; 25% discount beyond initial consult

Online Work-Life Resources*

- 24/7 Access On-Line Work-Life Resources
- Financial Calculators
- Child and Eldercare Resources
- Health and Wellness Resources
- Additional Legal and Financial Resources
- www.my-life-resource.com

User Name: **worklife**

Password: **myresource**

**Services provided by Health Management Systems of America – a nationally recognized leader in the field of Mental and Behavioral Health Care Services. These services are currently available but are not part of your Boston Mutual policy/contract.*