

**Employee Group Benefits**  
UNDERWRITTEN BY  
**SUN LIFE ASSURANCE COMPANY OF CANADA**

Portsmouth School Department

**All Administrators**

**GROUP POLICY NUMBER - 237862-001**  
**BOOKLET EFFECTIVE DATE - September 1, 2014**  
**BOOKLET AMENDMENT DATE - September 1, 2014**

Welcome to Sun Life Assurance Company of Canada (“Sun Life”). Sun Life is pleased to be your Employer’s insurance carrier for the benefits provided in the Group Policy. The description of Eligible Classes in the Benefit Highlights will help you determine what benefits apply to you.

The booklet is intended to provide a summarized explanation of the current Group Policy Benefits. However, the Group Policy is the document which forms Sun Life's contract to provide benefits. If the terms of the booklet and the Group Policy differ, the Group Policy will govern. A complete copy of the Group Policy is in the possession of your Employer and is available for your review. In the event of any changes in benefits or Group Policy provisions, you will be provided with a new booklet or a supplement which describes any changes.

Possession of this booklet does not necessarily mean you are insured under the Group Policy. The requirements for becoming eligible for insurance and the dates your insurance begins or ceases are explained within this booklet.

This booklet uses insurance terms and phrases that are listed in the Definitions Section.

For information, call the Sun Life Group Customer Service Center toll free at (800) 247-6875.

# Table of Contents

	Page
<b>Benefit Highlights</b>	
Short Term Disability Income Insurance .....	4
<b>Eligibility and Effective Dates</b>	
Employee .....	6
<b>Termination of Insurance</b>	
Employee .....	7
<b>Benefit Provisions</b>	
Short Term Disability Income Insurance .....	8
<b>Claim Provisions</b>	
Notice of Claim.....	13
Proof of Claim .....	13
Payment of Claim .....	13
<b>General Provisions</b> .....	16
<b>Definitions</b>	
General.....	17
Short Term Disability Income.....	19

## BENEFIT HIGHLIGHTS

### SHORT TERM DISABILITY INCOME INSURANCE

#### ELIGIBLE CLASSES

All Full-Time United States Administrators working in the United States scheduled to work at least 30 hours per week.

#### AMOUNT OF INSURANCE

66.67% (Benefit Percentage) of your Total Weekly Earnings, not to exceed the Maximum Weekly Benefit, less Other Income Benefits.

The **Maximum Weekly Benefit** is \$1,500.

The **Minimum Weekly Benefit** is \$25.

#### Elimination Period

(The period of time you need to be continuously Totally or Partially Disabled before STD benefits are payable)

30 days

#### Maximum Benefit Period

(The longest period of time Sun Life will pay you an STD benefit while you are Totally or Partially Disabled)

9 Weeks

#### Total Weekly Earnings

Your basic weekly earnings as reported by your Employer immediately prior to the first date Total or Partial Disability begins. Total Weekly Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account, but does not include income received due to commissions, bonuses, overtime or any other extra compensation.

If you are paid on an hourly basis, Total Weekly Earnings will be based on your hourly rate of pay, but will not exceed 40 hours per week.

## **BENEFIT HIGHLIGHTS**

### **WAITING PERIOD**

(The period of time you must be employed in an Eligible Class before you can apply for benefits)

None

### **CONTRIBUTIONS**

The cost of your Short Term Disability Income Insurance is paid for entirely by your Employer. This is your non-contributory insurance.

The following Questions and Answers will help you to better understand your benefits.

Please read them carefully and refer any questions to your Employer or call the Sun Life Group Customer Service Center toll free at 1-800-247-6875.

## ELIGIBILITY AND EFFECTIVE DATE OF EMPLOYEE INSURANCE

### **When am I eligible for insurance?**

If you are in an Eligible Class shown in the Benefit Highlights, you are eligible on the later of:

- September 1, 2014; or
- your first day of employment.

### **When does my insurance start?**

Your insurance starts on the date you are eligible, if you are Actively at Work on that date.

### **What if I am not Actively at Work on that date?**

If you are not Actively at Work on the date your insurance would normally start, your insurance will not start until you are Actively at Work.

### **When do changes in my amount of insurance occur?**

If your amount of insurance increases, your increase will take effect immediately upon the date of change, as long as you are Actively at Work on that date.

If your amount of insurance decreases, your decrease will take effect immediately upon the date of change.

If you are not Actively at Work on the date an increase in your insurance would normally start, the increase in your insurance will not start until you are Actively at Work.

## TERMINATION OF EMPLOYEE INSURANCE

### When does my insurance cease?

Your insurance ceases on the earliest of:

- the date the Group Policy terminates.
- the date you are no longer in an Eligible Class.
- the date your class is no longer included for insurance.
- the last day for which any required premium has been paid for your insurance.
- the date you retire.
- the date you request in writing to terminate your insurance.
- the date you enter active duty in any armed service during a time of war (declared or undeclared).
- the date your employment terminates.
- the date you cease to be Actively at Work.

### Are there any conditions under which my insurance can continue?

Yes.

Your insurance will continue during any Elimination Period under the Group Policy.

If you are on temporary layoff, leave of absence or vacation, your Employer may continue your insurance by paying the required premium for the length of time specified below.

Layoff - up to 1 month.

Leave of Absence – up to 1 month

School Recess - up to 3 months.

Vacation – up to 3 months

You may be eligible to continue your insurance coverage pursuant to the Family and Medical Leave Act of 1993, as amended or continue coverage pursuant to a state required continuation period (if any). You should contact your Employer for more details.

You may be eligible to continue your insurance coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA). You should contact your Employer for more details.

## BENEFIT PROVISIONS

### SHORT TERM DISABILITY INCOME INSURANCE

#### What is the Short Term Disability Benefit?

Short Term Disability Benefits (STD) partially replace your income if you become Totally or Partially Disabled while insured.

#### When do STD benefits become payable?

Sun Life will pay a weekly STD benefit after the end of your Elimination Period, if Sun Life receives proof that you are:

- Totally Disabled due to an Injury or Sickness; or
- Partially Disabled due to an Injury or Sickness; and
- under the regular and continuing care of a Physician that provides appropriate treatment by means of examination and testing in accordance with your disabling condition; and
- not engaged in any occupation or employment for wage or profit other than Partial Disability employment with your Employer.

#### What conditions must be met for STD benefits to continue?

Sun Life will pay you an STD benefit, up to the Maximum Benefit Period, if you provide proof that you continue to be Totally or Partially Disabled and you still require the regular and continuing care of a Physician. You need to provide proof when Sun Life asks for it, but the proof is at your expense.

#### How is the STD benefit calculated?

If you are Totally Disabled, your weekly STD benefit will be calculated based on the Total Disability Benefit formula. If you are Partially Disabled, your weekly STD benefit will be calculated based on the Partial Disability Benefit formula. You need to provide Sun Life with proof of your weekly earnings on a monthly basis.

#### What is the Total Disability Benefit formula?

To determine your Total Disability Benefit:

1. Take the lesser of:
  - a. your Total Weekly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights); or
  - b. the Maximum Weekly Benefit (shown in the Benefit Highlights); then
2. Subtract Other Income Benefits from the amount determined in Step 1.

#### What is the Partial Disability Benefit formula?

To determine your Partial Disability Benefit:

1. calculate the STD benefit you would receive if you were Totally Disabled; then  
add your earnings from employment plus your income received from Other Income Benefits to your Total Disability Benefit.
2. if this sum is more than 100% of your Total Weekly Earnings, subtract the amount in excess of 100% from your Total Disability Benefit. This result is your Partial Disability Benefit; or



## **BENEFIT PROVISIONS**

### **SHORT TERM DISABILITY INCOME INSURANCE**

if the sum is less than 100% of your Total Weekly Earnings, your Partial Disability Benefit is your Total Disability Benefit.

A Total Disability Benefit will be paid if you are earning 20% or less of your Total Weekly Earnings.

#### **What are Other Income Benefits?**

Other Income Benefits are those benefits provided or available to you while your weekly STD benefit is payable. These Other Income Benefits, other than retirement benefits, must be provided to you as a result of the same Total or Partial Disability payable under the Group Policy. Other Income Benefits include:

1. The amount you are eligible for under:
  - a. Unemployment Compensation Law; or
  - b. Compulsory Benefit Act or Law; or
  - c. any other act or law of like intent.
2. Any labor management trustee, union or employee benefit plans that are funded in whole or in part by your Employer.
3. Any disability income benefits you are eligible for under:
  - a. any other group insurance plan of your Employer;
  - b. any governmental retirement system as a result of your job with your Employer.
4. The amount you receive from any accumulated sick leave.
5. Any formal salary continuation paid to you by your Employer which causes your weekly STD benefit, plus Other Income Benefits and any salary continuation to be more than 100% of your Total Weekly Earnings. The amount in excess of 100% of your Total Weekly Earnings will be used as a reduction.

Other Income Benefits will include any amount described above which would have been available to you had you applied for that benefit.

#### **What if I receive payment of Other Income Benefits in a lump sum?**

If you receive a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a weekly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a weekly basis over your expected lifetime as determined by Sun Life.

#### **What happens if I receive increases in my Other Income Benefits?**

After the first deduction for each of your Other Income Benefits, Sun Life will not reduce your weekly STD benefit payments due to cost of living increases. This does not apply to any increase in earnings you receive from employment.

#### **Are any of my Other Income Benefits estimated?**

Sun Life will estimate the amount of any Other Income Benefits if they have not yet been awarded or denied or if they have been denied and are being appealed. This estimate will be used to reduce the amount of your weekly STD benefit payments. However, the estimate will not be used if, within 15 days of becoming Totally or Partially Disabled, you meet both of the following conditions:

- you have applied for the Other Income Benefits; and
- you complete and sign a Reimbursement Agreement. This Agreement states that you promise to reimburse Sun Life any overpayment caused by an award of Other Income Benefits.

## BENEFIT PROVISIONS

### SHORT TERM DISABILITY INCOME INSURANCE

#### **What happens when the Other Income Benefits have been awarded or have been denied?**

You must notify Sun Life of the amount of Other Income Benefit when it is approved or adjusted (other than cost of living increases) or if it has been denied on final appeal. Sun Life will make an adjustment to the Net Weekly Benefit when Sun Life receives written notice of the amount of the Other Income Benefit or when it has been denied. Written Notice must be sent within 31 days after receipt of the Other Income Benefit award or denial.

If after Sun Life makes an adjustment your Net Weekly Benefit has been underpaid, Sun Life will make a lump sum refund to you of the amount that has been underpaid.

If after Sun Life makes an adjustment your Net Weekly Benefit has been overpaid, you must reimburse Sun Life the amount of the overpayment within 31 days of the award. Sun Life has the option to reduce or eliminate future STD benefit payments instead of requiring reimbursement in a lump sum. During the overpayment reimbursement period the minimum weekly benefit will not apply.

#### **When does my weekly STD benefit cease?**

Your weekly STD benefit will cease on the earliest of:

- the date you are no longer Totally or Partially Disabled.
- the date you die.
- the end of your Maximum Benefit Period.
- the date you do not provide proof that you continue to be Totally or Partially Disabled as requested.
- the date your Partial Disability employment earnings are more than 80% of your Total Weekly Earnings.
- the date Sun Life determines you are able to perform all of the material and substantial duties of your own occupation, even if you choose not to work.

#### **What happens if I return to full-time work and become Disabled again?**

Sun Life will treat this new Disability as part of your prior Total or Partial Disability if you returned to work and were Actively at Work for less than:

- 30 consecutive days, if due to the same or related causes;
- one day, if due to an entirely unrelated cause.

You will not have to complete a new Elimination Period.

Your weekly STD benefit will be subject to the same terms and conditions applicable to the original Total or Partial Disability.

Your weekly STD benefit will not continue if:

- you become eligible for benefits under any other group STD policy; or
- the Group Policy terminates.

If your new Disability begins later than the time periods specified, you will need to complete a new Elimination Period.

#### **What are the Limitations?**

No STD benefit will be payable to you for any Total or Partial Disability during any of the following periods:

- any period you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.
- any period you do not submit to any medical Examination requested by Sun Life.

## **BENEFIT PROVISIONS**

### **SHORT TERM DISABILITY INCOME INSURANCE**

- any period you engage in any occupation or employment for wage or profit other than Partial Disability employment with the Employer.
- any period of your Total or Partial Disability that is due to Mental Illness (mental, nervous, psychological, emotional diseases, or behavioral disorders of any type), unless you are under the continuing care of a specialist in psychiatric care.
- any period of your Total or Partial Disability that is due to Drug and Alcohol Illness (an illness which results from the abuse of alcohol, drugs or derivatives), unless you are actively supervised by a Physician or Rehabilitation Counselor and are receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life.

#### **What are the Exclusions?**

No STD benefit is payable for any Total or Partial Disability that is due to:

- intentionally self-inflicted injuries.
- your active participation in a riot, rebellion or insurrection.
- a war, declared or undeclared, or any act of war.
- your committing or attempting to commit an assault, felony or other criminal act.
- Injury or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease or similar law.
- Injury or Sickness sustained while you are doing any act or thing pertaining to any occupation for wage or profit.

## **BENEFIT PROVISIONS**

### **SHORT TERM DISABILITY INCOME INSURANCE**

#### **What happens when my Employer transfers Insurance Carriers to Sun Life?**

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on September 1, 2014 you will be insured if:

1. you were insured under the prior insurer's group STD policy at the time of the transfer; and
2. you are a member of an Eligible Class; and
3. premiums for you are paid up to date; and
4. you are not receiving or eligible to receive benefits under the prior insurer's group STD policy.

If you become Totally or Partially Disabled, any STD benefit payable will be based on the prior insurer's definition of disability and will not exceed the prior insurer's maximum weekly benefit. All other provisions of Sun Life's Group Policy will apply.

## CLAIM PROVISIONS

### **How is a claim submitted?**

To submit a claim, you or someone on your behalf must send Sun Life written Notice and Proof of Claim within the time limits specified. Your Employer has the Sun Life Notice and Proof of Claim forms.

### **When does written Notice of Claim have to be submitted?**

**for Short Term Disability** - written notice of claim must be given to Sun Life no later than 30 days after you cease to be Actively at Work.

If notice cannot be given within the applicable time period, Sun Life must be notified as soon as it is reasonably possible.

When Sun Life has received written notice of claim, Sun Life will send the forms for proof of claim. If the forms are not received within 15 days after written notice of claim is sent, proof of claim may be sent to Sun Life without waiting to receive the proof of claim forms.

### **When does written Proof of Claim have to be submitted?**

**for Short Term Disability** - proof of claim must be given to Sun Life no later than 90 days after the end of your Elimination Period.

If proof cannot be given within these time limits, proof must be given as soon as reasonably possible.

### **What is considered Proof of Claim?**

Proof of Claim must consist of at least the following information:

- a description of the disability;
- the date the disability occurred; and
- the cause of the disability.

Proof of Claim may include, but is not limited to, police accident reports, autopsy reports, laboratory results, toxicology results, hospital records, x-rays, narrative reports, or other diagnostic testing materials as required.

Proof of Claim for disability must include evidence demonstrating the disability including, but not limited to, hospital records, Physician records, Psychiatric records, x-rays, narrative reports, or other diagnostic testing materials as appropriate for the disabling condition.

Proof must be satisfactory to Sun Life.

Sun Life may require as part of the Proof, authorizations to obtain medical and non-medical information.

Proof of your continued disability and regular and continuous care by a Physician must be given to Sun Life within 30 days of the request for proof.

### **When are benefits payable?**

Benefits are payable when Sun Life receives satisfactory Proof of Claim.

## CLAIM PROVISIONS

### When will a decision on my claim be made?

Sun Life will send you a written notice of decision on your claim within a reasonable time after Sun Life receives the claim but not later than 45 days after receipt of the claim. If Sun Life cannot make a decision within 45 days after receiving your claim, Sun Life will request a 30 day extension as permitted by U.S. Department of Labor regulations. If Sun Life cannot render a decision within the extension period, Sun Life will request an additional 30 day extension. Any request for extension will specifically explain:

1. the standards on which entitlement to benefits is based;
2. the unresolved issues that prevent a decision on the claim; and
3. the additional information needed to resolve those issues.

If a period of time is extended because you failed to provide necessary information, the period for making the benefit determination is tolled from the date Sun Life sends notice of the extension to you until the date on which you respond to the request for additional information. You will have at least 45 days to provide the specified information.

### What if my claim is denied?

If Sun Life denies all or any part of your claim, you will receive a written notice of denial setting forth:

1. the specific reason or reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. a description of any additional material or information needed to prove entitlement to benefits and an explanation of why such material or information is necessary;
5. a description of the appeal procedures and time limits;
6. your right to bring a civil action under ERISA, §502(a) following an adverse determination on review;
7. the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request; and
8. the identity of any medical or vocational experts whose advice was obtained in connection with the claim, regardless of whether the advice was relied upon to deny the claim.

### Can I request a review of a claim denial?

If all or part of your claim is denied, you may request in writing a review of the denial within 180 days after receiving notice of denial.

You may submit written comments, documents, records or other information relating to your claim for benefits, and may request free of charge copies of all documents, records, and other information relevant to your claim for benefits.

Sun Life will review the claim on receipt of the written request for review, and will notify you of Sun Life's decision within a reasonable time but not later than 45 days after the request has been received. If an extension of time is required to process the claim, Sun Life will notify you in writing of the special circumstances requiring the extension and the date by which Sun Life expects to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial review period.

If a period of time is extended because you failed to provide information necessary to decide your claim, the period for making the decision on review is tolled from the date Sun Life sends notice of the extension to you until the date on which you respond to the request for additional information. You will have at least 45 days to provide the specified information.

### What if my claim is denied on review?

If Sun Life denies all or any part of your claim on review, you will receive a written notice of denial setting forth:

1. the specific reason or reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;

## CLAIM PROVISIONS

3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. your right to bring a civil action under ERISA, §502(a);
5. the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request;
6. the following statement: “You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State Insurance regulatory agency.”; and
7. the identity of any medical or vocational experts whose advice was obtained in connection with the appeal, regardless of whether the advice was relied upon to deny the appeal.

### **Who are benefits payable to?**

Benefits payable during your lifetime are payable to you.

If a benefit is payable to your estate, if you are a minor, or you are not competent, Sun Life has the right to pay an amount of the benefit up to \$1,000 to any of your relatives that Sun Life considers entitled. If Sun Life pays benefits in good faith to a relative, Sun Life will not have to pay those benefits again.

## GENERAL PROVISIONS

### **How can statements made in any application for insurance be used?**

All statements made in any application are considered representations and not warranties. No representation by you in applying for insurance under the Group Policy will be used to reduce or deny a claim unless a copy of your written application for insurance is or has been given to you or to your Beneficiary, if any.

No statement made by you relating to Evidence of Insurability for an initial, increased or additional amount of insurance, will be used in contesting the validity of that insurance, after such initial, increased or additional amount of insurance has been in force for a period of two years during that individual's lifetime. This statement must be contained in a form signed by that individual.

### **What happens if facts are misstated?**

If relevant facts about you are not accurate:

- an equitable adjustment of premium will be made; and
- the true facts will be used to determine if and in what amount insurance is valid under the Group Policy.

If the amount of benefit depends on your age, the benefit will be the amount you would have been entitled to if your correct age were known.

### **What are Sun Life's examination rights?**

Sun Life at its own expense, has the right to have any person, whose Injury or Sickness is the basis of a claim:

- examined by a Physician, other health professional or vocational expert of its choice; and/or
- interviewed by an authorized Sun Life representative.

This right may be used as often as reasonably required.

### **What are the time limits for legal proceedings?**

No legal action may start:

- until 60 days after Proof of Claim has been given; nor
- more than 3 years after the time Proof of Claim is required.

### **Do these group benefits affect Workers' Compensation?**

The Group Policy is not in lieu of, and does not affect, any requirement for coverage by Workers' Compensation Insurance.

### **Can the Policyholder act as a Sun Life agent?**

For all purposes of the Group Policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed a Sun Life agent.



## DEFINITIONS

**These are some of the general terms you need to know.**

**Actively at Work** means that you perform all the regular duties of your job for a full work day scheduled by your Employer at your Employer's normal place of business or a site where your Employer's business requires you to travel.

You are considered Actively at Work on any day that is not your regular scheduled work day (e.g., you are on vacation or holiday) as long as you were Actively at Work on your immediately preceding scheduled work day, and you:

- are not hospital confined; or
- are not disabled due to an injury or sickness.

You are considered Actively at Work if you usually perform the regular duties of your job at your home as long as you can perform all the regular duties of your job for a full work day and could do so at your Employer's normal place of business, if required, and you:

- are not hospital confined; or
- are not disabled due to an injury or sickness.

**Eligibility Date** means the date or dates you become eligible for insurance under the Group Policy. Classes eligible for insurance are shown in the Benefit Highlights.

**Employee (You)** means a person who is employed by the Employer within the United States, scheduled to work at least the number of hours shown in the Benefit Highlights, and paid regular earnings. If you are working on a temporary assignment outside of the United States for a period of 12 months or less, you will be deemed to be working within the United States. If you are working outside of the United States for more than 12 months or other than on a temporary assignment, you will not be considered an Employee under the Group Policy unless Sun Life approves your eligibility in writing.

**Employer** means Portsmouth School Department and includes any Subsidiary or Affiliated company insured under the Group Policy.

**Evidence of Insurability** means a statement or records of your medical history upon which acceptance for insurance will be determined by Sun Life. In some cases, Sun Life may require that you submit to a paramedical examination, at Sun Life's expense, as part of the Evidence of Insurability.

**Injury** means bodily impairment resulting directly from an accident and independently of all other causes. Any Injury must occur and disability must begin while you are insured under the Group Policy.

**Physician** means an individual who is operating within the scope of his license and is either:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- legally qualified as a medical practitioner and required to be recognized, under the Group Policy for insurance purposes, according to the insurance regulations of the governing jurisdiction.

The Physician cannot be you, your spouse or the parents, brothers, sisters or children of you or your spouse.

**Pregnancy** means childbirth, miscarriage, abortion or any disease resulting from or aggravated by the pregnancy.

**Retirement Plan** means a program which provides retirement benefits to you and is not funded entirely by your contributions. The term does not include a 401(k) plan, a 403(b) plan, a profit sharing plan, a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a nonqualified plan of deferred compensation.

Your Employer's Retirement Plan will include any Retirement Plan:

- which is part of any federal, state, county, municipal or association retirement system; and
- you are eligible for as a result of your employment with your Employer.

## DEFINITIONS

**Sickness** means illness, disease or pregnancy. A disability, because of Sickness, must begin while you are insured under the Group Policy.

**Waiting Period** means the length of time immediately before your Eligibility Date during which you must be employed in an Eligible Class. Any period of time before the Group Policy Effective Date that you were Actively at Work for your Employer as a full-time or part-time Employee will count towards completion of your Waiting Period. The Waiting Period is shown in the Benefit Highlights

## DEFINITIONS

**These are Short Term Disability Income Insurance terms you need to know.**

**Elimination Period** means a period of continuous days of your Total or Partial Disability when no STD Benefit is payable. Your Elimination Period is shown in the Benefit Highlights and begins on your first day of Total or Partial Disability.

**Gross Weekly Benefit** means your weekly STD benefit before any reduction of Other Income Benefits.

**Maximum Weekly Benefit** means the largest amount payable weekly to you. The Maximum Weekly Benefit is shown in the Benefit Highlights.

**Partial Disability or Partially Disabled** means because of your Injury or Sickness, you are unable to perform all of the material and substantial duties of your own occupation on a full-time basis, but you are:

- performing at least one of the material and substantial duties of your own occupation or another occupation on a part-time or full-time basis; and
- earning less than 80% of your Total Weekly Earnings due to your same Injury or Sickness that caused your Total or Partial Disability.

Partial Disability employment must be for your Employer as defined under the Group Policy. Partial Disability employment cannot be for any other employer or self-employment.

The loss of your professional or occupational license, or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

**Total Disability or Totally Disabled** means because of your Injury or Sickness, you are unable to perform all of the material and substantial duties of your own occupation and you are not engaged in any occupation for wage or profit.

The loss of your professional or occupational license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

