

Voluntary Disability - Short Term Benefit Summary

All Full-Time Eligible Employees - Electing Option 3

Full-time Employee Requirement	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
Benefit Amount	60% of an Employee's Covered Monthly Earnings to a maximum of \$6,000, then reduced by Other Income Benefits as outlined in the certificate. The minimum monthly benefit is \$100.
Elimination Period	7 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	12 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.
Recurrent Disability	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.

Pre-Existing Condition Exclusions

The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

Portability

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

Continuation of Coverage During:

FMLA
Temporary Lay Off or LOA
LOA for Military Service

Exclusions

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.