

## UNUM - Short Term Disability (STD) - All Employees Summary

### Summary

The information described below is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your insurance contract for a complete explanation of your benefits. If this summary conflicts in any way with the insurance contract, contract provisions will prevail.

#### Plan Details

Plan Name	<b>UNUM - Short Term Disability (STD) - All Employees</b>
Description	All Employees
Carrier	UNUM
Policy Number	0422714
Effective Dates	October 1, 2016 to October 1, 2017

#### Schedule of Benefits

#### General Plan Information

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000.00
Maximum Period of Payment	12 weeks

#### Elimination Period

Accident	7 days
Sickness	7 days