
GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY



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 April 1, 2015.

POLICY INFORMATION

Policyholder:	City of Charleston WV
Policy Effective Date:	January 1, 2015
Policy Anniversary:	January 1
Policy Number:	GUC-AV89
Group Number:	G000AV89
Classification:	All Eligible Active Full-Time City Employees
Minimum Work Hours Required:	2,080.00 hours per year
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
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:	\$1,000
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	11 weeks
Vocational Rehabilitation Benefit:	5%

