

# Voluntary Short Term Disability (STD) Benefit Summary

Effective Date: 06/01/2019

This chart provides you a brief summary of the key benefits of the short-term disability coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your short-term disability coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility		
Job Class	ALL MEMBERS	
Eligible Members	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 40 hours per week	
Benefits Payable		
Primary Weekly Benefit	\$50.00 increments between \$100.00 and \$1,000.00, not to exceed 60% of predisability earnings.	
Benefit Amount	Primary Weekly Benefit less other income sources	
Definition of Earnings	Base wage	
Benefit Qualification		
Elimination Period	Benefits begin on the 15th day for accident and 15th day for sickness	
Benefit Payment Period	Up to 11 weeks after the elimination period is satisfied	
Maternity	Treated the same as any other disability	
Additional Benefits		
Rehabilitation Incentive Benefit	5% increase in the primary weekly benefit	
Limitations & Exclusions		
Pre-Existing Conditions	3 months prior/12 months insured	
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.	

## Understanding Your Short-Term Disability Benefits

#### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You will be considered actively at work if you are able and available for active performance of all of your regular duties. Short-term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered active work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

#### How Do I Qualify For Benefits?

1) **Meet the Definition of Disability**. Disabilities must be solely and directly caused by sickness, injury, or pregnancy.

During the elimination	• You cannot perform the majority of the substantial and material duties of your
period and the benefit	own job.
payment period, one of	• You are performing the duties of your own job on a modified basis and lose at
these situations must	least 20% of the income you earned before becoming disabled.
apply:	• You are performing the duties of any other job and lose at least 20% of the
	income you earned before becoming disabled.

2) Satisfy the Elimination Period. The amount of time you must be disabled before receiving benefits is called the elimination period. Benefits begin on the 15th day when due to injury and begin on the 15th day when due to sickness. The elimination period can be satisfied with days of total or partial disability.

#### How Much Weekly Benefit Will I Receive?

Your benefits will be determined by using your base wage.

The benefit payment period is the length of time you will receive benefits for a qualifying disability after the elimination period is satisfied. When you are unable to work in any capacity during the benefit payment period, Your primary weekly benefit less income from other sources is the benefit amount you will receive. Your benefit amount will never be less than the \$15 minimum benefit.

**Benefits if Working** If you are able to work while disabled, you may still be eligible to receive a disability benefit.

If you are working during the benefit payment period, your benefit amount is the lesser of:

- 100% of your predisability earnings, less income from other sources, less current earnings; or
- Your primary weekly benefit, less income from other sources.

**Income you receive from other sources** can be deducted from your primary weekly benefit. For a complete list of other sources, please refer to your booklet. Other sources may include: All retirement or disability benefits that you and your dependents receive from Social Security or other government agencies/ Salary continuance, personal time off or sick pay / Workers' Compensation benefits / Income from state disability plans / Disability or retirement benefits the employee elects to receive paid by pension plans sponsored by the policyholder / Income received from no-fault auto laws / Severance pay / All payments for the month that the member receives under state unemployment laws.

#### How Long Will I Receive My Benefits?

You are eligible to receive short-term disability benefits for 11 weeks after the elimination period is satisfied.

Your disability benefits will end when you: Recover / Cease to be under the regular and appropriate care of a physician / Fail to provide any required proof of disability / Fail to submit to a required medical examination / Fail to report income from other sources, or any other required earnings information / Fail to pursue Social Security disability benefits or Workers' Compensation benefits / Die.

If you recover and return to work for less than 30 continuous days during the benefit duration and then again become disabled from the same or related cause, you are not required to complete a new elimination period.

what Additional Benefits Are Included?		
Work Incentive Benefit	The Work Incentive Benefit is paid to you if you are disabled and you return to work on a limited or part-time basis. The Work Incentive Benefit equals the primary weekly benefit with no offset for work earnings unless the combination of work earnings, disability benefits and other income sources exceeds 100% of your predisability earnings. If this occurs, the Work Incentive Benefit will be reduced by the amount in excess of 100% of your predisability earnings.	
Rehabilitation Plan	While disabled, you may qualify to participate in a rehabilitation plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work. If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own job, preventive rehabilitation services may be offered.	
Rehabilitation Incentive Benefit	The Rehabilitation Incentive Benefit can increase the primary weekly benefit by 5% if you become totally disabled and participate in and satisfy the requirements of an individual rehabilitation plan.	

### What Additional Benefits Are Included?

#### What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Pre-existing Conditions	A pre-existing condition is an injury or sickness (including pregnancy) and all related
	conditions and complications, in the three months prior to your effective date under
	this policy, for which you:
	<ul> <li>Received medical treatment, consultation, care or service; or</li> </ul>
	Were prescribed or took prescription medications
	In the event an investigation is necessary to determine if a disability is pre-existing, benefits may be payable for up to six weeks while The Principal is conducting its pre-existing condition investigation. Once the investigation is complete and if the disability is deemed to be a pre-existing condition, no further benefits will be payable. Benefits will not be paid beyond the date six weeks following the date of disability for disabilities resulting from pre-existing conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for a subsequent claim subject to a pre-existing condition.
	No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same pre-existing condition that you had previously received benefits for.
	Pre-existing condition limitations also apply to benefit increases due to: • Policy amendments
	Changes in earnings of 25% or greater



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This is a summary of life coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails. Oregon: GC 4000-2 (0415) and GC 4100 OR (0116).

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