Plan Highlights

Group Short Term Disability Insurance

Community Physical Therapy & Associates, Ltd.

COVERAGE

Disability income protection insurance provides a benefit for "short term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The weekly benefit is an amount equal to 66.7% of covered earnings, up to a maximum benefit of $650 per week.

DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 1st consecutive day of disability;
Sickness (illness): Benefits begin on the 8th consecutive day of disability;

or the day following the number of accumulated sick days applicable to the employee.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 13 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Zero Day Residual included Definition

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

Plan Highlights

Group Basic Life and AD&D,

Community Physical Therapy & Associates, Ltd. - Class 2

ELIGIBILITY

Each Active Full-time Employee not in another eligble class working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- your legal spouse not legally separated or divorced from you
- your unmarried financially dependent children* age 14 days to 20 years (to 26 years if full-time student).

*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Basic Life and AD&D

$20,000

RELIANCE STANDARD
Life Insurance Company
a DELPHI company

GROUP BENEFITS ENROLLMENT FORM

EMPLOYER INFORMATION

EMPLOYER:	POLICY NUMBER:
Community Physical Therapy & Associates	**GL153418 – BILL GROUP 1** **STD162792 – BILL GROUP 1**

EMPLOYEE INFORMATION

Applicant's Last Name	First	Initial	☐ Male ☐ Female	Date of Birth:	
Street Address	City	State	Zip	Occupation	
Employment Date	Annual Salary $ _____		Hours per week	Class	

BENEFITS

I request to enroll the following Group Insurance Coverages:

☐ Basic Life/AD&D	☐ Short Term Disability	

BENEFICIARY DESIGNATIONS (Life and AD&D Benefits)

	Last Name	First	Initial	Relationship	% Of Proceeds
PRIMARY					
PRIMARY					
CONTINGENT					
CONTINGENT					

☐ I hereby apply for group insurance, for which I am eligible or may become eligible. This signature is also to verify: (1) the accuracy of the information contained on this form; and (2) the beneficiary(ies) I have designated.

Employee's signature	Date: