



INVITATION TO NEGOTIATE  
# 002-18  
EMPLOYEE BENEFITS INSURANCE PLANS

**ATTACHMENT 12**

VOLUNTARY SHORT-TERM DISABILITY

## Southwest Florida Water Management District

### **Voluntary Short-Term Disability Coverage**

*This is a brief explanation of a benefit Southwest Florida Water Management District offers All Active Full-Time Regular Board Authorized Employees, giving you weekly income when you are disabled from an accident or illness. The amount you receive is based on your income.*

#### **Benefit Highlights**

Waiting Period:	You will be eligible for coverage on the first of the policy month following your date of hire
Benefit Begins On The:	Accident – Day 15 and Sickness – 15 Days
Benefit Amount:	The weekly amount elected by you on your enrollment form. Elected in \$10 increments up to a maximum of 60% of weekly earnings or \$2,000 per week, whichever is less.
Benefit Duration:	13 weeks
Pre-Existing Exclusion:	Coverage at initial eligibility period is subject to a 3/12 pre-existing conditions exclusion
Definition of Disability:	Accident means accidental bodily injury. Sickness means a disease or illness, including pregnancy.
Benefit Reduction Due to Age:	Reduces to 66 2/3% at age 65 and terminates at age 70, or retirement, whichever occurs first.

### **Voluntary Short Term Disability**

#### *Pre-Existing Conditions*

No benefit will be payable for any disability that is due to, contributed to, or results from a pre-existing condition, unless such disability begins:

- After the last day of 3 consecutive months while insured during which you receive no medical care for the pre-existing condition; or
- After the last day of 12 consecutive months during which you have been continuously insured under this policy.

*Pre-Existing Condition means:* any condition for which you have done any of the following at any time during 3 months just prior to your effective date of coverage:

- Received medical treatment or consultation; or
- Taken or were prescribed drugs or medicine; or
- Received care or services, including diagnostic measures Waiver of Premium

### **General Exclusions**

We will not pay benefits for any disability caused by:

1. war or any act of war, or while serving in the armed forces of any country or international authority;
2. attempted suicide or intentional self-inflicted injury, while sane or insane;
3. your active participation in a riot or insurrection;
4. your voluntary commission of, or attempting to commit, an assault or felony; or participating in an illegal occupation;
5. injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;
6. your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;
7. injury occurring while intoxicated;
8. alcoholism or drug addiction;
9. elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or
10. your acting as an organ donor

**No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.**

**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.

**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

**Riot** shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.

### **Renewability**

This coverage is optionally renewable at the discretion of your Employer.

## Voluntary Short Term Disability Premium Calculation Worksheet

Employee Age	Rate Per \$10 of Weekly Benefit	Employee Age	Rate Per \$10 of Weekly Benefit
<25	\$0.60	50 - 54	\$0.59
25 - 29	\$0.64	55 - 59	\$0.80
30 - 34	\$0.58	60 - 64	\$0.98
35 - 39	\$0.48	65+	\$1.06
40 - 44	\$0.49		
45 - 49	\$0.49		

**How to determine your premium:**

1. Look for your age under "Employee Age."
2. Follow the appropriate Rate Formula below, using the "Rate per \$10 of weekly benefit".

$$\begin{array}{ccccccc}
 & \div & 10 & = & & \times & = \\
 \hline
 \text{*Choose your} & & & & & \text{Rate per \$10 of} & \text{Your monthly premium} \\
 \text{benefit amount} & & & & & \text{weekly benefit at} & \\
 \text{(\$10} & & & & & \text{your age} & \\
 \text{increments} & & & & & & \\
 \text{(Minimum \$50,} & & & & & & \\
 \text{Maximum} & & & & & & \\
 \text{\$2,000)} & & & & & & 
 \end{array}$$

*\*Your benefit may not exceed 60% of your salary, rounded down to the nearest \$10, or \$2,000 per week, whichever is less. Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.*

**Example:**

$$\begin{array}{ccccccc}
 \text{\$700} & \div & 10 & = & \text{\$70.00} & \times & \text{\$0.48} & = & \text{\$33.60} \\
 \hline
 \text{Elected} & & & & & \text{Employee is} & & & \text{Your monthly premium} \\
 \text{Benefit} & & & & & \text{36 years old} & & & 
 \end{array}$$

**Important Note:**

This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy, only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life.

Please read your insurance documents carefully. Should you have any questions, contact your group administrator.