## SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Employees of Massachusetts Technology Collaborative

ELIGIBILITY - ALL ELIGIBLE	EMPLOYEES OF MASSACHUSETTS TECHNOLOGY COLLABORATIVE			
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.			
Minimum Work Hours	You must be working a minimum of 20 hours per week to be eligible for coverage.			
Coverage Payment	Your employer pays 100% of the premium for this coverage.			
BENEFITS				
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: On the 8th day of your disabling injury. On the 8th day of your disabling illness.			
Weekly Benefit	Your benefit is equivalent to 90% of your before-tax weekly earnings weeks 1 - 8 and 75% weeks 9 - 12.			
Maximum Benefit Period	Short-term disability benefits are available for up to 12 weeks.			
Maximum Weekly Benefit	None			
Minimum Weekly Benefit	\$25			
DEFINITIONS				
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.			
Definition of Weekly Earnings	Weekly earnings is the gross weekly income you receive from your employer for the			
FEATURES				
Partial Disability Benefits	you are able to return to work full-time.			
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.			

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

## **EXCLUSIONS & LIMITATIONS**

Information about the exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.