



Policyholder: Preservation Parks of Delaware County

## STD Benefit Summary

Effective Date: 05/01/2012

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	
<b>Job Class</b>	All Members
<b>Eligible Members</b>	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 30 hours per week
Benefits Payable	
<b>Primary Weekly Benefit</b>	66 2/3% of your predisability earnings up to \$800
<b>Benefit Amount</b>	Primary Weekly Benefit less other income sources
<b>Definition of Earnings</b>	Base wage
Benefit Qualification	
<b>Elimination Period</b>	Benefits begin on the 1st day for accident and 8th day for sickness
<b>Benefit Payment Period</b>	Up to 26 weeks after the elimination period is satisfied
<b>Maternity</b>	Treated the same as any other disability
Limitations & Exclusions	
<b>Other Limitations</b>	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 period and the benefit payment period, one of these situations must apply:**

- You cannot perform the majority of the substantial and material duties of your own job.
- You are performing the duties of your own job on a modified basis and lose at least 20% of the income you earned before becoming disabled.
- 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 1st day when due to injury and begin on the 8th 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 is equal to 66 2/3% of your predisability earnings, up to \$800. 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.

## SHORT-TERM DISABILITY

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

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

You must work to your full medical and vocational capacity. If you choose not to, your benefits will be paid as if you are working to your full capacity.

**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 or could have received 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 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 26 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 30 days or less during the benefit payment period and then again become disabled from the same or related cause, you are not required to satisfy a new elimination period.

### What Additional Benefits Are Included?

<b>Rehabilitation Plan</b>	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.
<b>Mandatory Rehabilitation</b>	Your Mandatory Rehabilitation provision indicates that, if appropriate, you may be required to participate in an individual rehabilitation plan.

### 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.



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