

# GDIS11APL Group Short-Term Disability Income Insurance

Desoto Memorial Hospital

## Summary of Benefits

**Plan: Health Industry – Non-Takeover:** No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

**Eligibility:** All active, permanent employees or members and employees of members on Active Employment working 20 hours or more per week who have satisfied the employer's waiting period for Eligibility, which shall be no less than 30 days from date of hire. Evidence of insurability acceptable by APL may be required.

**Age at Entry:** Premiums are based on age at entry and do not increase solely with attained age.

**Pre-Existing Condition Limitation:** No Disability Benefit is payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months. This provision will not apply if you have gone treatment free, incurred no expense, taken no medication and received no diagnosis or advice from a Physician for 12 consecutive months after the Effective Date of coverage for such condition(s). This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months. Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by APL.

### Group Short-Term Disability Premiums\*

Option 1	Elimination Period: 7 Days Injury / 7 Days Sickness Benefit Period: 90 Days		
Bi-Weekly Premium per \$100 of Covered Monthly Benefit			
Age 18-54	Age 55-59	Age 60+	
\$1.17	\$1.47	\$2.19	
Option 2	Elimination Period: 14 Days Injury / 14 Days Sickness Benefit Period: 90 Days		
Bi-Weekly Premium per \$100 of Covered Monthly Benefit			
Age 18-54	Age 55-59	Age 60+	
\$0.86	\$1.07	\$1.61	
Option 3	Elimination Period: 7 Days Injury / 7 Days Sickness Benefit Period: 180 Days		
Bi-Weekly Premium per \$100 of Covered Monthly Benefit			
Age 18-54	Age 55-59	Age 60+	
\$1.32	\$1.65	\$2.46	
Option 4	Elimination Period: 14 Days Injury / 14 Days Sickness Benefit Period: 180 Days		
Bi-Weekly Premium per \$100 of Covered Monthly Benefit			
Age 18-54	Age 55-59	Age 60+	
\$1.02	\$1.28	\$1.92	

\*The premium and amount of benefits vary dependent upon Plan selected at time of application.

**Underwritten by American Public Life Insurance Company.**  
**Must be used in conjunction with brochure APSB-22149 series**  
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