

## SHORT TERM DISABILITY BENEFITS

This chapter discusses the self-funded portion of the short term disability benefits available to eligible Employees to help protect against the loss of income if an Employee cannot work because of a non-job related injury or illness. You are eligible for these Short Term Disability (STD) benefits if You work under one of the Collective Bargaining Agreements providing this coverage and Your employer makes contributions to the Trust on Your behalf.

### WHEN BENEFITS START

You are eligible for coverage on the first day of the second month following the month for which contributions are made in your behalf, or the date on which you return to active work on a regular basis, whichever occurs later.

Your coverage will continue as long as your employer contributes to the plan on your behalf. Contributions for a month will provide coverage effective the first day of the second month following.

### WHEN BENEFITS STOP

Your benefits will terminate immediately upon the earliest of the following:

- The date following 26 weeks of benefits under the Plan.
- The date on which any group long-term disability benefits become payable.
- Termination of employment.
- The date on which any retirement benefits become payable.
- The date on which the attending physician (or physician the Trust's chooses) release You to return to work.
- The date of Your death.
- Termination of the plan by the Trustees.
- The date you are eligible for or receive any form of unemployment compensation.

### AMOUNT OF BENEFITS

The standard weekly benefit amounts are \$80, \$110, \$150, \$200, \$300 or \$350 depending on the Collective Bargaining Agreement with Your Employer. Benefits will be prorated over five days for benefits payable for less than a full week.

**Please note:** The actual amount of Your weekly short-term disability benefits will be determined by the Collective Bargaining Agreement applicable to your Employer, and your Employer's required contributions made to the Plan on Your behalf. The benefits shown above are the standard benefits for this Plan. Your Employer's Collective Bargaining Agreement may not provide any of these benefits, or it may provide for greater or lesser benefits than the standard benefits shown above.

### DEFINITION OF DISABILITY

Benefits will be payable for any non-work-related accident or sickness, or any pregnancy, provided You are under the continuous care of a licensed Physician who attests to Your disability to perform any and every duty pertaining to Your occupation or employment. The Board of Trustees has the right to have a physician of its choosing examine You for purposes of determining Your initial and ongoing eligibility for STD benefits.

### RECURRENT DISABILITY

Successive periods of disability that are separated by less than two weeks of continuous active employment will be considered as one continuous period of disability, unless they are due to different, unrelated causes.

### EXCLUSIONS

Benefits are not payable for disabilities caused by or resulting from the following:

- Suicide, attempted suicide, or intentionally self-inflicted injuries.
- War or acts of war, whether declared or not
- Injuries or sicknesses incurred while the employee is on full-time, active duty in any armed forces.
- Injuries or sicknesses incurred during periods of time in which You are not eligible for benefits under the Plan.
- Felonious activity.
- Work-related causes.