

# Town of Westport Massachusetts

## Voluntary Short Term Disability Insurance

This is an outline of Voluntary Short Term Disability Insurance Coverage underwritten by Companion Life Insurance Company.

Voluntary Short Term Disability Insurance program is designed to help maintain a family's current lifestyle and their plans for the future if the employee becomes disabled as a result of a non-occupational accident or illness. A plan with the flexibility to help meet an employee's individual needs.

Benefits begin on the **first** day of a covered disability which results from an accident, on the **eighth** day of a covered disability due to illness, and continues for a maximum benefit period of **twenty-six** weeks.

### VOLUNTARY SHORT TERM DISABILITY INSURANCE

#### Employee Semi Monthly Premium (24 pay periods).

#### Plan 4 1-8-26 Semi Monthly Premium

Annual salary must be at least:

Income Level	\$11,700	\$15,600	\$19,500	\$23,400	\$27,300	\$31,200	\$35,100	\$39,000	\$42,900	\$46,800	\$50,700	\$54,600	\$58,500	\$62,400	\$66,300	\$70,200	\$74,100	\$78,000	\$81,900	\$85,800	\$89,700	\$93,600	\$97,500
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Benefit Level:

Age Category	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000	\$1,050	\$1,100	\$1,150	\$1,200	\$1,250
<30	6.68	8.91	11.14	13.37	15.59	17.82	20.05	22.28	24.50	26.73	28.96	31.19	33.41	35.64	37.87	40.10	42.32	44.55	46.78	49.01	51.23	53.46	55.69
30 – 34	6.93	9.24	11.55	13.86	16.17	18.48	20.79	23.10	25.41	27.72	30.03	32.34	34.65	36.96	39.27	41.58	43.89	46.20	48.51	50.82	53.13	55.44	57.75
35 – 39	6.93	9.24	11.55	13.86	16.17	18.48	20.79	23.10	25.41	27.72	30.03	32.34	34.65	36.96	39.27	41.58	43.89	46.20	48.51	50.82	53.13	55.44	57.75
40 – 44	6.93	9.24	11.55	13.86	16.17	18.48	20.79	23.10	25.41	27.72	30.03	32.34	34.65	36.96	39.27	41.58	43.89	46.20	48.51	50.82	53.13	55.44	57.75
45 – 49	8.00	10.67	13.34	16.01	18.67	21.34	24.01	26.68	29.34	32.01	34.68	37.35	40.01	42.68	45.35	48.02	50.68	53.35	56.02	58.69	61.35	64.02	66.69
50 – 54	9.57	12.76	15.95	19.14	22.33	25.52	28.71	31.90	35.09	38.28	41.47	44.66	47.85	51.04	54.23	57.42	60.61	63.80	66.99	70.18	73.37	76.56	79.75
55 – 59	11.30	15.07	18.84	22.61	26.37	30.14	33.91	37.68	41.44	45.21	48.98	52.75	56.51	60.28	64.05	67.82	71.58	75.35	79.12	82.89	86.65	90.42	94.19
60 – 64	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00	48.40	52.80	57.20	61.60	66.00	70.40	74.80	79.20	83.60	88.00	92.40	96.80	101.20	105.60	110.00
65 – 69	17.41	23.21	29.01	34.82	40.62	46.42	52.22	58.03	63.83	69.63	75.43	81.24	87.04	92.84	98.64	104.45	110.25	116.05	121.85	127.66	133.46	139.26	145.06
70 – 74	23.68	31.57	39.46	47.36	55.25	63.14	71.03	78.93	86.82	94.71	102.60	110.50	118.39	126.28	134.17	142.07	149.96	157.85	165.74	173.64	181.53	189.42	197.31
75+	29.54	39.38	49.23	59.07	68.92	78.76	88.61	98.45	108.30	118.14	127.99	137.83	147.68	157.52	167.37	177.21	187.06	196.90	206.75	216.59	226.44	236.28	246.13

**Note: Benefit cannot exceed 66⅔% of salary.**

To determine your initial premium, find your income level, then follow that column down to your age bracket. This will show your benefit level and premium cost to you. This Premium Cost Chart is for illustrative purposes only; your monthly premium cost may be slightly higher or lower due to rounding. The information provided is only a summary of the benefits available. Refer to your certificate for details and limitations of coverage.

**Enrollment Age Freeze** – As long as an employee remains enrolled, the premium payable for the selected insurance coverage will always be based on the employee's age at the time of original enrollment.



P.O. Box 100102 | Columbia, SC 29202-3102  
 800-753-0404 | 800-836-5433 fax  
 CompanionLife.com

This Benefits Highlights document explains the general purpose of the Insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

# Town of Westport Massachusetts

Program includes \$10,000 of Accidental Death and Dismemberment (AD&D) Insurance coverage.



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# SHORT TERM DISABILITY INSURANCE

## Short Term Disability Insurance

### Limitations

The Policy will not pay benefits for any disability which is a result of:

1. being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the Certificate's Effective Date;
2. Injury or Sickness that, in either case, arises out of work for wage or profit;
3. an intentionally self-inflicted Injury or a suicide attempt;
4. declared or undeclared war, or any act of war, or which results from active duty in the armed forces of any country or international authority;
5. participation in a riot or insurrection, or commission of, or attempt to commit an assault or felony, or while engaged in an illegal occupation.

## Short Term Disability Insurance

### Pre-Existing Condition Limitation

If Your Total and/or Partial Disability commences within 12 months of this Certificate's Effective Date and is due to a Pre-Existing Condition, no benefits will be paid under this Certificate.

The Pre-Existing Condition limitation will not apply if You are Actively at Work on the Effective Date of the Policy and You were insured under the Employer's prior short-term disability policy on its termination date; and

1. You were responsible for paying the entire premium for Your coverage under the Employer's prior short-term disability policy which terminated within 31 days of the Policy's Effective Date; or
2. the Policy replaces the Employer's prior short-term disability policy which terminated within 31 days of the Policy's Effective Date.

## Short Term Disability Insurance

### Accidental Death and Dismemberment Exclusions

The Accidental Death and Dismemberment benefit does not provide benefits for any loss caused by or resulting from:

1. declared or undeclared war or any act of war;
2. active duty in the armed forces of any country or international authority;
3. suicide or intentionally self-inflicted Injury whether You were sane or insane at the time of the suicide or Injury;
4. flying in an aircraft owned, operated, leased, or chartered by the Policyholder;
5. voluntary participation in, or in consequence of having participated in, the commission of any felony;
6. sickness or disease, ptomaine, or bacterial infection (except infections occurring through an accidental cut or wound);
7. loss caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred and intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug, or any combination of these when not part of a professional medical treatment plan.