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# GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY

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This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 29, 2020.

## POLICY INFORMATION

Policyholder:	City of Fort Smith
Policy Effective Date:	January 1, 2021
Policy Anniversary:	January 1
Policy Number:	GUC-BSH2
Group Number:	G000BSH2
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 days
Eligibility Future Waiting Period:	60 days
When Insurance Begins:	the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	7 calendar days
Sickness:	7 calendar days

## BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,250
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	12 weeks
Vocational Rehabilitation Benefit:	5%

## LIMITATION

Pre-existing Condition Exclusion:	3/6
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