

short term disability

Missouri Valley Conference

Eligibility	All full-time, active employees who are U.S. citizens or legal U.S. residents, working 30 or more hours per week, year-round that are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.
Plan of Benefits	Percentage of Salary: 66.67% Minimum Weekly Benefit: \$25 Maximum Weekly Benefit: \$2,000 Benefits Payable: 1st day accident / 8th day illness Benefit Duration: 26 weeks Definition of Disability: Partial
Other Plan Provisions	<ul style="list-style-type: none"> • Full Maternity Coverage • Recurrent Disability Protection
Definition of Disability	Benefit is payable to an insured individual who becomes totally disabled from a non-occupational injury or sickness. Total Disability or Totally Disabled means you are unable to perform the essential duties of your occupation due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy.
Value Added Services	All enrolled employees will have 24-hour access to a travel assistance program, ID theft protection and beneficiary companion services through Europ Assistance, USA.
Exclusions	The policy does not cover any disabilities caused by, contributed to by, or resulting from: <ol style="list-style-type: none"> 1. loss of professional license, occupational license, or certification; 2. participation in a felony; 3. intentionally self-inflicted injuries; 4. attempted suicide, regardless of mental capacity; 5. participation in a war, declared or undeclared, or any act of war; 6. active military duty; 7. active participation in a riot; 8. engaging in any illegal or fraudulent occupation, work, or employment; 9. commission of a crime for which the employee has been convicted; 10. elective surgery except when required for Appropriate Care as a result of Injury or Sickness; or 11. traveling or flying on any aircraft operated by or under authority of military or any aircraft being purposes; or 12. Occupational Sickness or Injury. <p>This list is not all-inclusive and may vary by state.</p>

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your benefit booklet, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs.