
GROUP SHORT-TERM DISABILITY CERTIFICATE SUMMARY



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 February 11, 2020.

POLICY INFORMATION

Policyholder:	Cullman County Commission, Alabama
Policy Effective Date:	January 1, 2020
Policy Anniversary:	January 1
Policy Number:	GUG-AMG8
Group Number:	G000AMG8
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	3 months
Eligibility Future Waiting Period:	3 months
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:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,200
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	11 weeks
Vocational Rehabilitation Benefit:	5%

