



# GROUP 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 January 31, 2017.

## POLICY INFORMATION

|                                     |   |
|-------------------------------------|---|
| Policyholder:                       | Grand Traverse County   |
| Policy Effective Date:              | January 1, 2017   |
| Policy Anniversary:                 | January 1   |
| Policy Number:                      | GUG-B5B6  |
| Group Number:                       | G000B5B6  |
| Classification:                     | All Eligible Employees, Excluding Elected Officials & Reserve Officers  |
| Minimum Work Hours Required:        | 15 hours per week   |
| Eligibility Present Waiting Period: | 6 months  |
| Eligibility Future Waiting Period:  | 6 months  |
| When Insurance Begins:              | 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:         | 66 2/3%  |
| Maximum Weekly Benefit:            | \$3,500  |
| Maximum Benefit Period:            | 26 weeks |
| Survivor Benefit:                  | Included |
| Vocational Rehabilitation Benefit: | 5%       |