

GOLD MEDAL BAKERY – VOLUNTARY SHORT TERM DISABILITY

Underwritten by: FORT DEARBORN LIFE INSURANCE COMPANY

Benefits Begin 8th day for accidents, 8th day for sickness & continues for a maximum of 26 weeks

WEEKLY PAYROLL DEDUCTION BASED ON AGE

FOLLOW THE COLUMNS IN DESCENDING ORDER

FIND YOUR ANNUAL SALARY IF AT LEAST:

\$7,430	\$11,143	\$14,860	\$18,572	\$22,286	\$26,000	\$29,715	\$33,430	\$37,143	\$40,860	\$44,572	\$48,286	\$52,000	\$55,715	\$59,429	\$63,143	\$66,857	\$70,571	\$74,286	\$78,000	\$81,714	\$85,428
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YOU MAY SELECT A PLAN WHICH PAYS A WEEKLY BENEFIT OF:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
\$100	\$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

YOUR WEEKLY DEDUCTION WOULD BE:

<40	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.60	\$18.00	\$19.50	\$21.00	\$22.50	\$24.00	\$25.50	\$27.00	\$28.50	\$30.00	\$31.50	\$33.00	\$34.50
40-49	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50	\$14.85	\$16.20	\$17.55	\$18.90	\$20.25	\$21.60	\$22.95	\$24.30	\$25.65	\$27.00	\$28.35	\$29.70	\$31.05
50-59	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00	\$19.80	\$21.60	\$23.40	\$25.20	\$27.00	\$28.80	\$30.60	\$32.40	\$34.20	\$36.00	\$37.80	\$39.60	\$41.40
60+	\$5.08	\$7.62	\$10.15	\$12.69	\$15.23	\$17.77	\$20.31	\$22.85	\$25.38	\$27.92	\$30.46	\$33.00	\$35.54	\$38.08	\$40.62	\$43.15	\$45.69	\$48.23	\$50.77	\$53.31	\$55.85	\$58.38

- Guaranteed acceptance, no medical questions asked. There is no waiver of premium during disability.
- New Voluntary STD plans and benefit increases are subject to a 12/12 Pre-existing condition limitation. Any disability that an employee has been treated on 12 months prior to the coverage effective date will not be covered until the employee has been on the plan for 12 months. Any increases in benefit amount are subject to this limitation as well.
- The combination of STD payments payable under the policy and other income benefits may not exceed 70% of your basic weekly earnings, to a maximum of \$1,150 per week (employees who work in states with a state mandated disability plan cannot have a combined benefit over 70% of their basic weekly earnings).
- I hereby request to be insured and authorize deductions, if any, from my compensation for the cost of the benefits to which I may be entitled under the group policy issued to the employer above. I understand that if I am not actively at work as defined in the policy on the date my coverage would otherwise become effective, my insurance will not begin until the day I meet the policy definition of actively at work.

Name: _____ DOB: _____ Date of Hire: _____ SS #: _____ Annual Earnings: _____ Amount of Coverage Applied For: _____

Signature: _____ Date: _____ Division: _____ (ie. Gold Medal Bakery, Bakey Products, Bagel Bakery)