

SECTION VIII—SHORT TERM DISABILITY BENEFIT

(Only available if elected during the enrollment period)

A. Schedules of Short Term Disability Benefits

Schedule of Short Term Disability Benefits (County Employees)	
Waiting Period	Forty-five (45) calendar days of <i>total disability</i> * *45 days and after all accrued paid leave has been exhausted
Benefits Payable	
Percentage Payable	60% of salary (<i>weekly earnings</i>)
Minimum Payable	\$100 per week
Maximum Days Payable	One hundred and thirty-five (135) calendar days
Survivor Benefit	Thirty (30) calendar days
Benefit Offsets	Other Group Short Term Disability, No Fault Auto Insurance, Social Security Disability, or Rehabilitation Income

Schedule of Short Term Disability Benefits (College Employees)	
Waiting Period	Sixty (60) calendar days of <i>total disability</i> * *Employees are required to use available leave during the 60-day <i>waiting period</i>
Benefits Payable	
Percentage Payable	66 ² / ₃ % of salary (<i>weekly earnings</i>) rounded to next higher multiple of \$1.00, if not already an exact multiple, subject to a <i>maximum amount</i> of \$1,385 per week
Minimum Payable	\$25 per week
Qualifying Period - Maximum Days Payable	Fifty-nine (59) calendar days
Maximum Interruption During Qualifying Period	Ten (10) calendar days
Daily Limit	One-seventh (¹ / ₇) weekly amount
Maximum Benefit Period	Eighteen (18) weeks
Benefit Offsets	Other Group Short Term Disability, No Fault Auto Insurance, Social Security Disability, or Rehabilitation Income

If a *covered employee* becomes disabled and is unable to perform all of the duties of his or her job, the *covered employee* will be eligible for Short Term Disability benefits provided he or she is under the regular care of a *physician* and all terms and conditions of this program have been met.

B. Short Term Disability Terms

The following Short Term Disability terms appear italicized when used throughout this section.

Benefit Period

The length of time (number of days) during which disability benefits are payable.

Covered Employee

Includes County *employees* that have been employed for a minimum of six (6) months, and College *employees* that have been employed for a minimum of thirty (30) days.

Regular Physician Care

The *covered employee* is being seen by his or her his or her *physician* on a regular basis, at a frequency deemed appropriate for the disabling condition, and at intervals necessary for the *physician* to verify the continuing state of disability. For the purpose of this benefit, the *covered employee* must be seen by his or her *physician* a minimum of once every thirty (30) days.

Total Disability and Totally Disabled

A condition present whereby a person is unable to engage in duties of their regular occupation at their normal place of employment for their regularly scheduled amount of hours, or is unable to perform the normal activities of a person of like age and sex who is in good health, as a result of a covered *injury* or *illness*, and is under the regular care and attendance of a *physician* who certifies the person's disability, and the person is not performing work of any kind for compensation or profit.

Waiting Period

The number of consecutive days a *covered employee* must be *totally disabled* before benefit payments begin.

Weekly Earnings

The basic weekly compensation averaged over the most recent twelve (12) week period, exclusive of overtime, bonuses or commissions, or any other compensation outside of their employment through the *employer*. Disability benefit payments will not be paid during any period when an *employee* would not have normally received a paycheck.

C. Requirements to Establish a Short Term Disability Claim

The disabled *employee* must submit a disability *claim* form to the *Third Party Administrator*, completed by the *employee*, the *employer*, and the attending *physician*. All three sections must be completed and signed by the persons indicated. The initial *claim* form must be submitted within ninety (90) days of the date the disability began.

In order for benefit eligibility to be established, the *employee* may be required to furnish copies of their medical records.

Any *employee* claiming disability may be subject to medical review at the *Third Party Administrator's* request. Case review may be made by the *Medical Review Administrator* and the *employee* may be required to submit to a medical evaluation for the purpose of a second opinion.

During the course of the disability *benefit period*, periodic requests will be made for updated medical information and/or a medical evaluation to establish continued disability status.

Disability benefits will begin after the *waiting period* has been met and any required accrued paid leave has been exhausted. Please reference the Schedule of Short Term Disability Benefits for the *waiting period*.

If a disabled *employee* returns to full-time work for ten (10) days or less during his or her *waiting period*, and then becomes disabled for the same condition, the *waiting period* will be extended by the number of days the *employee* returned to work (plus any weekends in between).

If a disabled *employee* returns to full-time work for more than ten (10) days during his or her *waiting period*, and then becomes disabled for the same condition, the *employee* will be required to satisfy a new *waiting period* in its entirety.

If an *employee* returns to work for at least one (1) full day and becomes disabled for a new and totally unrelated condition, a new *waiting period* must be satisfied and a new *benefit period* may be payable.

D. Benefit Calculations

1. The disability benefit will be calculated at the percentage referenced in the Schedule of Short Term Disability Benefits of the *covered employee's weekly earnings*. The *weekly earnings* will be the amount the *covered employee* was earning at the time the disability began. Disability benefit payments will not be affected by statutory or cost of living increases. Benefits payable are subject to the minimum stated in the Schedule of Short Term Disability Benefits.

2. Disability benefits will be payable through time period referenced in the Schedule of Short Term Disability Benefits or until the *employee* returns to work, or the *covered employee* is eligible for the Arizona State Long Term Disability benefits, or until the *covered employee* is no longer disabled, whichever occurs first.
3. Disability benefits shall be reduced by income received from any of the following sources:
 - a. disability benefits provided by no-fault auto insurance
 - b. Social Security disability benefits
 - c. rehabilitation income
 - d. any salary, wages, commission or similar compensation payments
 - e. loss of time benefits provided by any other group insurance contract

If any of the above sources of income is received in a lump sum, the offset amount will be prorated over the number of weeks it represented. In no event will the benefits payable under this *Plan* be less than:

For County Employees: One hundred (\$100) dollars per week after the above offsets are applied.

For College Employees: Twenty-five (\$25) dollars per week after the above offsets are applied.

Disability benefit payments will not be paid during any period when an *employee* would not have normally received a paycheck.

Benefits will not be payable concurrently with Retirement Benefits.

E. Short Term Disability Continuation of Benefits

1. Disability benefits will continue to be paid for up to the maximum number of days indicated in the Schedule of Short Term Disability Benefits, provided the *covered employee* is continuously and *totally disabled* and meets all the eligibility requirements of this *Plan*.
2. If, during the course of a disability *benefit period*, the *employee* returns to active full-time or part-time work for thirty (30) days or less and then becomes disabled for the same or related condition, the reoccurrence will be considered a continuation of the original disability and therefore part of the same *benefit period*. A new *waiting period* will not be required and the benefits payable will be the remaining balance of the total allowable benefit days.
3. If the disabled *employee* returns to *active employment* for more than thirty (30) days and becomes disabled due to the same or related condition, benefits will only be payable if the recurrence of the disability is separated by six (6) months or more. Benefits will be subject to a new *waiting period* and a new benefit may be payable.

F. Short Term Disability Termination of Benefits

Benefits under this *Plan* will terminate at the time any of the following occurs:

1. the date the *covered employee* is no longer disabled
2. the date the *covered employee* fails to furnish the proper documentation that he or she continues to be disabled
3. the date the *covered employee* is no longer under the care of a *physician*
4. the date the maximum number of benefit days has been paid
5. the date the *covered employee* is eligible for the Arizona State Long Term Disability Plan
6. the date the *covered employee* becomes eligible for retirement benefits

G. Short Term Disability Limitations and Exclusions

Short Term Disability benefits will not be payable if the disability was caused by any of the following:

1. *Injury or illness* which arises out of, or occurs in the course of any occupation or while working for wage or profit, .or for which the *employee* is entitled to benefits under the Workers Compensation Act or similar legislation.
2. War, whether declared or undeclared.
3. Civil disorder or riot.
4. An *injury or illness* sustained while incarcerated or sustained during the commission of, or the attempted commission of, an assault, a felony or other criminal act whether or not there is a criminal charge or a conviction of a crime, if the offense is defined as a criminal act by the state in which the incident occurred, including *injuries* received while operating a motor vehicle in an illegal manner, driving while under the influence of alcohol or illegal drugs, negligent driving, or driving at excessive speeds.
5. Service in the armed forces of any country.