

CERTIFICATE OF INSURANCE

GROUP SHORT TERM
DISABILITY INSURANCE

Iowa County
Dodgeville, Wisconsin
All Active Full-Time and Part-Time Employees

Administered by:
NATIONAL  INSURANCE
SERVICES
of Wisconsin, Inc

SCHEDULE OF BENEFITS

Employer(s): Iowa County

Plan Number: 1531

Original Plan Effective Date: January 1, 2015

Eligible Class: Class 01: All Active Full-Time and Part-Time Employees

Minimum Hourly Work Requirement: 20 hours per week

Waiting Period: 30 days

Employee Eligibility Date: First of month following completion of the Waiting Period

STD Benefit Percentage: 60%

Maximum Weekly Benefit: \$1,200

Guarantee Issue: \$1,200

Minimum Weekly Benefit: \$150

Maximum Benefit Period: Commencing at the end of the Elimination Period and continuing for the lesser of 12 weeks, or until LTD Benefits commence. No STD Benefits will be paid for periods of time for which LTD Benefits are payable. If the Pre-existing Condition Exclusion applies, then the Maximum Benefit Period is 4 weeks.

Claim Payment Method: Bi-weekly

Elimination Period: Injury: 7 days
Physical Disease: 7 days

Definition of Disability: Zero Day

Twenty-four Hour Coverage: No; Non-Occupational only

Own Occupation Period: Duration of benefits

Definition of Predisability Earnings: Base pay only

Employer Premium Contribution: 0%

Minimum Participation Requirement: 10 lives

Evidence of Insurability Requirement: Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue

Leaves and Sabbaticals: Coverage with premium payment while on FMLA leave

Pre-existing Condition Exclusion: 6 months/6 months/12 months

Integration with Sick Pay: Direct

Social Security Integration: Full Family

Freeze Type: General Freeze

Integration with Work Earnings: Direct

GSDI-C400-(12/06)

CERTIFICATE OF INSURANCE

GROUP LONG TERM DISABILITY INSURANCE

IOWA COUNTY
Dodgeville, Wisconsin
All Active Full-Time and Part-Time Employees

Administered by:
NATIONAL  INSURANCE
SERVICES
of Wisconsin, Inc.

SCHEDULE OF BENEFITS

Employer(s):	Iowa County
Plan Number:	1530
Original Plan Effective Date:	January 1, 2015
Eligible Class:	Class 01: All Active Full-Time and Part-Time Employees
Employer Premium Contribution:	0%
Elimination Period:	90 consecutive calendar days
Minimum Hourly Work Requirement:	20 hours per week
Waiting Period:	30 days
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
Employee Eligibility Date:	First of month following completion of the Waiting Period
Minimum Participation Requirement:	10 lives
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave
Definition of Disability:	Zero Day
Own Occupation Period:	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	5 days for every 30 days of Elimination Period
Recurrent Disability:	6 months
Predisability Earnings:	Base pay only
Maximum Monthly Covered Salary:	\$8,333
LTD Benefit Percentage:	60%

Maximum Monthly Benefit: \$5,000
 Guarantee Issue: \$5,000
 Minimum Monthly Benefit: Greater of \$100 or 10% of Gross LTD Benefit
 Maximum Benefit Period:

Age at Disablement	Benefit Duration
61 or younger	5 years
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 or older	1 year

Work Incentive Period: First 12 months of Disability with Work Earnings
 Social Security Integration: Full Family
 Freeze Type: General Freeze
 Pre-existing Condition Exclusion: 6 months/6 months/12 months
 Mental Disorder Limitation: 24 Months
 Substance Abuse Limitation: 24 Months
 Claim Payment Method: Monthly
 Child-Family Care Expense Adjustment: Included
 Reasonable Accommodation Expense Benefit: Included
 Rehabilitation Benefit: Included
 Survivor Benefit: Included

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