
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 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%