

Short Term Disability Insurance

Help minimize the financial impact of leave or unexpected illness



What is Short Term Disability Income Insurance?

There may come a time when you're unable to work due to a disability – maybe due to maternity leave, or planned surgery, or even an unexpected illness or injury. If you find yourself in a situation like this, **Short Term Disability Income Insurance** could help replace part of your income while you're not working for a short period of time.



How much coverage do I get?

Your employer believes in the importance of Short Term Disability Income Insurance and is giving you the option to elect coverage in the following amount[s]:

Coverage Amount
60% of your weekly earnings Benefit Minimum: \$15 Benefit Maximum: \$1000

When you become disabled, you must complete the benefit waiting period indicated below before benefits are payable:

Option 1

7 days or to the end of the accumulated sick leave, whichever is greater if your disability is caused by an accidental injury.

7 days or to the end of the accumulated sick leave, whichever is greater if your disability is caused by a sickness

Option 2

30 days or to the end of the accumulated sick leave, whichever is greater if your disability is caused by an accidental injury.

30 days or to the end of the accumulated sick leave, whichever is greater if your disability is caused by a sickness

A waiting period is the amount of time that must pass before your weekly benefits will begin.

How long can benefit payments last?

The maximum benefit period is **26 weeks**.

Why should I consider supplemental coverage?



You can use the weekly benefit to help pay for things like medical bills, rent or mortgage, and groceries while you are disabled.



Payroll deduction means you don't have to worry about another bill.



Work with your own dedicated claim analyst throughout your leave.

Do I have to answer health questions to enroll?

If you enroll in supplemental Short Term Disability Insurance the first time that it is offered to you (typically when you are a new employee), you will be guaranteed coverage up to 60%. Pre-existing condition limitations may apply. If you wait to enroll at a later time, Evidence of Insurability will be required where you will need to answer questions about your current and past health in order to be considered for coverage. When evidence of insurability is required, the insurance company needs to approve it before coverage becomes effective.

How much does it cost?

Rates shown are guaranteed until: 01/01/2029. Your premiums are deducted on a post-tax basis. Your eligible annual earnings are your rate of earnings on the last day of full active work, including commissions, overtime, and stipends.

The cost is calculated based on your age at the start of the plan's current policy year. You can elect up to 60% of your basic weekly earnings.

Elimination Period 7/7	
Short Term Disability rates	
Age	Monthly rate per \$10 Of Weekly benefit
Under 25	\$0.57
25-29	\$0.57
30-34	\$0.56
35-39	\$0.57
40-44	\$0.63
45-49	\$0.66
50-54	\$0.73
55-59	\$0.84
60-64	\$0.95
65-69	\$1.15
70+	\$1.51

Elimination Period 30/30	
Short Term Disability rates	
Age	Monthly rate per \$10 Of Weekly benefit
Under 25	\$0.31
25-29	\$0.31
30-34	\$0.30
35-39	\$0.31
40-44	\$0.34
45-49	\$0.34
50-54	\$0.37
55-59	\$0.42
60-64	\$0.47
65-69	\$0.56
70+	\$0.86

Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.
- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.

- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.

Pre-existing conditions: We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 12 months following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 3 months just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

Limitations and exclusions will vary by state and by your employer's benefit plan.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date:

<https://presents.voya.com/EBRC/baldwin>



This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form HP08GP, RL-STD-POL-19, and RL-STD-POL-20 (may vary by state).

Date Prepared: 10/8/2026

©2024 Voya Services Company. All rights reserved. CN4891097_1027

3222917_060124