HELP PROTECT YOUR LOVED ONES—AND YOUR INCOME

Adventist Health System West
All Active Full-time Employees, excluding employees working in California or Hawaii, temporary and seasonal employees

Short Term Disability Insurance

The Prudential Insurance Company of America

Prudential

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Summary of Benefits

Adventist Health System West

All Active Full-time Employees, excluding employees working in California or Hawaii, temporary and seasonal employees

Short Term Disability

Issued by The Prudential Insurance Company of America

Effective: 01/01/2017

Short Term Disability

100% Employee Paid

- There are 4 options for Short Term Disability.

  Option 1: Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 11 weeks.

  Option 2: Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 24 weeks.

  Option 3: Short Term Disability benefits will be 40% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 11 weeks.

  Option 4: Short Term Disability benefits will be 40% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 24 weeks.

- No medical questions asked if enrolling when first eligible. The minimum weekly benefit for all options is $25. Deductible sources of income may include from statutory plans, unemployment income and salary continuation.

- If you meet the definition of disability, your benefits will begin on the 15th day following a non-occupational injury or the 15th day following a non-occupational sickness. You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.

- STD benefits will not be paid for a disability that begins within 12 months of your coverage effective date and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 6 months prior to your effective date of coverage.

- You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

All benefit features may not be available in all states.

Group Disability coverages are issued by The Prudential Insurance Company of America, **a New Jersey Company**, 751 Broad Street, Newark, NJ 07102. Disability Support: 1-800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations andrestrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state.
Contract Series: 83500. California COA #1179 NAIC # 6824.

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RateSheet: Option 1

Adventist Health System West
All Active Full-time Employees, excluding employees working in California or Hawaii, temporary and seasonal employees
Short Term Disability

Issued by The Prudential Insurance Company of America

Effective: 01/01/2017

Cost of Short Term Disability	
Employee's Age	**Employee's Rate**
0 - 24	$1.250
25 - 29	$1.280
30 - 34	$1.210
35 - 39	$0.930
40 - 44	$0.760
45 - 49	$0.850
50 - 54	$0.960
55 - 59	$1.080
60 - 64	$1.180
65+	$1.290

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to Calculate Your Total STD monthly Cost

Step 1	Indicate your *weekly* earnings.	= $
Step 2	Multiply your *weekly* earnings by 60%.	= $
Step 3	If the amount in Step 2 is greater than $4,000, indicate $4,000. Otherwise, indicate the amount from Step 2.	= $
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	= $

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

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RateSheet: Option 2

Adventist Health System West

All Active Full-time Employees, excluding employees working in California or Hawaii, temporary and seasonal employees

Short Term Disability

Issued by The Prudential Insurance Company of America

Effective: 01/01/2017

Cost of Short Term Disability	
Employee's Age	**Employee's Rate**
0 - 24	$1.700
25 - 29	$1.740
30 - 34	$1.650
35 - 39	$1.290
40 - 44	$1.070
45 - 49	$1.190
50 - 54	$1.350
55 - 59	$1.520
60 - 64	$1.660
65+	$1.820

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to Calculate Your Total STD monthly Cost

Step 1	Indicate your *weekly* earnings.	= $
Step 2	Multiply your *weekly* earnings by 60%.	= $
Step 3	If the amount in Step 2 is greater than $4,000, indicate $4,000. Otherwise, indicate the amount from Step 2.	= $
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	= $

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

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RateSheet: Option 3

Adventist Health System West
All Active Full-time Employees, excluding employees working in California or Hawaii, temporary and seasonal employees
Short Term Disability
Issued by The Prudential Insurance Company of America

Effective: 01/01/2017

Cost of Short Term Disability	
Employee's Age	**Employee's Rate**
0 - 24	$1.220
25 - 29	$1.250
30 - 34	$1.180
35 - 39	$0.910
40 - 44	$0.740
45 - 49	$0.830
50 - 54	$0.940
55 - 59	$1.050
60 - 64	$1.150
65+	$1.260

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to Calculate Your Total STD monthly Cost

Step 1	Indicate your *weekly* earnings.	= $
Step 2	Multiply your *weekly* earnings by 40%.	= $
Step 3	If the amount in Step 2 is greater than $4,000, indicate $4,000. Otherwise, indicate the amount from Step 2.	= $
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	= $

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.
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RateSheet: Option 4

Adventist Health System West

All Active Full-time Employees, excluding employees working in California or Hawaii, temporary and seasonal employees

Short Term Disability

Issued by The Prudential Insurance Company of America

Effective: 01/01/2017

Cost of Short Term Disability	
Employee's Age	**Employee's Rate**
0 - 24	$1.580
25 - 29	$1.610
30 - 34	$1.510
35 - 39	$1.160
40 - 44	$0.960
45 - 49	$1.060
50 - 54	$1.210
55 - 59	$1.350
60 - 64	$1.480
65+	$1.620

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to Calculate Your Total STD monthly Cost

Step 1	Indicate your *weekly* earnings.	= $
Step 2	Multiply your *weekly* earnings by 40%.	= $
Step 3	If the amount in Step 2 is greater than $4,000, indicate $4,000. Otherwise, indicate the amount from Step 2.	= $
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	= $

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

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Group Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

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If electing Voluntary Short Term Disability, please complete the following application and return to Prudential Group Record Keeping Operations:

Prudential Group Record Keeping Operations
PO Box 13676
Philadelphia, PA 19176-3676

Enrollment Form – Adventist Health
Hospital Name:_____

Prudential

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102
1-877-232-3619

Employee General Information			Effective Date of Coverage (for office use only) / /	
Last Name	First Name	Middle Initial	Email	Phone
Address		City	State	Zip Code

Social Security Number	Marital Status	Date of Birth
– –	☐ Single ☐ Married ☐ Divorced ☐ Widowed	Month Day Year / /
Date Employed Month Day Year / /	Your Annual Earnings $_____	(For Prudential Use Only) Control # **52700**

Voluntary Short Term Disability

❑ I wish to enroll for the Short Term Disability insurance coverage.

- ☐ **Option 1**: Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 11 weeks.
- ☐ **Option 2**: Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 24 weeks.
- ☐ **Option 3**: Short Term Disability benefits will be 40% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 11 weeks.
- ☐ **Option 4**: Short Term Disability benefits will be 40% of your weekly pre-disability earnings, up to a maximum of $4,000, less deductible sources of income. The benefit duration is 24 weeks.

I authorize my employer to deduct contributions for the cost of the plan from my earnings.
Payroll Deduction**: $**_____

❑ No Short Term Disability insurance coverage chosen.
I understand that in the event I desire such insurance at a later date, I will be required to furnish medical evidence of insurability at my own expense, and the insurance company will have the right to refuse my request.

Long-Term Disability, Short-Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Disability Support 1-800-842-1718. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

Enrollment Form – Adventist Health
Hospital Name:_____

Prudential

Employee General Information

Last Name	First Name	Middle Initial	Last 4 digits of Social Security No.
			XXX – XX – _____

Acceptance or Waiver of Coverage

❑ I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

❑ I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.

FLORIDA RESIDENTS—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **This warning ONLY applies to accident and disability coverage.**

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

Employee Signature:_____ Date (Month/Day/Year)____ /____ /____

Enrollment Form – Adventist Health
Hospital Name:_____

Prudential

Employee General Information			
Last Name	First Name	Middle Initial	Last 4 digits of Social Security No.
_____			XXX – XX – _____

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia and Washington; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto

ALABAMA RESIDENTS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE AND WASHINGTON RESIDENTS - **Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.**

MARYLAND RESIDENTS - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false or misleading information concerning a fact or matter material to the claim may be guilty of a Class H felony.

PENNSYLVANIA and UTAH RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS - Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

You must also complete a separate beneficiary designation form.

If you have any questions, please see Human Resources for details.

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