
GROUP VOLUNTARY 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 June 3, 2019.

POLICY INFORMATION

Policyholder:	Associated Packaging, Inc.
Policy Effective Date:	April 1, 2015
Policy Anniversary:	July 1
Policy Number:	GUC-AWDW
Group Number:	G000AWDW
Classification:	All Eligible Active Full Time Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 days
Eligibility Future Waiting Period:	60 days
When Insurance Begins:	the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	14 calendar days
Sickness:	14 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,000
Minimum Weekly Benefit:	\$15
Maximum Benefit Period:	11 weeks
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	5%

EXCLUSION

Pre-existing Condition Exclusion:	3/6
-----------------------------------	-----

