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## **GROUP SHORT-TERM DISABILITY CERTIFICATE SUMMARY**

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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 February 26, 2016.

### **POLICY INFORMATION**

Policyholder:	GROW Associates, Inc.
Policy Effective Date:	March 1, 2016
Policy Anniversary:	March 1
Policy Number:	GUG-AZL5
Group Number:	G000AZL5
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	90 days
Eligibility Future Waiting Period:	90 days
When Insurance Begins:	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:	\$500
Maximum Benefit Period:	11 weeks
Vocational Rehabilitation Benefit:	Voluntary 10%

