

**GROUP VOLUNTARY SHORT-TERM DISABILITY
 INSURANCE SUMMARY OF COVERAGE**



Creighton University
 GUC-20W8
 Revised: January 1, 2014
 All Eligible Creighton University Employees

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Elimination Period	<p>If Your Disability is a result of an Injury, Your Elimination Period is 14 calendar days.</p> <p>If Your Disability is a result of a Sickness, Your Elimination Period is 14 calendar days.</p>
Weekly Benefit	<p>If You are Disabled and unable to generate Current Earnings greater than 20% of Your Weekly Earnings, the Weekly Benefit while Disabled is the lesser of:</p> <ul style="list-style-type: none"> • 67% of Your Weekly Earnings, less Other Income Benefits; or • the Maximum Weekly Benefit. The Maximum Weekly Benefit is \$2,500, less any Other Income Benefits. <p>If You are Disabled and able to generate Current Earnings that equal between 20% and 99% of Your Weekly Earnings, the Weekly Benefit will be the Weekly Benefit payable while Disabled, unless the sum of:</p> <ul style="list-style-type: none"> • the Gross Weekly Benefit while You are Disabled; plus • Other Income Benefits You receive or are eligible to receive; plus • Current Earnings while You are Disabled; <p>exceeds 100% of Your Weekly Earnings. If this sum exceeds 100% of Your Weekly Earnings, the Weekly Benefit will be reduced by that excess amount.</p>

Maximum Benefit Period	The maximum number of weeks that benefits are payable for a continuous period of Disability is 11 weeks.
EMPLOYEE ELIGIBILITY	
Minimum Work Hours Required	20 hours per week
Eligibility Waiting Period	None
Confinement Rule	<p>If an eligible Employee is confined due to an Injury or Sickness:</p> <ul style="list-style-type: none"> • in a Hospital as an inpatient; • in any institution or facility other than a Hospital; or • at home and under the supervision of a Physician; <p>insurance will begin on the day the Employee returns to Active Employment.</p> <p>If an eligible Employee is Actively Employed and is not:</p> <ul style="list-style-type: none"> • confined; and • available for work because of an Injury or Sickness; <p>insurance will begin on the day the Employee returns to Active Employment.</p>
The First Enrollment Period	<p>An eligible Employee's first enrollment period is the 31 day period following the day the Employee becomes eligible. If We receive an Employee's properly completed and signed enrollment form within the first enrollment period, the Employee will become insured on the first day of the Policy month which follows the later of:</p> <ul style="list-style-type: none"> • the day the Employee becomes eligible; or • the date the enrollment form is properly completed and signed by the Employee; <p>provided the Employee is Actively Working on that day.</p>
Subsequent Enrollment Periods	<p>Subsequent enrollment periods will be allowed in which an Employee may elect, drop or change insurance. A subsequent enrollment period is any period designated by the Policyholder and agreed to by Us, but in no event will any such period exceed 31 consecutive calendar days.</p>
When Your Classification or the Amount of Insurance Changes	<p>Any change in Your classification, coverage or amount of Your insurance will take effect on the day of the change, provided You are Actively Working on that day. If You are not Actively Working on the day of the change, the following conditions will apply:</p> <ul style="list-style-type: none"> • If the change involves an increase in the amount of insurance, the change will not take effect until the day You return to Active Work. • If the change involves a decrease in the amount of insurance, the change will take effect on the day of the change. <p>In no event will any change take effect during a period of Disability.</p>

When Your Insurance Ends	<p>Your insurance will end at midnight at the main office of the Policyholder on the earliest of:</p> <ul style="list-style-type: none"> • the day the Policy ends; • the day any premium contribution for Your insurance is due and unpaid; • the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); or • the day You are no longer eligible. <p>You will no longer be eligible when the earliest of the following occurs:</p> <ul style="list-style-type: none"> • You are not in an eligible classification described in the Schedule; • Your employment with the Policyholder ends; • You are not Actively Employed; or • You do not satisfy any other eligibility condition described in the Policy.
DEFINITIONS	
Definition of Disability	<p>Disability and Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which:</p> <ul style="list-style-type: none"> • during the Elimination Period, You are prevented from performing the Material Duties of Your Regular Job (on a part-time or full-time basis) or are unable to work Full-Time; and • after the Elimination Period, You are: <ul style="list-style-type: none"> • prevented from performing the Material Duties of Your Regular Job (on a part-time or full-time basis) or are unable to work Full-Time; and • unable to generate Current Earnings which exceed 99% of Your Weekly Earnings due to that same Injury or Sickness. <p>Disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.</p>
Definition of Weekly Earnings	<p>Weekly Earnings means Your gross income received from the Policyholder for the week immediately prior to the month in which Your Disability began.</p> <p>It includes employee contributions to Deferred Compensation plans. It does not include commissions, bonuses, overtime pay, shift differential, other extra compensation, or Policyholder contributions to Deferred Compensation plans received from the Policyholder.</p>
FEATURES	
Continuation of Insurance During Disability	<p>If You become Disabled, Your insurance will continue for as long as You are entitled to receive Weekly Benefits. Any premium payment for Your insurance that is paid by You through payroll deduction will be waived from the first day of the month following the date of Your approved disability through the last day of the month following the last date of Your disability benefit payments.</p>
Vocational Rehabilitation	<p>If You are Disabled and are receiving Disability benefits as provided by the Policy, You may be eligible to receive vocational rehabilitation services. These services include, but are not limited to:</p> <ul style="list-style-type: none"> • job modification; • job placement; • retraining; and • other activities reasonably necessary to help You return to work.

Survivor Benefit	If You die while You are receiving or are eligible to receive Weekly Benefits under the Policy, We will pay to Your Eligible Survivor a survivor benefit in an amount equal to the total Weekly Benefits that would be payable for the Maximum Benefit Period, less any benefits already paid to You.
EXCLUSIONS	
General Exclusions	<p>We will not pay benefits for any Disability which is caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • declared or undeclared war or any act of war or armed aggression; • Your participation in a riot, insurrection or rebellion; • Your commission of a felony for which You have been charged under state or federal law; • an intentionally self-inflicted Injury or Sickness, whether You are sane or insane; • attempted suicide, whether You are sane or insane; or • an occupational Sickness or Injury and You are eligible to receive benefits under Workers' Compensation or any other Act or law of like intent. <p>We also will not pay benefits for any Disability:</p> <ul style="list-style-type: none"> • while You are incarcerated or imprisoned for any period exceeding 60 days; or • that is solely a result of a loss of a professional license, occupational license or certification.
Pre-Existing Conditions	<p>We will not provide benefits for Disability:</p> <ul style="list-style-type: none"> • caused by, contributed to by, or resulting from a Pre-existing Condition; and • which begins in the first 6 months after You are continuously insured under the Policy. <p>A Pre-existing Condition means any Injury or Sickness for which You received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the day You become insured under the Policy.</p>

Publication Date: December 27, 2013