
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 November 17, 2022.

POLICY INFORMATION

Policyholder:	California Nurses Association Benefit Trust
Policy Effective Date:	January 1, 2008
Policy Anniversary:	January 1
Policy Number:	GUC-182J
Group Number:	G000182J
Classification:	All eligible employees enrolled on or prior to 5/1/08
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	30 day
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	30 calendar days
Sickness:	30 calendar days

BENEFITS

Maximum Weekly Benefit:	\$350, not to exceed 80% of your Basic Weekly Earnings
Maximum Benefit Period:	9 weeks
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit.
Survivor Benefit:	Included
Vocational Rehabilitation Benefit:	10%

LIMITATION

Pre-existing Condition Limitation:	3/6
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