



GROUP SHORT TERM DISABILITY (STD) INSURANCE APPENDIX
Attached to and forming part of the application for insurance
Underwritten and issued by Provident Life and Accident Insurance Company

Insured STD Benefit

OR

ASO (Administrative Services Only – Self-Insured STD Benefit - DO NOT COMPLETE CHART BELOW)

Class # (As referenced in Item #10 on page 2)	CLASS	CLASS	CLASS
Weekly Benefit % of weekly earnings	<input type="checkbox"/> ____% of weekly earnings	<input type="checkbox"/> ____% of weekly earnings	<input type="checkbox"/> ____% of weekly earnings
Flat \$ Amount	<input type="checkbox"/> flat \$_____ amount	<input type="checkbox"/> flat \$_____ amount	<input type="checkbox"/> flat \$_____ amount
Maximum Weekly Benefit	____ per week. <input type="checkbox"/> Equal to maximum EI weekly benefit adjusted annually.	____ per week. <input type="checkbox"/> Equal to maximum EI weekly benefit adjusted annually.	____ per week. <input type="checkbox"/> Equal to maximum EI weekly benefit adjusted annually.
Elimination Period - injury	____ Days	____ Days	____ Days
- sickness	____ Days	____ Days	____ Days
- days of hospitalization	____ Days	____ Days	____ Days
Maximum Benefit Duration (17, 26 and 52 weeks)	____ Weeks	____ Weeks	____ Weeks
Elimination Period and Benefit Based on Calendar Days (1/7th) or Working Days (1/5th)	<input type="checkbox"/> Calendar Days <input type="checkbox"/> Working Days	<input type="checkbox"/> Calendar Days <input type="checkbox"/> Working Days	<input type="checkbox"/> Calendar Days <input type="checkbox"/> Working Days
Residual Benefit (if No, benefit will be Total Disability Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium Contribution Split	____ % Employer ____ % Employee	____ % Employer ____ % Employee	____ % Employer ____ % Employee

Termination of Insurance: **Short Term Disability Insurance** terminates when the employee attains age 70 or at such earlier date as may be provided by the terms of a policy.

Comments:
