



Voluntary Short Term Disability Income Insurance

Policy Series BML WS-DI 6/11

Designed for the employees of

Spectrum Lighting

7/7/26 Weeks

ELIGIBILITY AND BENEFIT FEATURES

Elimination Period: 7 Days Injury / 7 Days Sickness

Benefit Duration: 26 Weeks

Available Purchase Amounts: \$100 - \$1,400 per week in \$25 increments.

Coverage: Non-Occupational

Offsets at Time of Claim: None, up to 100% of pre-disability earnings. If the sum of the weekly benefit, current weekly earnings and other income benefits exceeds 100% of pre-disability earnings, the weekly benefit will be reduced by the amount of the excess.

LIMITATIONS AND EXCLUSIONS

Exclusions: What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for any Disability:

- unless You are under the Regular Care of a Physician;
- that is caused or contributed to by war or act of war (declared or not);
- caused by Your commission of or attempt to commit a felony;
- caused or contributed to by Your being engaged in an illegal occupation;
- caused or contributed to by an intentionally self-inflicted Injury;
- for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
- sustained as a result of doing any work for pay or profit for another employer, including self-employment

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- was sponsored by the Employer; and
- was terminated before the Effective Date of The Policy, no benefits will be payable for the Disability under The Policy.

Pre-Existing Condition Limitation: *Are benefits limited for Pre existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre existing Condition, unless, at the time You become Disabled:

- You have been continuously insured under The Policy for 12 consecutive month(s).

Pre existing Condition means:



- any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 12 month period that ends the day before:
 - Your effective date of coverage; or
 - the effective date of a Change in Coverage.

Medical Care: is received when a physician or other health care provider:

- 1) is consulted or gives medical advice; or
- 2) recommends, prescribes, or provides Treatment.

Treatment: includes but is not limited to:

- 1) medical examinations, tests, attendance or observation; and use of drugs, medicines, medical services, supplies or equipment.



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WEEKLY PREMIUMS

Premiums are paid by the employee and are payroll deducted. Rates are based on the Certificate Effective Date.

Minimum Income			Weekly Benefit	Age Bands		
Annual	Monthly	Weekly		18 - 49	50 - 59	60 +
\$26,000.00	\$2,166.67	\$500.00	\$100	\$2.59	\$4.14	\$5.33
\$32,500.00	\$2,708.33	\$625.00	\$125	\$3.24	\$5.18	\$6.66
\$39,000.00	\$3,250.00	\$750.00	\$150	\$3.89	\$6.22	\$7.99
\$45,500.00	\$3,791.67	\$875.00	\$175	\$4.54	\$7.25	\$9.32
\$52,000.00	\$4,333.33	\$1,000.00	\$200	\$5.19	\$8.29	\$10.65
\$58,500.00	\$4,875.00	\$1,125.00	\$225	\$5.84	\$9.32	\$11.98
\$65,000.00	\$5,416.67	\$1,250.00	\$250	\$6.49	\$10.36	\$13.32
\$71,500.00	\$5,958.33	\$1,375.00	\$275	\$7.13	\$11.39	\$14.65
\$78,000.00	\$6,500.00	\$1,500.00	\$300	\$7.78	\$12.43	\$15.98
\$84,500.00	\$7,041.67	\$1,625.00	\$325	\$8.43	\$13.46	\$17.31
\$91,000.00	\$7,583.33	\$1,750.00	\$350	\$9.08	\$14.50	\$18.64
\$97,500.00	\$8,125.00	\$1,875.00	\$375	\$9.73	\$15.53	\$19.97
\$104,000.00	\$8,666.67	\$2,000.00	\$400	\$10.38	\$16.57	\$21.31
\$110,500.00	\$9,208.33	\$2,125.00	\$425	\$11.02	\$17.61	\$22.64
\$117,000.00	\$9,750.00	\$2,250.00	\$450	\$11.67	\$18.64	\$23.97
\$123,500.00	\$10,291.67	\$2,375.00	\$475	\$12.32	\$19.68	\$25.30
\$130,000.00	\$10,833.33	\$2,500.00	\$500	\$12.97	\$20.71	\$26.63
\$136,500.00	\$11,375.00	\$2,625.00	\$525	\$13.62	\$21.75	\$27.96
\$143,000.00	\$11,916.67	\$2,750.00	\$550	\$14.27	\$22.79	\$29.30
\$149,500.00	\$12,458.33	\$2,875.00	\$575	\$14.92	\$23.82	\$30.63
\$156,000.00	\$13,000.00	\$3,000.00	\$600	\$15.56	\$24.86	\$31.96
\$162,500.00	\$13,541.67	\$3,125.00	\$625	\$16.21	\$25.89	\$33.29
\$169,000.00	\$14,083.33	\$3,250.00	\$650	\$16.86	\$26.93	\$34.62
\$175,500.00	\$14,625.00	\$3,375.00	\$675	\$17.51	\$27.96	\$35.95
\$182,000.00	\$15,166.67	\$3,500.00	\$700	\$18.16	\$29.00	\$37.29
\$188,500.00	\$15,708.33	\$3,625.00	\$725	\$18.81	\$30.03	\$38.62
\$195,000.00	\$16,250.00	\$3,750.00	\$750	\$19.46	\$31.07	\$39.95
\$201,500.00	\$16,791.67	\$3,875.00	\$775	\$20.10	\$32.10	\$41.28
\$208,000.00	\$17,333.33	\$4,000.00	\$800	\$20.75	\$33.14	\$42.61
\$214,500.00	\$17,875.00	\$4,125.00	\$825	\$21.40	\$34.18	\$43.94

BMLWS-DI 6/11 Policy

Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of the Boston Mutual insurance plan. It is not a certificate of insurance or evidence of coverage. See the Master Policy and individual Certificates of Coverage for full benefit details, limitations and exclusions.

