GROUP 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 October 14, 2021.

POLICY INFORMATION

Policyholder:	CZ-USA
Policy Effective Date:	October 1, 2019
Policy Anniversary:	October 1
Policy Number:	GUG-BLLM
Group Number:	G000BLLM
Classification:	All Eligible Executives, C-Suite Officers, and Directors
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	The day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	7 calendar days
Sickness:	7 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	$1,500
Minimum Weekly Benefit:	$15
Maximum Benefit Period:	25 weeks
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, $1,000 or an amount equal to the total Gross Weekly Benefit.
Vocational Rehabilitation Benefit:	5%