

Voluntary Short Term Disability Insurance



Help protect your income and lifestyle with Voluntary Short Term Disability Insurance.

Coverage that may help protect your income when you are unable to work.

What is Voluntary Short Term Disability Insurance (VSTD)?

It is a cost effective way to help protect your income when you are unable to work due to illness or injury. Injury or illness can happen to anyone, and can impact your ability to earn money. That's why financial experts have recommend Short Term Disability insurance as part of a sound financial plan.

Q. Why is having VSTD insurance so important?

A. Having VSTD protection may help you cover your essential living expenses and may help safeguard your savings, since it may help replace a portion of your income during the initial weeks of a disability. Benefits continue for as long as you are disabled up to a maximum benefit period of 13 or 26 weeks (depending on the enrolled plan) of disability which includes the unpaid Elimination Period.

Q. How do I know if I am eligible for VSTD benefits*?

A. Worksite employees who meet eligibility requirements as defined in the insurance policy certificate apply during the enrollment period if they are Actively at Work. Medical questions may be required. Employees enrolled in the employer-sponsored 66.7% STD plan are not eligible for any Voluntary Short Term Disability benefits provided through MetLife. Contact your Human Resource department or contact an ADP TotalSource MyLife Advisor (MLA) at **1-844-448-0325**. The MLA will be able to advise you on your eligibility status and confirm if you are eligible for benefits.

*Non Paid Owners and Commission only Worksite employees who do not draw a salary or hourly wage from worksite employer are not eligible for Voluntary STD Insurance coverage offered through MetLife.

Q. Can I have multiple VSTD policies?

A. Worksite employees may be eligible for coverage and benefits for multiple worksite employers. If you are eligible for coverage for multiple worksite employers, the terms, coverage, conditions, and rights described in the certificate will apply separately to each worksite employer. Refer to your certificate of coverage for specific details.

Depending on the state you live in, disability benefits will be offset by statutory benefits.

*You can elect a 20% VSTD benefit if you are enrolled in a company sponsored 60% STD plan. If you are enrolled in a company sponsored 66.7% STD plan, you will not be able to elect any additional VSTD coverage.

Q. Does ADP TotalSource have an Actively at Work Rule?

A. Yes, the Actively at Work definition applies to all covered worksite employees. Worksite employees must be Actively at Work or at active work and performing all the usual and customary duties of their job. This must be done at one of the following:

- The employer's place of business;
- An alternate place approved by the employer;
- A place to which the employer's business requires them to travel.

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Worksite employees are considered Actively at Work during weekends, approved vacations, holidays or business closures if they were Actively at Work on the last scheduled workday preceding such time off.

Q. Can I still receive benefits if I return to work part time?

A. Maybe. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings¹ following your return to work when combining your disability benefit your work earnings and income from other sources.

If You participate in a Rehabilitation Program while disabled, we will increase Your Weekly Benefit by an amount equal to 10% of the Weekly Benefit. We will do so before We reduce Your Weekly Benefit by any Other Income.

Q. What if I return to Active Work?

A. If you return to Active Work before completing your Elimination Period and then become disabled, you will be required to complete a new Elimination Period. Additional medical information may be required. If you return to Active Work after completing your Elimination Period, we will consider you recovered from your disability.

Q. Is the VSTD plan taxable²?

A. No, the Voluntary Short Term Disability plan is 100% employee paid and is non-taxable.

Q. What is a Statement of Health (SOH) and how will I know if I need it?

A. A Statement of Health (SOH) is a series of medical questions which are asked to help us evaluate your overall health. Depending on your worksite employers plan and the amount of coverage you request, you may be asked to complete a Statement of Health form. If a Statement of Health is required, your plan administrator will start the process and instructions will be provided.

Q. How do I pay for my Voluntary Short Term Disability insurance?

A. Premiums are paid through payroll deductions.

Q. If I live in a state that has a state disability or medical leave plan, should I enroll in VSTD?

A. If you work in a state with state-mandated disability or paid medical leave benefits ("State Benefits")³, you should carefully consider whether to enroll for this coverage. If you are eligible for State Benefits, you must apply if required by state law. If permitted, your VSTD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. Please consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

Enrolling in the VSTD plan may still help supplement your income if you cannot work due to a disability. If you enroll in the 60% plan your payment may be adjusted based on what your state pays you³. There will be no reduction, if you enroll in the 20% plan. We encourage you to research what's available through your state to determine if the VSTD benefit is a good fit for you.

Q. When can I enroll?

A. Enrollment can occur as a new hire, during a qualifying life event or during annual enrollment. Health questions are required if enrolling or increasing coverage outside of the new hire window. The sooner you enroll, the sooner you will enjoy the added financial protection that disability coverage helps provide.

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Q. What happens if I do not make any changes during annual enrollment?

- A. If you do not make changes during annual enrollment, your coverage will default to your current coverage choices from the previous plan year. You may wish to review your coverage each year during annual enrollment to ensure it still fits your needs.

Q. What happens when I want to file a claim?

- A. Claims should be filed by calling **877-ADPTS01** or **(877-237-8701)** Monday through Friday from 8 a.m. – 11 p.m. ET or log into mybenefits.metlife.com/ADPTotalSource. Track the status of a claim online or on the MetLife US App. Search “MetLife” in the App Store or Google Play to download the app.

Q. What happens if I file my claim late?

- A. Your claim will be considered late if it is filed greater than 90 days from the end of the Elimination Period. We will review all available information in the claim in every effort to make a claim decision. If we are unable to do so, we will notify you of the information we need to make a decision.

Q. How does MetLife process my Short Term Disability Claim?

- A. Once a claim is filed, an acknowledgement letter will be sent within 24 hours, notifying the worksite employee of the information needed to approve their claim. There will be a medical authorization form included which the worksite employee should sign and return as soon as possible. The worksite employee will also have the option to complete this authorization electronically via MyBenefits mybenefits.metlife.com/ADPTotalSource or they can request a copy be emailed to them if they would like to expedite the process.

MetLife will send an Electronic Funds Transfer (EFT) set up form in the event worksite employees would like to set up direct deposit for disability payments.

Worksite employees may report a future claim, e.g., pregnancy or a planned surgical procedure, using the same method for reporting a current disability up to 30 days in advance of the anticipated date last worked.

Q. What is the Elimination Period?

- A. STD benefit payments begin after the unpaid Elimination Period of 7 or 14 days. Payable benefits start after the unpaid Elimination Period ends (on the 8th or 15th calendar day). Some plans do not have an unpaid Elimination Period if the disability is due to an injury. The maximum STD benefit period includes the unpaid Elimination Period of 7 or 14 days.

Examples:

A claim is approved with a date of disability of 1/30. The worksite employee's plan has a 14-day unpaid Elimination Period and a 26-week maximum benefit period. 26 weeks includes the unpaid Elimination Period from 1/30 through 2/12 and benefits are payable beginning 2/13 for the remaining 24 weeks of the maximum benefit period.

A claim is approved with a date of disability of 6/11. The worksite employee's plan has a 7-day unpaid Elimination Period and a 13-week maximum benefit period. 13 weeks includes the unpaid Elimination Period from 6/11 through 6/17 and benefits payable beginning 6/18 for the remaining 12 weeks of the benefit period.

Q. What clinical information may be needed?

- A. Clinical information should include examination findings indicating the inability to perform the material duties of your Own Occupation such as (but not limited to) x-rays, medical records (including histories, lab tests, examination results and treatment notes).

Q. What is the process for payment of my VSTD benefit?

- A. Our goal is to render a claim decision within an average two business days of receipt of all information we deem necessary.

MetLife will aim to make all claim approvals within 10 days of claim receipt. The required proof of disability should be sent to us within 90 days of the end of the Elimination Period. In the event we do not receive the requested information

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within 10 days, we will contact the worksite employee and send a follow up letter. A follow up to the worksite employee will be made at days 20, 35 and 60. If the information is not received 90 days from the end of the unpaid Elimination Period, the claim will be denied for lack of supporting proof of disability.

Q. How will I know if a claim is denied?

- A. All claim decisions are communicated to the worksite employee via phone, and we also send a detailed letter within one day of the decision. An Appeal Request Form will be included with the denial letter, which provides the worksite employee the opportunity to appeal the initial denial decision rendered. The worksite employee will have 180 days from receipt of the letter to submit their written request to appeal. Once a written request for an appeal is received, the Claims Specialist will notify the worksite employee upon receipt. The worksite employee must be notified of the appeal decision no later than 45 days after MetLife receives the appeal request. If special circumstances require an extension of time in order to conduct a full and fair review, there may be one 45-day extension.

Worksite employees can access claim status and other important claim details online. Register or log in to MyBenefits mybenefits.metlife.com/ADPTotalSource, go to profile settings then communication preferences and enter your mobile number and check the box you want to receive text messages. Turn the delivery preferences to on under disability claim status text alerts. Reply 'STOP' to any text to unsubscribe or by turning claim status text alerts to Off on MyBenefits.

Q. What if I am unable to Return to Work (RTW)?

- A. Five to seven days before the end of the approved period of disability, the Claims Specialist contacts the worksite employee to determine whether he or she intends to RTW on the expected RTW date. If the worksite employee plans to RTW as anticipated, no further action is taken. If the worksite employee does not intend to RTW as planned, additional medical information is gathered to support the ongoing disability.

The Claims Specialist must determine when it is appropriate to transition to a Long Term Disability (LTD) claim no later than six weeks prior to the VSTD maximum benefit period. If an LTD transition occurs, all the Short Term Disability claim information is available to begin the LTD evaluation.

Q. Does the worksite employee need to notify the Claims Specialist if they return to work?

- A. Yes. The worksite employee should notify their assigned Claims Specialist the RTW date. This will aid in communication to ADP TotalSource as well as ensure the claim is updated accordingly.

Q. What happens if I Return to Work but then stop working again? Do I need a new claim?

- A. If the worksite employee returns to active work after receiving weekly benefits, we consider him or her to have recovered from his or her disability.

If the worksite employee returns to active work after completing their Elimination Period of 31 days or more (13-week plan)/61 days or more (26-week plan) and becomes disabled again due to the same or related sickness or accidental injury, we will not require completion of a new Elimination Period. For the purpose of determining benefits, we consider such disability to be a part of the original disability and will use the same predisability earnings¹, terms, provisions and conditions used for the original disability.

If the worksite employee returns to active work for a period of 31 days or more (13-week plan)/ 61 days or more (26-week plan) and becomes disabled again due to the same or related sickness or accidental injury, they will need to satisfy a new Elimination Period.

Q. When do overpayments occur?

- A. An overpayment can occur for various reasons including, but not limited to an incorrect salary amount is used in determining predisability earnings¹ or if late notice or retroactive receipt of 'other income' benefits were not previously offset as per the disability plan provisions. Please check the plan certificate for details.

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Our insured plans include a contractual right of recovery for any disability payments made to a worksite employee with a cause of action against a responsible third party. The right of recovery allows us to pursue an overpayment or payment from a worksite employee who is receiving lost wages from an accident lawsuit.

Q. How does MetLife recover Overpayments?

A. Overpayment recovery may be achieved in a variety of ways. The recovery for an overpayment is determined by the Claims Specialist after thorough review of the benefits paid, review of the plan language and consideration specific to each claimant.

Q. How does Worker's Compensation impact VSTD claims?

A. During claims administration, we determine if an occupational benefit (Workers' Compensation) is being paid or if the worksite employee is eligible for occupational benefits. If appropriate, we contact you and/or the workers' compensation carrier to solicit information concerning the status of the claim.

Q. Does Workers' Compensation run concurrent with my VSTD benefit?

A. Workers' Compensation does not run concurrent with VSTD. If your illness or injury arises out of, or in the course of, any activity in connection with employment you will not be eligible for disability. However, if proof is furnished to MetLife that under the Workers' Compensation law (or other like law) that no benefit, award, settlement, or redemption has been or will be made under that law for such disease or injury, the disease or injury will be considered non-occupational, and MetLife will then process your claim under VSTD.

Q. Will the VSTD Benefit continue after termination of employment?

A. If your VSTD coverage terminates during a period of disability which began while you had coverage, any VSTD benefits may continue up to the plan's maximum benefit period as your period of disability continues or until you are no longer disabled, whichever comes first.

Q. What is a Pre-existing Condition?

A. The VSTD plan includes a 3/12 Pre-existing Condition provision. This means that no disability benefits are payable to worksite employees if they received medical treatment, consultation, care or services, or took prescription medications or had medication prescribed for their disability in the 3 months before the effective date of the insurance. This limitation will not apply if the Elimination Period for a disability starts after the individual has been an active worksite employee under our plan for 12 consecutive months from the effective date of the insurance. Below are some guidelines followed during a Pre-existing investigation:

Scenario	Result
Medical treatment received during Pre-existing look back period was for the same (or related) medical condition as the current disabling medical condition.	The condition is Pre-existing, and the claim will be denied.
Medical treatment received during the Pre-existing 3 month look back period was for an unrelated medical condition.	The condition is not pre-existing, and the claim investigation process continues.
Medical treatment was received for the same (or related) medical condition as the current disabling medical condition but was <u>prior to</u> the beginning of the Pre-existing Condition 3 month look back period.	The condition is not Pre-existing, and the standard claim investigation process continues.

In determining whether a disability is due to a Pre-existing Condition, we will credit you for any time you were insured under the Prior Plan. If your disability is due to a Pre-existing Condition as described in this certificate, but would not have been due to a Pre-existing Condition under the Prior Plan, we will pay a benefit equal to the lesser of:

- The benefit amount under this certificate; or
- The disability income insurance benefit that would have been payable to you under the Prior Plan.

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Q. Are there any exclusions for Pre-Existing Conditions?

- A. Yes. There is a look back period of 3 months when a claim is received within the first 12 months of the date your disability insurance takes effect. A sickness or accidental injury is considered a pre-existing condition if, during the three months prior to your effective date of coverage;
- you received medical treatment, consultation, care or services; or
 - took prescription medication or had medications prescribed.

You are not obligated to purchase any of the voluntary policies or services offered and you may explore other options including purchase of policies or services directly from an insurance company or provider. You should discuss your options with your financial advisor, attorney, accountant or other professionals.

¹ Your Predisability Earnings means gross salary, or wages you were earning from your employer as of your last day of active work before your disability began. On the 60% plans, this does not include awards and bonuses, commissions, overtime pay and any other compensation from your employer. On the 20% plans, this does include commissions you earned averages over the 12-month period before Disability began, or over the period of Your employment, if less.

² Any discussion of taxes is for general information purposes only, does not purport to be complete or cover every situation, and should not be construed as legal, tax, or accounting advice. You should confer with your qualified legal, tax, and accounting advisors as appropriate.

³ These jurisdictions include, but may not be limited to, California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Jersey, New York, Oregon, Puerto Rico, Rhode Island, Washington (and Delaware and Minnesota as of 1/1/26, Maine as of 5/1/26, and Maryland as of 7/1/26).

The Plan Overview provides only a brief overview of the VSTD Plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance, Summary Plan Description and/or other plan documents. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

MetLife, its agents, and representatives may not give legal, tax or accounting advice and this document should not be construed as such. Clients should confer with their qualified legal, tax and accounting advisors as appropriate.

Short Term Disability ("STD") coverages are provided under a group insurance policy issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable), or upon termination of the group contract by your employer. Like most group disability insurance policies, MetLife policies contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for complete costs and details. Access the Aon microsite for costs and complete details www.BenefitsGo.com/EEpaidBenefits. State variations may apply.