

**THIS IS A STATEMENT OF COVERAGE FOR THE UNIVERSITY OF THE PACIFIC CALIFORNIA VOLUNTARY DISABILITY PLAN. THE PROVISIONS OF THIS STATEMENT APPLY TO DISABILITY BENEFIT PERIODS BEGINNING ON OR AFTER JANUARY 1, 2012.**



**PARTICIPATION**

**Who may participate?** You, provided you are a California employee of University of the Pacific. There is no enrollment—your coverage begins on the day you become an employee. If you do not wish to participate in the Plan, you must reject coverage in writing. If you wish to participate at a later date, you may do so by submitting a written election to participate to the Human Resources Department. You will be covered on the first day of the calendar quarter that follows the date on which you submit your notice.

**COST**

**How much do I pay?** Your cost is 1.0% of the first \$95,585 of your calendar year wages.

**DISABILITY**

**When am I considered disabled?** When you are unable to do your regular or customary work because of a mental or physical illness or injury. This includes pregnancy and childbirth. (If you participate in and complete a vocational rehabilitation program, your regular or customary work is the occupation for which you have been retrained.) You are considered disabled if you have been ordered to stay away from work by order of a bona fide health authority because you have or are suspected of having a communicable disease. Also, if you seek treatment for an alcohol or drug abuse problem, you are considered disabled, provided you are participating in an accredited residential or outpatient program. If you are being treated on an outpatient basis, you must attend the program for a minimum of six hours a day, five days a week. Benefits for alcohol and drug abuse treatment are limited to ninety days.

Although you will not be considered disabled, if a member of your immediate family is disabled, or if you want to bond with your new minor child within the first year of the birth, adoption, or foster care placement of that child, you may be eligible for up to six weeks of Paid Family Leave.

**BENEFITS**

**How much will I receive?** If you are disabled, you will be paid 55% of your weekly earnings—rounded up to the next higher dollar if not an even amount—to a weekly maximum of \$1,011. Partial weeks are paid at a daily rate that is 1/7<sup>th</sup> of your weekly benefit.

For each day you are confined in a hospital (to a maximum of 25 days during any Disability Benefit Period), you are eligible for a daily benefit of \$15. You are eligible for the same benefit if, pursuant to your doctor's orders, you are confined in a nursing home, provided you were in a hospital for at least 15 days prior to entering the nursing home.

Benefits for periods of Paid Family Leave will be paid at 55% of your weekly earnings to a maximum weekly benefit of \$1,011.

You may choose to redirect a portion of your weekly benefit to cover all or part of the cost of employee-paid benefits. To execute this option, you must designate in writing, on a form available from the Human Resources Department, the weekly amount to be redirected. This redirection may be initiated at the time you apply for benefits or at any time while you are receiving benefits.

**When do my benefits begin?** Your benefits begin on the earliest of the following:

- the eighth consecutive day of your disability (provided you have been treated by a physician during that eight day period);
- the first full day you are in a hospital;
- the first day you receive treatment in a hospital surgical unit or approved surgical clinic, provided you are disabled at least eight days during the disability period as a result of the condition requiring treatment; or
- if your leave is taken as Paid Family Leave, benefits will begin only after you have used one week of sick leave, or a combination of sick leave and vacation time, if applicable. However, in the case of a Paid Family Leave that is subsequent to a maternity leave, there will only be a single waiting period.

If you are disabled more than fourteen days, the waiting period will be waived. A disability is deemed to be continuous if you return or are able to return to work for fourteen days or less and become disabled again due to the same or related cause or condition.

**How do Voluntary Plan benefits compare to benefits from the State?** As a Plan participant, you are guaranteed rights at least equal to those provided by the State Disability Fund. You will receive a weekly rate and maximum weekly benefit amount at least equal to the State Award rate and Maximum Benefit Award which you would have received if you were a participant in the State Disability Insurance (SDI) program.

**On what are benefits based?** Disability benefits are based on your earnings. Earnings mean your basic pay in effect on the date immediately prior to the start of your disability. Earnings do not include bonuses, commissions, differentials, overtime, or any other type of compensation.

**What is the maximum benefit payable?** The maximum benefit payable for any one period of your disability is fifty-two times your weekly benefit.

The maximum benefit payable for one period of Paid Family Leave is six times 55% of your weekly earnings to \$1,011.

**Are limits placed on my benefits?** Yes. Your benefits will be limited to the State Award rate if:

- your disability begins during your first three months of employment, or during the first fifteen days of an unpaid leave of absence or a layoff without pay; or
- your disability is work-related and you are receiving or are eligible to receive workers' compensation cash payments for temporary or permanent disability indemnity.

**Will I still be eligible for benefits if I receive wages while I am disabled?** Yes, provided that the amount of wages you receive when combined with your benefits does not exceed the amount of wages you earned (excluding overtime) during the week immediately preceding your disability. In that case, you will receive a weekly benefit equal to the difference between the two, but not more than the benefit you would receive if no wages had been paid.

**What if I am eligible to receive benefits from more than one plan (for instance, another Voluntary Plan or SDI)?** Your benefit will equal the amount by which this Plan exceeds your State Award rate, plus the amount which results from dividing your State Award benefit by the number of Plans under which you are covered (for example, if you are covered by this Plan and SDI, you will divide by two).

## **EXCLUSIONS**

**Are there conditions under which I will not be eligible for benefits?**

- You will not receive benefits if a certificate from a physician, surgeon, optometrist, dentist, osteopath, chiropractor, podiatrist, a nurse practitioner as allowed under AB 2188, or a licensed psychologist does not support your, or the care recipient's disability. In the case of normal pregnancy, a licensed midwife, nurse-midwife, or nurse-practitioner may certify your disability. An authorized medical officer of a US Government medical facility or a registrar of a county hospital may also certify a disability. If you, or the care recipient, belong to a bona fide religious organization that relies on prayer or other spiritual means for healing, a certificate from an authorized or accredited practitioner of that creed may be accepted.

The certificate must include the medical facts of your, or the care recipient's, case, including, if applicable, secondary diagnoses. It must also include the issuer's opinion as to the probable duration of your, or the care recipient's, disability. The certificate must include a diagnosis or diagnostic code prescribed in the International Classification of Diseases. If no diagnosis has been made, a statement of symptoms must be included. All of the above must be based on a physical examination and a documented medical history. If you can prove that you have received workers' compensation (WC) temporary disability benefits, you don't have to submit a certificate. If you are claiming benefits while receiving treatment for alcohol or drug abuse, your doctor does not need to certify that you are disabled; however, you will still need to meet other Plan requirements.

- You will not receive benefits under this Plan if you receive (or are eligible to receive) WC temporary disability indemnity, permanent disability benefits (if such benefits are paid due to the same illness or injury), or maintenance allowance benefits unless the amount you are receiving from WC is less than your Plan benefit. If this is the case, the Plan will pay the difference between your normal Plan benefit and what you are receiving from WC. If you are receiving WC maintenance allowance benefits, you must supplement those benefit with the maximum permanent disability benefit to which you are entitled; if you don't you will no longer be eligible for Plan payments.
- You will not receive benefits if (i) you are incarcerated (in jail or any other facility) as a result of a criminal conviction, (ii) your disability arises out of your commission of a crime, or (iii) your disability stems from alcohol or drug addiction, or from aberrant sexual behavior, and you are confined by court order in an institution or some other place.

- If you intentionally make a false statement or representation (or you withhold material facts) in order to obtain benefits, you will be ineligible for benefits for at least seven days (starting on the date we notify you) but not more than thirty-five days. You will not receive benefits for an additional fifty-six days if there is a second infraction of this provision.
- You will not receive disability benefits if you are receiving or are entitled to receive unemployment or Paid Family Leave benefits.
- You will not receive benefits for any day that would otherwise qualify for Paid Family Leave benefits if another family member is ready, willing, able, and available for the same period of time in a day that you are providing the required care.

**COVERAGE ENDS**

**When does my coverage end?** Your coverage ends when any of the following occurs:

- when you cease to be eligible;
- at midnight of the day your employment ends;
- at midnight of the fifteenth day after you begin an unpaid LOA or on the fifteenth day following a layoff without pay; or
- on the first day of the quarter following your written request to withdraw from the Plan.

**CLAIMS**

**How do I file a claim?** Claim forms and claim filing information may be obtained from the Human Resources Department. A claim for benefits must be filed not later than forty-five days after you would have been eligible to receive benefits, unless there is good cause for an extension.

When you file a claim, you will receive a Notice of Computation (DE429D) from the State that shows the amount that the State would have paid you. You should note that the way the State calculates your wages is done using wage quarters. This may result in the State awarding you a different benefit amount. Furthermore, if you were in the military service, received workers' compensation benefits or did not work because of a trade dispute during the base period, you may be able to substitute wages paid in prior quarters to make your claim valid or increase the benefit amount. If your claim is invalid because of extended unemployment during the base period, you may also be able to substitute wages paid in prior quarters to make the claim valid.

You will receive a weekly rate and maximum weekly benefit amount at least equal to the State Award rate and Maximum Benefit Award which you would have received if you were a participant in the State Disability Insurance (SDI) program. If this award is greater than the benefits you are receiving under this Plan, your benefit level will be adjusted to meet this award amount. If this award amount is less than your benefit level under the Plan, you will continue to receive the Plan benefit level.

Under the provisions of the California Unemployment Insurance Code, the Company or its authorized administrator shall have the right to (i) require supplemental forms from your, or the care recipient's, physician, or those authorized to certify to disabilities, as often as deemed necessary, and, (ii) have you, or the care recipient, examined by a physician while you are claiming benefits under the Plan. This may be done as often as may reasonably be required during the period benefit payments may be due under the Plan.

**What if my claim is denied?** If you are denied benefits under this Plan, you may appeal the denial. You may appeal in person or in writing at any office of the Employment Development Department within twenty days from the date the notice of the denial was mailed. Written appeals must be signed and include your name, Social Security Account Number, the name of your employer and the reason you are filing the appeal.

Appeals for Paid Family Leave benefits must be sent to the following address: Paid Family Leave, PO Box 997017, Sacramento, CA 95799-7017 within thirty days of the denial.

**STATE RATE**

When Plan benefits are limited to the State Plan rate, you will receive benefits equal to what SDI would have paid had you been an SDI participant.

The weekly and maximum benefit will be based on disability insurance taxable wages paid to you during the base period. Such wages must total at least \$300.

<i>If your claim begins in:</i>	<i>Your "Base Period" is the twelve month period ending the prior:</i>
Jan/Feb/Mar	September 30th
Apr/May/Jun	December 31st
Jul/Aug/Sep	March 31st
Oct/Nov/Dec	June 30th

## State Plan Rate—Benefit Schedule

<i>WAGES PAID IN HIGHEST QUARTER</i>		<i>Weekly Benefit Amount:</i>
<i>From:</i>	<i>To:</i>	
\$75.00	\$1,149.99	\$50.00
1,150.00	1,174.99	51.00
1,175.00	1,199.99	52.00
1,200.00	1,224.99	53.00
1,225.00	1,249.99	54.00
1,250.00	1,274.99	55.00
1,275.00	1,299.99	56.00
1,300.00	1,324.99	57.00
1,325.00	1,349.99	58.00
1,350.00	1,374.99	59.00
1,375.00	1,399.99	60.00
1,400.00	1,424.99	61.00
1,425.00	1,449.99	62.00
1,450.00	1,474.99	63.00
1,475.00	1,499.99	64.00
1,500.00	1,524.99	65.00
1,525.00	1,549.99	66.00
1,550.00	1,574.99	67.00
1,575.00	1,599.99	68.00
1,600.00	1,624.99	69.00
1,625.00	1,649.99	70.00
1,650.00	1,674.99	71.00
1,675.00	1,699.99	72.00
1,700.00	1,724.99	73.00
1,725.00	1,749.20	74.00
1,749.21	and over	55% of wages, divided by thirteen*, but not more than \$1,011.
		<i>*If this is not an even dollar amount, it is raised to the next higher dollar amount.</i>

*This is a summary Statement of Coverage of the University of the Pacific California Voluntary Disability Plan. The Plan document actually governs the Plan and describes all of the provisions in more detail. A copy of the complete Plan document is available for your review at the Human Resources Department.*