

## Voluntary Short Term Disability Insurance

Effective June 1, 2025 – May 31, 2026

You can enroll in voluntary benefits by logging in to **ADP TotalSource®** during new hire, annual open enrollment, and qualifying life event windows.

When there, select **Myself > Benefits > Enrollments**. Feel free to contact **ADP TotalSource** at **(844) 448-0325** with any questions you may have about how to elect voluntary coverages.

If you have questions about the benefits plans, contact MetLife directly at **(877) ADPTS01** or **(877) 237-8701** between the hours of 8 a.m. – 11 p.m. ET.

## Voluntary Short Term Disability Insurance

Voluntary Short-Term Disability (VSTD) benefit may help replace a portion of your predisability earnings<sup>1</sup>, less the income that was actually paid to you during the same disability from other sources<sup>2</sup> (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.) during the initial weeks of a disability.

### VSTD 13-Week or 26-Week Plan

Elimination Period	Benefit Amount	Maximum Benefit	Minimum Benefit	Requirements
7-day or 14-day Elimination Period	60% of the first \$5,000 of your weekly predisability earnings <sup>1*</sup>	\$3,000 per week	Greater of 10% of gross benefit or \$25 per week	Medical questions <sup>3</sup> are required if enrolling or increasing coverage outside of the new hire window
14-day Elimination Period	20% of the first \$15,000 of your weekly predisability earnings <sup>1*</sup>	\$3,000 per week	Greater of 10% of gross benefit or \$25	Medical questions are required if enrolling or increasing coverage outside of the new hire window

\*If you are enrolled in a 60% Employer-paid STD plan, you are eligible to enroll in a 20% Voluntary STD plan. If you are enrolled in the 66.7 % Employer-paid STD plan, you are not eligible to enroll in a 20% Voluntary STD plan.

### Cost of Coverage\*

Cost is based on the amount of coverage you elect and your age at enrollment, it may change the following calendar year on 6/1.

#### VSTD 14-day Elimination Period

Available for 60% or 20% benefit plans

#### VSTD 7-day Elimination Period

Available for 60% benefit plan only

26 Week Plan	13 Week Plan	Employee Age	26 Week Plan	13 Week Plan
\$0.56	\$0.48	0 – 24	\$0.69	\$0.59
\$0.58	\$0.49	25 – 29	\$0.71	\$0.60
\$0.59	\$0.50	30 – 34	\$0.72	\$0.61
\$0.54	\$0.46	35 – 39	\$0.66	\$0.56
\$0.58	\$0.49	40 – 44	\$0.71	\$0.60
\$0.71	\$0.60	45 – 49	\$0.87	\$0.74
\$0.87	\$0.74	50 – 54	\$1.07	\$0.91
\$1.07	\$0.91	55 – 59	\$1.31	\$1.11
\$1.27	\$1.08	60 – 64	\$1.56	\$1.32
\$1.53	\$1.31	65 – 99	\$1.87	\$1.60

\*Per \$10 of weekly covered benefit



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### Special Considerations

If you work in a state with state-mandated disability or paid medical leave benefits (“State Benefits”)<sup>4</sup>, 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 STD 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. You consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

### Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for VSTD coverage. Contribution amounts are based on gross weekly income for VSTD. Actual contributions will be calculated by the payroll system.

### VSTD 13 Week Example

VSTD Contribution Calculations	14-day Elimination Period	7-day Elimination Period		
<b>A. Annual Earnings =</b>	\$30,000	\$30,000	<b>A. Annual Earnings =</b>	
<b>B. Weekly Earnings =</b> (A divided by 52)	\$576.92	\$576.92	<b>B. Weekly Earnings =</b> (A divided by 52)	
<b>C. Weekly Benefit =</b> (B x 60%)	\$346.15	\$346.15	<b>C. Weekly Benefit =</b> (B x 60%)	
<b>D. Value Per \$10 =</b> (C divided by 10)	\$34.62	\$34.62	<b>D. Value Per \$10 =</b> (C divided by 10)	
<b>E. Estimated Monthly Contribution</b> (D multiplied by 35 years old = 14-day=\$0.46 vs. 7-day=\$0.56)	\$15.92	\$19.39	<b>E. Estimated Monthly Contribution</b> (D multiplied by the applicable age-banded rate)	

The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan, regardless of your annual salary amount. If your calculated weekly benefit exceeds \$3,000 your benefit will be limited to \$3,000 per week. These benefits are non-taxable.

### Eligibility Requirements

- All active full-time and part-time worksite employees in an eligible class.\*\*
- An active worksite employee must first fulfill their waiting period as determined by the worksite employer.
- A worksite employee must be Actively at Work<sup>5</sup> on the date the insurance is effective or will take effect on the day the worksite employee resumes an Actively at Work status.

\*\*Non Paid Owners and Commissions 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.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

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### How is “Disability” defined under your Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and, you are unable to earn more than 80% of your predisability earnings<sup>1</sup> at your Own Occupation for any employer; and you are unable to perform each of the material duties of your Own Occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your ADP TotalSource or contact MetLife with any questions.

### What does Predisability Earnings mean?

In general, predisability earnings<sup>1</sup> means gross salary or wages you were earning from the Policyholder as of your last day of Active Work before your disability began. We calculate this amount on a weekly basis.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

### Are there any offsets that will reduce my Disability Benefits?

We will reduce your disability benefit by the amount of other income as defined in the Disability Income Insurance: Income Which Will Reduce your Disability Benefit section of the certificate.

Statutory offsets will be applied to the 60% plan. Please see Special Considerations section above.

### When do benefits begin and how long do they continue?

The claim approval dates will include the unpaid Elimination Period. Benefits begin after the end of the Elimination Period. The Elimination Period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit.

Benefits continue for as long as you are disabled up to a maximum duration\*\* of 13 or 26 weeks of disability depending on the plan elected during Open Enrollment.

Your plan's Maximum Benefit Period, Elimination Period and any specific limitations are described in the Certificate of Insurance.

### Example

Pregnancy and childbirth are treated the same as any other sickness. Benefit eligibility will be determined based on the medical evidence provided by the physician, worksite employees job duties and duration guidelines. In general, postpartum recovery supports a benefit period of 42 days from the date of delivery for a normal delivery and 56 days following a C-section. The benefit period includes the unpaid elimination period of 7 or 14 days.

- **Normal Delivery with a 7-day unpaid Elimination Period:** If you give birth on **July 15**, you will receive paid benefits from **July 22** until **August 25**.
- **Normal Delivery with a 14-day unpaid Elimination Period:** For a July 15 delivery, benefits will start from **July 29** and end on **August 25**.

\*\* Note: STD plan benefits are paid weekly. The max duration is inclusive of the elimination period for weekly benefit payments assuming the injury/sickness would fulfill the full duration.

Disability benefit payments will continue to be paid for the approved duration of the claim or until you are no longer disabled, whichever comes first, even if the worksite employer or worksite employee terminates while receiving disability benefits.

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### Additional Disability Plan Benefits:

**Coverage with Your Best Interests in Mind...** When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services.

### Services to Help You Get Back to Work Can Include:

**Nurse Consultant or Case Manager Services:** Specialists who personally contact you, your physician and your worksite employer to coordinate an early return-to-work plan, when appropriate.

**Vocational Analysis:** Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your worksite employer.

**Job Modifications:** Adjustments (e.g., redesign of workstation tools) that enable you to return to work.

**Retraining:** Development programs to help you return to your previous job or educate you for a new one.

**Financial Incentives:** Allow you to receive Disability benefits or partial benefits while attempting to return to work.

## Questions & Answers

### Q. Can I purchase additional coverage?

A. Although your company may be paying for a disability plan now, you have an opportunity to purchase additional VSTD coverage. This enrollment option allows you to elect voluntary coverage in addition to Employer paid coverage. You can elect a 20% VSTD benefit if you are enrolled in a company sponsored 60% STD plan or you can elect a 60% and/or 20% VSTD benefit if your worksite employer does not offer an 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. Disability benefits may be taxable<sup>6</sup>; however, when premiums are paid by you with post-tax dollars, the corresponding portion of the disability benefits may be tax-free.<sup>†</sup> We encourage you to purchase this valuable additional coverage as a supplement to your group plan coverage. A Statement of Health may be required.

### Q. Are there any exclusions to my coverage?

A. Yes. We will not pay for any Disability caused or contributed to by:

1. War, whether declared or undeclared, or act of war, insurrection or rebellion or terrorist act;
2. Your active participation in a riot;
3. Intentionally self-inflicted injury;
4. Attempted suicide; or
5. Commission of or attempt to commit a felony.

We will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

1. Cosmetic surgery or treatment primarily to change appearance;
2. Reversal of sterilization;
3. Liposuction;
4. Visual correction surgery; and
5. In vitro fertilization; embryo transfer procedure; or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a Sickness.

Additionally, no payment will be made for a disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

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### Q. How are the durations and elimination periods coordinated between STD and LTD plans?

- A. Most disability plans are aligned to transition from STD to LTD without a gap. When the STD plan has a 13-week Maximum Benefit Duration, the LTD plan typically has a 90-day Elimination Period. When the STD plan has a 26-week Maximum Benefit Duration, the LTD plan has a 180-day Elimination Period.

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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.

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.

<sup>1</sup> 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.

<sup>2</sup> Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

<sup>3</sup> MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife’s underwriting rules, and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

<sup>4</sup> 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.).

<sup>5</sup> Actively at work means that you are performing the substantial and material duties of your own occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel.

<sup>6</sup> Any discussion of taxes is for general informational 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.

†Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this document is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of this Disability insurance. You should seek advice based on your particular circumstances from an independent tax advisor.

Voluntary Short Term Disability (“VSTD”) coverage is provided under a group insurance policy issued to your employer by MetLife. This VSTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your VSTD 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. Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice.

Access the Aon microsite for costs and complete details [www.BenefitsGo.com/EEpaidBenefits](http://www.BenefitsGo.com/EEpaidBenefits)  
State variations may apply.