

## **Aflac Short-Term Disability**

**Coverage** Off-The-Job

**Benefit Period** 6 months

Elimination Period 14/14 (Your coverage starts after you've

been out for 2 weeks. You can use PTO

during that period)

Benefit Amount \$300 to \$5,000

**Benefits** Total Disability up to 60% of salary

Partial Disability
Waiver of Premium

**Plan Features** Guaranteed-issue

Portable

## Sample Weekly Costs (this is only an example – your cost will be shown on your enrollment screen)

<u>Annual</u>	Monthly	Age 18-49	Age 50-59	Age 60-69
<u>Salary</u>	<u>Benefit</u>	Cost	Cost	Cost
\$40,000	\$2,000	\$11.80	\$14.60	\$20.60
\$60,000	\$3,000	\$17.70	\$21.90	\$30.90
\$80,000	\$4,000	\$23.60	\$29.20	\$41.20

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For any questions about enrolling, please call 1-888-888-4325

- As a new hire, you are eligible to enroll during your first 30-days of employment. Your policy will be
  effective on the first day of the month following your enrollment.
- If you plan to be out of work, you will need to contact The Standard at 203-432-5552, option 4 to obtain and complete The Standard's Leave of Absence medical certification packet.
- Failure to complete The Standard's leave of absence packet may result in a postponement of your STD benefits.
- While earning STD payments, you will be able to supplement with accrued paid time off, but you must
  designate this during The Standard's leave of absence intake in order for your time card to be updated.

## To enroll, please go to www.aflac.com/yale

Your Employee ID is a unique number assigned to you by the University. To locate your Employee ID number in Workday, please follow these steps:

- 1. Visit the It's Your Yale website: http://your.yale.edu/
- 2. At upper right, click Login, and log in with your NetID and password.
- 3. At the top of the screen, click Workday.
- 4. On the Workday home page, click the Personal Information worklet.
- 5. Under View, click About Me.
- 6. Click the Job tab.

Your Employee ID number is listed right under Job Details.

## **Website Instructions**

User ID: Initial of First and Last Name + 2 to 6 digit Employee ID (No Leading 0's) (i.e.MB123456) Password: YU2024 (All Caps Needed)

- Personal Data (can be edited)
  - name, gender, dob, home address, phone, e-mail
- Job Information
- Group Disability Decision Page
  - Change Coverage = Enroll
  - Next = Waive Plan
- Apply For Coverage
  - Benefit Amount and Weekly Premium
  - Submit
  - Answer 2 Questions
  - Electronic Signature (Employee ID & year of birth)
- Election Summary

<u>Total Disability</u> - This affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a non-work related covered injury or illness.

<u>Partial Disability</u> - The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If, after being Totally Disabled, you remain partially disabled and only able to work 4 hours per day, this plan will pay you 50% of your selected monthly benefit for up to 3 months.

<u>Pre-Existing Condition -</u> Pays 50% of your monthly benefit for up to 6 weeks\* if you're disabled during the first 12 months of coverage due to a pre-existing condition. (A sickness or physical condition which, within the 12 months prior to the effective date, resulted in you receiving medical advice or treatment)

\*The Benefit is reduced by the 14-day Elimination Period.

Pregnancy is a Pre-Existing Condition if conception occurs before the effective date of coverage

<u>Waiver of Premium - Premiums are waived after 90 days of Total Disability.</u> After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

<u>Portability - Coverage may be continued even if you change employers.</u>

<u>Standard Coverage Effective Date Business Guidelines-</u> As a new hire, you are eligible to enroll during your first 30 days of employment. Your policy will be effective on the first day of the month following your enrollment.