

# Zurich American Life Insurance Company of New York

## Short Term Disability Income Insurance Plan

### Benefits Schedule

This Benefits Schedule (hereinafter "Schedule") is a summary of some of the features and benefits of *your Policyholder's* Short Term Disability Plan. It is not a contract. *You* are not necessarily entitled to insurance because *you* received this Schedule. *You* are only entitled to insurance if *you* are eligible in accordance with the terms of the Certificate, *you* have met *your Policyholder's* eligibility requirements and premium has been paid. For a complete description of the terms, conditions, exclusions and limitations of the *Policyholder's Plan*, refer to *your* Certificate. In the event of a discrepancy between this Schedule and the Certificate, the Certificate will govern.

**IMPORTANT: THIS SCHEDULE SHOULD BE ATTACHED TO YOUR CERTIFICATE. THIS SCHEDULE REPLACES ANY PRIOR SCHEDULES ISSUED TO YOU WITH RESPECT TO THE COVERAGES DESCRIBED IN THE CERTIFICATE.**

**Policyholder:** The Episcopal Church Clergy & Employees' Benefit Trust

**Policy Number:** CNYEX01112

**Policy Effective Date:** January 1, 2020

**Plan Year:** January 1, 2020 through December 31, 2020, and each following January 1<sup>st</sup>.

**Eligible Class:** All persons in the following class are eligible for *member* coverage:

**Class 2B:** All *active members* normally scheduled to work a minimum of 20 compensated hours per week. Excludes temporary and seasonal *members*, and, if elected by *your employer*, all clergy.

**Minimum Hours Requirement For Active Employment:**

*Members* must be normally scheduled to work a minimum of 20 compensated hours per week.

**Service Waiting Period:** None.

**Who Pays For The Coverage:**

*Your employer* pays the cost of *your* coverage.

**Elimination Period:**

For *sickness* or *accident*: 14 days

Benefits begin the day after the *elimination period* is completed.

**Weekly Benefit:** 66.67% of *your covered weekly earnings* less *deductible sources of income*.

**Maximum Weekly Benefit:** \$1,500

**Minimum Weekly Benefit:** \$25

**Maximum Weekly Benefit Period:** 11 weeks

**Maternity Duration:** Natural: 6 weeks    Cesarean Section: 8 weeks

**Your benefit may be reduced by *deductible sources of income* and *disability earnings*. Some disabilities may not be covered.**

**Limited and Excluded Conditions and Disabilities:**

*Your Plan* does not cover disabilities related to all *injuries, sickness, or disease*. Refer to *your Certificate* for a complete list of exclusions and limitations.

If *you* are receiving or are eligible to receive benefits for a disability under a prior disability plan that was sponsored by *your Policyholder* or *you* were terminated before the effective date of this *Plan*, then no benefits will be payable for the disability under this *Policy*.