



**Group Disability Insurance**

**Short Term Disability**

**SUMMARY OF BENEFITS**

**Class 5 – all other employees**

**Sponsored By:** The Tarrant County Hospital District dba JPS Health Network  
**Effective Date:** January 1, 2024  
**Policy Number:** 01-020008-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

**Benefit Highlights**

<b>Benefit Amount</b>	60% of Salary up to \$1,000 per week
<b>Minimum Benefit Amount</b>	10%
<b>Maximum Payment Duration</b>	11 weeks
<b>Elimination Period</b>	Accident - 14 days Sickness - 14 days (number of days you must be disabled to collect disability benefits)
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

**Eligibility**

All active benefit eligible directors and above regularly scheduled to work at least 40 hours per pay period.

**Standard Provisions**

- Maternity is covered the same as any other condition.
- Non occupational coverage
- 45 days recurrent disability/temporary recovery
- Cost of living freeze
  - Except for increases in income earned (or received from any form of employment) once other income amounts have been subtracted from the gross monthly disability payment, the insured's payment will not be further reduced due to a cost of living increase in any other income amounts.

**Contact Information for Claims**

Phone: 1-877-377-6773  
Fax: 1-877-737-3650

Symetra Life Insurance Company  
Life and Absence Management Center  
P.O. Box 1230  
Enfield, CT 06083-1230

This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-020008-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

**Insured by Symetra Life Insurance Company**

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