



Group Benefit Program Summary for

DOÑA ANA COUNTY GOVERNMENT - GAE60059

Group Short-term Disability Insurance (STD)

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

1	
Eligibility	All eligible, active full time employees
Group STD Benefit	50% of basic weekly earnings
Weekly Maximum Benefit	\$1,000
Benefits Are Payable On	31st day for accident; 31st day for sickness
Maximum Benefit Period	22 Weeks or until LTD begins, whichever is earlier
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to injury or sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
Exclusions	We do not pay benefits for any loss or disability caused by, resulting from, arising out of or substantially contributed to, directly by any one or more of the following:
	1. Loss of professional license, occupational license or certification
	2. Commission of, participation in, or an attempt to commit an assault or felony
	3. Intentionally self-inflicted injuries
	Attempted suicide, regardless of mental capacity
	5. Cosmetic surgery except when required due to illness or injury
	6. Occupational sickness or injury
	7. Participation in a war, declared or undeclared, or any act of war
Additional Features	Work Incentive Benefit, Worksite Modification Benefit

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

THIS IS A LIMITED BENEFIT POLICY. IT PROVIDES COVERAGE FOR SHORT TERM DISABILITY ONLY.

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