



This is an outline of Group Short Term Disability Insurance Coverage underwritten by Companion Life Insurance Company.

Brident Dental Services LLC

Group Number 234-25-S6433
Group Short Term Disability Insurance

GROUP SHORT TERM DISABILITY INSURANCE BENEFITS

A Short Term Disability Insurance Benefit is provided for disabilities that are not caused by work-related injury or sickness. Benefits are payable to an employee during total disability while under the regular care of a licensed physician. Total disability is defined as the employee's inability to engage in any occupation for which he or she is or becomes qualified by education, training, or experience.

Disability Insurance Benefits

60%, to maximum benefit of \$1,000 per week
Maternity covered the same as any other illness

Benefits Begin

Accident	Sickness	Maximum Benefit Period
Day 15th	Day 15th	11 weeks

ADDITIONAL BENEFITS

Total Disability Insurance Benefit

We will pay this Certificate's Total Disability Benefit if the Insured is Totally Disabled and the Elimination Period has been satisfied. The benefit payable shall be the lesser of the Total Disability Benefit or the Weekly Benefit Not to Exceed amount for the Maximum Benefit Period as shown on this Certificate's Schedule of Benefits minus any Deductible Sources of Income

Partial Disability Insurance Benefit

We will pay this Certificate's Partial Disability Benefit, if the Insured return to work on a part-time basis after a period where the Insured received a Total Disability Benefit. The Insured:

1. must have received a Total Disability Benefit as provided by this Certificate; and
2. must be Partially Disabled as a result of the same Sickness or Injury that caused the Total Disability.

Benefit Period

Benefits begin on the day of disability specified on the Schedule of Benefits page and continue until the end of the period of disability or until the maximum number of weeks shown on the Schedule of Benefits page is reached, whichever is earlier.

Recurrent Disabilities

While this Certificate is in force, successive periods of Total and/or Partial Disability:

1. resulting from the same or related Injury or Sickness; and
2. for which benefits had been paid under the Policy;

will be considered a continuation of the prior Total and/or Partial Disability under this Certificate unless it is separated from the ending date of the prior Total and/or Partial Disability by a period of one year or more where You are continuously Employed as an Active Employee in Active Service while Actively at Work and not receiving any disability benefits under this Certificate. A new Total and/or Partial Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period.

Maternity Coverage

The benefit is indicated on the Schedule of Benefits page. Complications of pregnancy are treated in the same manner as for any other sickness. An insured's disability caused by her pregnancy is covered if she becomes disabled as a result of the condition while she is insured. The benefit period is up to the maximum period shown on the Schedule of Benefits page.

This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

These benefits are provided by Policy Form No. ICC21-CL-STD-1100-P

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SHORT TERM DISABILITY INSURANCE

Short Term Disability Insurance

Limitations

The Policy will not pay benefits for any disability which is a result of:

1. Injury or Sickness that, in either case, arises out of work for wage or profit;
2. an intentionally self-inflicted Injury or a suicide attempt;
3. declared or undeclared war, or any act of war, or which results from active duty in the armed forces of any country or international authority;
4. participation in a riot or insurrection, or commission of, or attempt to commit an assault or felony, or while engaged in an illegal occupation;
5. is due to alcoholism or drug dependency except while confined as a bed patient in a medical care facility.