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# GROUP SHORT-TERM DISABILITY CERTIFICATE SUMMARY

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This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on November 18, 2021.

## **POLICY INFORMATION**

|                                     |   |
|-------------------------------------|---|
| Policyholder:                       | Mitutoyo Research & Development America, Inc.   |
| Policy Effective Date:              | January 1, 2022   |
| Policy Anniversary:                 | January 1   |
| Policy Number:                      | GUG-BZ9R  |
| Group Number:                       | G000BZ9R  |
| Classification:                     | All Eligible Non-California Employees   |
| Minimum Work Hours Required:        | 24 hours per week   |
| Eligibility Present Waiting Period: | 1 day   |
| Eligibility Future Waiting Period:  | 1 day   |
| When Insurance Begins:              | The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate. |
| Elimination Period:                 |   |
| Injury:                             | 14 calendar days  |
| Sickness:                           | 14 calendar days  |

## **BENEFITS**

|                                    |   |
|------------------------------------|---|
| Weekly Benefit Percentage:         | 60%   |
| Maximum Weekly Benefit:            | \$1,500   |
| Minimum Weekly Benefit:            | \$25  |
| Maximum Benefit Period:            | 11 weeks  |
| Reasonable Accommodation Benefit:  | The lesser of 100% for covered services expenses, \$1,000 or an amount equal to the total Gross Weekly Benefit. |
| Vocational Rehabilitation Benefit: | Voluntary 10%   |

