



GROUP SHORT-TERM DISABILITY BOOKLET SUMMARY

This summary describes some of the terms and conditions of the Plan. For a complete description of the terms and conditions of the Plan, refer to the appropriate section of the Booklet, available from your employer. A person is not necessarily entitled to coverage because he or she received this summary. A person is only entitled to coverage if he or she is eligible in accordance with the terms of the Plan. This summary was published on August 31, 2026.

PLAN INFORMATION

Group Name:	Avila University
Plan Effective Date:	January 1, 2021
Plan Anniversary:	January 1
Plan Number:	GUSI-BTLY
Group Number:	G000BTLY
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Coverage 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 Booklet.
Elimination Period:	
Injury:	30 calendar days
Sickness:	30 calendar days

BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$1,000
Maximum Benefit Period:	9 weeks
Vocational Rehabilitation Benefit:	Voluntary 10%