

# Town of Ipswich

## Colonial Life

### Short Term Disability

#### Weekly Rates

| Annual Income | Monthly Coverage | 14 Day Elimination Period<br>6 Month Benefit<br>Ages 18-49 | 7 Day Elimination Period<br>6 Month Benefit<br>Ages 18-49 | 14 Day Elimination Period<br>6 Month Benefit<br>Ages 50-69 | 7 Day Elimination Period<br>6 Month Benefit<br>Ages 50-69 |
|---------------|------------------|------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|
| 53,000+       | \$3,000          | \$ 17.77                                                   | \$ 23.89                                                  | \$ 23.41                                                   | \$ 31.50                                                  |
| \$46,999      | \$2,500          | \$ 14.79                                                   | \$ 19.93                                                  | \$ 19.62                                                   | \$ 26.25                                                  |
| \$38,999      | \$2,000          | \$ 11.81                                                   | \$ 15.93                                                  | \$ 15.70                                                   | \$ 21.00                                                  |
| \$29,999      | \$1,500          | \$ 8.83                                                    | \$ 11.95                                                  | \$ 11.77                                                   | \$ 15.75                                                  |
| \$22,999      | \$1,000          | \$ 5.85                                                    | \$ 7.97                                                   | \$ 7.85                                                    | \$ 10.50                                                  |

\*All benefits pay in addition to sick time, vacation time

\*Pre-existing condition clause applies for first 12 months

#### APPLICANT INFORMATION

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ STATE/COUNTRY OF BIRTH \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOURS WORKED \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

BENEFICIARY (name/ relationship/ age) \_\_\_\_\_

#### Medical Questions:

- 1.) Have you tested positive for HIV, AIDS or ARC? Yes    No
- 2.) Within the past 12 months, other than colds, flu or normal pregnancy, have you missed more than 10 consecutive days of work due to an illness or injury? Yes    No
- 3.) Within the past 12 months, Have you received medical advice or treatment for: Heart Attack, Heart Surgery, Congestive Heart Failure, Stroke, Transient Ischemic Attack, Blood Pressure Reading of 160/100 or Above, Kidney Disease, Insulin Dependent Diabetes, Cancer, Hepatitis B or C, Cirrhosis, Hodgkin's, or Leukemia Yes    No

Any Questions Please Call **Jesse White (781)-910-1438** Email [JWhiteMembershipBenefits@gmail.com](mailto:JWhiteMembershipBenefits@gmail.com) Fax: **1-585-625-2415**