

Group Disability Insurance

Voluntary Short Term Disability

SUMMARY OF BENEFITS

Class 2

Sponsored By: Woods Services, Inc.
Effective Date: July 1, 2026
Policy Number: 01-020664-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Benefit Highlights:

Benefit Amount	Increments of \$50, Minimum \$100, Maximum \$1,200 as elected by you on your enrollment form
Maximum Payment Duration	11 weeks
Elimination Period	Accident - 14 days Sickness - 14 days (number of days you must be disabled to collect disability benefits)
Accumulation of Elimination Days	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

Eligibility

All Active Full-Time Eligible Tabor Children Employees working a minimum of 30 hours per week.

Evidence of Insurability

Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Standard Provisions:

- Maternity is covered the same as any other condition.
- Non Occupational
- 45 days recurrent disability/temporary recovery



Pre-Existing Condition

This plan will cover a disability if it is caused by, contributed to by, or results from a pre-existing condition and the disability begins after being insured for 12 consecutive months from his/her effective date of coverage. If the time period requirements are not met, the disability is excluded from coverage under the plan.

Pre-Existing Condition means a sickness or injury for which the insured received treatment within 3 months prior to his/her effective date of coverage. Treatment includes consultation, care, or services from a doctor, or other medical professional recommended by a doctor. It also includes being prescribed medicines, taking prescribed medicines (or the fact that the insured should have been taking prescribed medicines, but chooses not to), and receiving diagnostic measures.

Contact Information for Claims

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Symetra Life Insurance Company
Life and Absence Management Center
P.O. Box 1230
Enfield, CT 06083-1230

Rates for Voluntary Short Term Disability coverage

Monthly rates per \$10 weekly covered benefit:

AGE	RATE
Under 25	\$0.646
40 - 49	\$0.898
50 - 59	\$1.028
60 - 64	\$1.163
65 -	\$0.582



Calculating Your Cost

$$\frac{\text{(rate)}}{\text{(rate)}} \times \frac{\text{(your selected increments of \$50 up to \$1,200)}}{\text{(your selected increments of \$50 up to \$1,200)}} / 10 = \$ \frac{\text{Monthly Voluntary Short Term Disability cost}}{\text{Monthly Voluntary Short Term Disability cost}}$$

This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-020664-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company