

STARR

INSURANCE COMPANIES

Policy and Procedure

This Policy and Procedure does not alter the Company's at-will employment policy and may be changed or replaced at any time with or without notice.

Date: January 1, 2020

Subject: SHORT-TERM DISABILITY POLICY

POLICY

Starr Insurance Companies provides salary continuation and benefits to assist employees who become temporarily unable to work due to a medical disability.

ELIGIBILITY CRITERIA

1. A full-time employee who is medically unable to work for at least 8 consecutive calendar days (includes weekends) because of non-work related injury or illness or complications of pregnancy may be placed on a short-term disability leave for up to 25 weeks.
2. Short-term disability (STD) begins on the 8th calendar day of absence due to illness or accident. For these purposes, pregnancy-related complications are considered an illness.

*If the employee knows in advance of a disability, the employee should notify their supervisor and send an email to Benefits@starrcompanies.com as soon as possible before the date of the anticipated disability.

Please Note: An employee is considered inactive while on disability; therefore, vacation time does not accrue until the employee resumes full-time active employment.

PROCEDURES

Once you have notified your supervisor and Benefits-Human Resources of your request to take STD leave, you are encouraged to submit your claim to Prudential as soon as possible so that a claim decision can be made in a timely manner.

Before contacting Prudential, you should have the following information:

1. That you are under the **regular care of a doctor**
2. The date your disability began and approximate date of return
3. The name and address of any **hospital or institution** where you received treatment, including all attending doctors
4. The name, phone number and address of any doctor you have seen.

For your short-term disability claim, you may be asked to send satisfactory proof of continuing disability, indicating that you are under the regular care of a doctor. In some cases, you will be required to give authorization to obtain additional medical information, and to provide non-medical information as part of your proof of claim, or proof of continuing disability. The proof, provided at your expense, must be received within 30 days of the request.

Your short-term disability payment may be denied or payments may stop if the appropriate information is not submitted timely.

Regular care means:

- You personally visit a doctor as frequently as is medically required, according to generally accepted medical standards, to effectively manage and treat your disabling condition(s); and
- You are receiving the most appropriate treatment and care, which conforms with generally accepted medical standards, for your disabling condition(s) by a doctor whose specialty or experience is the most appropriate for your disabling condition(s), according to generally accepted medical standards.

A doctor means a person who is performing tasks that are within the limits their medical license; and:

- Is licensed to practice medicine and prescribe and administer drugs or to perform surgery;
- Has a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or
- Is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Any relative including, but not limited to, you, your spouse, or a child, brother, sister, or parent of you or your spouse will not be recognized as a doctor for a claim that you submit.

Hospital or institution means an accredited facility licensed to provide care and treatment for the condition causing your disability.

CLAIM SUBMISSION PROCESS

To file a claim, you must contact **Prudential** directly: **1-877-367-7781** or online at www.prudential.com/mybenefits Starr Insurance Companies **Control# 71274**.

SHORT-TERM DISABILITY PAYMENTS

Payments will be made by the Company to you directly via bi-weekly payroll payments. Any overpayments due to any of the following reasons may be recovered:

- Fraud;
- Any error made in processing a claim; and/or
- Your receipt of deductible sources of income.

You must reimburse the Company for the overpayment in full. You will be told the method by which you must repay the overpaid amount. You will not be required to repay more money than the amount you were overpaid.

SHORT-TERM DISABILITY BENEFIT SCHEDULE

As mentioned above, you will receive short-term disability payment(s) directly from the Company while you are on an approved disability leave. Salary Continuation (50%, 80% or 100%) for all or a portion of the first 25 weeks of disability leave is based on your years of service as of your first day of absence, as shown on the following Benefit Schedule:

| BENEFIT SCHEDULE | |
|--------------------------------|--|
| <u>Years of Service</u> | <u>Benefit Provided</u> |
| New Hire up to 30 Days | No Benefit Provided |
| 30 Days up to 3 Years | 2 Weeks at 80%; then 23 Weeks at 50% |
| 3 Years up to 5 Years | 4 Weeks at 80%, then 21 Weeks at 50% |
| 5 Years up to 10 Years | 12 Weeks at 80%, then 13 Weeks at 50% |
| 10+ Years | 25 Weeks at 100% |

REPORTING AN ABSENCE OR DISABILITY

STARR

INSURANCE COMPANIES

Reporting an Absence or Disability

This guide explains the steps to follow when you are absent from work because of leave or disability.

When should I report an absence or disability?

First, report your absence for leave or disability to Starr's Benefits Team at benefits@starrcompanies.com.

- You will be absent for more than 5 days and are under a physician's care.
- You are hospitalized for any amount of time.
- You are caring for an ill or injured qualified family member (spouse, parent, or dependent child).
- You are pregnant or are absent from work due to pregnancy complications.
- You will be absent periodically due to a chronic or permanent disabling condition of your own or a qualified family member.
- You are caring for a newborn child, recently adopted child, or new foster child.
- You are absent due to other reasons outlined in Starr Insurance Companies' absence policy or as defined by state regulations.
- You are absent due to a lost-time, work-related injury-after first reporting it to your Benefits Team.
- You are absent due to Military Leave.

How can I report an absence or disability?

Prudential is the provider for Starr's short and long term disability employee benefits programs. After contacting Starr's benefits team, you should report your absence or disability to Prudential:

1. Call 877-FOR-PRU1 (877-367-7781) Monday-Friday 8am-8pm EST. You can speak to one of Prudential's absence professionals or follow the prompts to record your absence or disability information.
2. Log in to www.prudential.com/mybenefits. Click on "Claims and Absence" and then "File a Claim / Report an Absence." There, you can input your information and download any forms you may need.

Have this information ready

Please have the following information ready:

- Company name: Starr Insurance Companies
- Company control number: 71274
- Employee ID or Social Security Number
- Reason for your absence
- First date absent
- Work schedule

Have this information ready (cont'd)

- Date you expect to return to work
- If your absence is related to illness or injury, name, fax, and telephone number of the treating physician
- If caring for a qualified family member, their relation to you.

When should I contact Prudential again?

Notify Prudential, by phone or online, if you

- Have updated information
- Are unable to return to work on the planned date
- Are returning or have returned to work
- Want to report your delivery date
- Want to report time on an intermittent leave
- Need forms

Important Notice

CLAIM FRAUD WARNING STATEMENTS

For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington: WARNING – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARIZONA RESIDENTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND

Important Notice (cont'd)

RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA RESIDENTS: For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Reporting Your Absence or Disability

STEPS TO FOLLOW WHEN ABSENT

Starr Insurance Companies Control number 71274

1. Notify your Benefits Team
2. Call Prudential at 877-FOR-PRU1 (877-367-7781) Monday-Friday 8am-8pm EST OR log in to www.prudential.com/mybenefits and click on “Claims and Absence” and then “File a Claim / Report an Absence.”