
FILING A CLAIM

WHEN TO INITIATE AN EXTENDED ILLNESS BENEFIT (EIB) OR SHORT TERM DISABILITY (STD) CLAIM REQUEST

- Ten days in advance of a planned medical absence, such as prescheduled surgery or an expected maternity leave.
- If your physician has determined you are unable to work due to Illness, Injury or for maternity reasons.

You are required to report your absence to Unum within seven calendar days of your first day of absence.

HOW TO INITIATE AN EIB/SHORT TERM DISABILITY CLAIM REQUEST

1. Notify your manager or supervisor of your absence from work.
2. Call Unum at **866-295-3007** - Monday - Friday between 7 a.m. and 7 p.m. Central time.
3. See your physician and provide him or her with a signed and dated copy of the authorization form. This form authorizes the release of medical information Unum needs to evaluate your request.
4. Fax or mail a copy of the signed and dated authorization form to Unum at the number/address on the form.

INFORMATION NEEDED TO MAKE AN EIB/SHORT TERM DISABILITY CLAIM REQUEST

The following information may be required when you make your claim request. If someone else makes the call on your behalf, he or she will need to provide this information.

- Name of the company where you work.
- Policy number (92707).
- Physician's name, address, fax and phone number.
- Your name and Social Security number.
- Your address and phone number.
- Date of birth.
- Marital status.
- Occupation (or job title).
- Supervisor's name and phone number.
- A brief description of your medical condition including cause of condition (Illness or Injury), date of Injury or beginning of Illness, and whether it's work-related.
- The dates of your first visit, your most recent visit, and your next scheduled visit with your physician for this condition.
- Your last day worked and your first day absent from work due to this condition.
- The date you expect to return to work (if you know), or the actual date if you have already returned to work at the time you call.
- Work restrictions or limitations advised by your physician, if any.

Prompt and complete information from you and your physician will help assure a timely decision and benefit payment if you are eligible.

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OVERVIEW OF PLAN

The Plan is a short term disability income protection benefit plan (“Plan” or “Short Term Disability Income Protection Plan”) sponsored by Hospital Sisters Health System to replace a portion of your income in the event an Illness or Injury prevents you from working for a period of time. This Plan does not provide benefits for occupational Injuries or Illnesses or absences to care for injured or ill family members. Detailed information about your eligibility for coverage, what benefits are payable, how to file a claim, and other features of this Plan are contained in this document, which is referred to as your booklet.

In addition to information about the Short-Term Disability Plan, this booklet provides information about the Extended Illness Benefit (EIB) program that was in effect prior to January 1, 2009*. If you were a Colleague of the Employer prior to January 1, 2009*, you may have unused hours from the prior EIB program. These hours are used to provide short term disability income replacement before benefits are paid from the Short-Term Disability Income Protection Plan.

The Plan is funded as provided in the Summary of Benefits section of this booklet. Hospital Sisters Health System has engaged Unum to provide certain administrative claims handling services for the Plan. Neither Unum nor any of its affiliates or related entities insures the benefits under this Plan, or has any responsibility to fund benefits under the Plan.

This Plan is intended, designed and administered as a “church plan” as defined by federal tax law and ERISA (Employee Retirement Income Security Act of 1974). This means that the plan is designed to benefit colleagues of church-sponsored entities, and is administered by one or more individuals who are appointed to their position by a church-sponsored governance body. Because the plan is a “church plan”, certain federal laws do not apply, including but not limited to ERISA

Hospital Sisters Health System reserves the right to modify, amend, suspend or terminate, in whole or in part, any of the provisions of this Plan at any time for any reason or for no reason. When making a benefit determination under the Plan, Hospital Sisters Health System has discretionary authority to determine your eligibility for benefits and to interpret and enforce the terms and provisions of the Plan. Hospital Sisters Health System may delegate some or all of this authority to Unum at any time.

“We”, “us”, and “our”, as used in this summary, refers to Hospital Sisters Health System and its Affiliates. Hospital Sisters Health System is the Plan’s sponsor.

“You”, as used in this summary, refers to an Eligible Colleague as defined in the Eligibility section.

DEFINITIONS

Active Employment: You must be working:

- For your Employer on a regularly scheduled (budgeted) basis for a minimum of 32 hours per pay period and performing the Material and Substantial Duties of your Regular Occupation; and
- At your Employer's usual place of business; or
- At a location to which your Employer's business requires you to travel.

Normal vacation is considered active employment.

Benefit: The total benefit amount a Colleague is eligible for under the Plan.

Claims Administrator: Unum Life Insurance Company of America (Unum).

Colleague: Means a person who is in Active Employment with us (same as employee).

Disability Date: This is the date you are considered disabled under the terms of this Plan. The Disability Date is generally your first day absent from work due to your Illness or Injury provided you meet the absence reporting and medical treatment requirements of the Plan.

Disability Earnings: The earnings which you receive while you are disabled and not working, plus the earnings you could reasonably be expected to receive if you were working to your maximum capacity.

Elimination Period: A period of continuous disability which must be satisfied before you are eligible to receive Benefits. The Elimination Period is seven consecutive calendar days and applies to both STD and EIB Benefits.

Employer: Hospital Sisters Health System (HSHS) and its Affiliates.

Extended Illness Benefit (EIB): EIB is the former short term disability program used for absences due to Illness or Injury. EIB balances remain available for those eligible Colleagues hired prior to January 1, 2009*. No new hours will accumulate in a Colleague's EIB account. EIB hours must be depleted prior to a Colleague receiving STD Benefits. For eligible Colleagues with an EIB balance, time off for Illness or Injury will be paid and deducted from their EIB balance on the first regularly scheduled work day occurring after seven consecutive calendar days of absence due to personal Illness or Injury.

Family Medical Leave: A leave that meets the requirements of the federal Family and Medical Leave Act (FMLA) or a similar state law that applies to you. Family Medical Leave runs concurrently with your Short Term Disability or EIB claim.

Flexplan: The Hospital Sisters Health System flexible benefits plan.

Hospital or Institution: A facility licensed to provide medical care and treatment for the condition causing the disability.

HSHS Affiliate: One of the Employers listed in the Eligibility section of this document.

Illness: Illness or disease including pregnancy. Disability must begin while you are eligible under the Plan.

Injury: Bodily injury resulting directly from an accident and independently of all other causes. The injury must occur and disability must begin while you are insured under the policy.

Limited: What you cannot or are unable to do.

Long Term Disability Plan: The Hospital Sisters Health System Long Term Disability Insurance Plan.

Material and Substantial Duties:

- Duties that are normally required for the performance of your regular occupation; and
- Duties that cannot be reasonably omitted or modified, except that if you are required to work on average in excess of 40 hours per week, you will be considered able to perform that requirement if you are working or have the capacity to work 40 hours per week.

Maximum Capacity: Based on your restrictions and limitations, the greatest extent of work you are able to do in your regular occupation that is reasonably available.

Maximum Period of Benefit Payment: The longest period of time the Plan will make payments to you for any one period of disability.

Occupational Illness or Injury: An Illness or Injury that was caused by or aggravated by any employment for pay or profit.

Partially Disabled: You are able to work but limited from performing the Material and Substantial Duties of your Regular Occupation and you have a loss in Regular Earnings due to your Illness or Injury.

Part-Time Basis: The ability to work, but at a level that is less than your regularly scheduled (budgeted) hours in effect just prior to your disability.

For Prairie Cardiovascular Consultant physicians, any hours worked for Prairie at your usual place of business or at a location to which your Employer's business requires you to work, will result in not receiving a short term disability payment for that day.

Payment: Your payment from the Plan.

Personal Leave of Absence: You are temporarily absent from Active Employment for a period of time that has been agreed to in advance in writing by your Employer. Your normal vacation time or any period of disability is not considered a Personal Leave of Absence.

Physician:

- A person performing tasks that are within the limits of his or her medical license; and
- A person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- A person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or
- A person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Note: For purposes of this Plan, Physician does not include you or your spouse, daughter, son, father, mother, sister or brother.

Plan: This Short Term Disability Income Protection Plan.

PTO: The consolidated Paid Time Off program of the Hospital Sisters Health System Affiliate where you are employed. Note that PTO hours do not accrue while you receive STD or EIB Benefits.

Regular Care:

- You personally visit a Physician 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 Physician whose specialty or experience is the most appropriate for your disabling condition(s).

Regular Earnings: For colleagues who are not Prairie Cardiovascular Consultant physicians, your gross income including shift differential based on your regularly scheduled (budgeted) hours and rate of pay in effect just prior to your Disability Date. It includes your total income before taxes and is prior to any deductions made for pre-tax contributions to a qualified deferred compensation plan, Flexplan, or the flexible spending accounts. Regular Earnings does not include income received from commissions, bonuses, overtime pay or any other extra compensation, or income received from sources other than your Employer.

For Prairie Cardiovascular Consultant physicians, Regular earnings shall mean your average monthly income as figured:

- a. From the income box on your W2 form which reflects wages, tips and other compensation received from your employer for the calendar year just prior to your date of disability; or,
- b. Guaranteed compensation if physician is under a contract salary guarantee.

Average gross monthly income is your total income before taxes. Average monthly income is prior to any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from car, housing or moving allowances; employer contributions to a qualified deferred compensation plan, or income received from sources other than your Employer.

Regular Occupation: The occupation you are routinely performing when your disability begins. We will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.

SUMMARY OF BENEFITS

This Summary of Benefits highlights many of the features of this Short Term Disability Income Protection Plan (STD Plan). Refer to each section for a more complete description of benefits under the Plan.

ELIMINATION PERIOD:

Seven consecutive calendar days.

BENEFIT COMMENCEMENT:

STD benefits begin on your next regularly scheduled work day following the Elimination Period when you are absent from work due to your Illness or Injury.

If you have a PTO balance, PTO must be used for the first seven consecutive calendar days.

If you have an EIB balance, time off for a personal Illness or Injury will be paid and deducted from the EIB balance after seven consecutive calendar days. You must exhaust your EIB balance before STD Benefits are payable.

BENEFIT AMOUNT:

STD Benefit:

70% of Regular Earnings.

Colleagues may use PTO to supplement the 70% STD benefit. Colleagues cannot receive greater than 100% of their Regular Earnings from the combination of STD and PTO.

EIB Benefit:

100% of Regular Earnings

In an effort to recognize the level of commitment and remain competitive within our markets, it is the practice of Hospital Sisters Health System to provide enhanced benefits to leaders across our organization. HSHS Leaders are classified into one of three categories.

Category	Short Term Disability Benefit Amount
<p>Category I Chief, President and Vice President</p>	<p>Paid at 100% of pay beginning on the first scheduled day after 7 consecutive calendar days of absence, for up to 26 weeks per episode of disability or EIB balance as of 1/1/09.</p>
<p>Category II Chief Admin Officers, Assistant Administrators, Department heads, Other key management as designated by Local System President/CEO</p>	<p>Paid at 100% of pay beginning on the first scheduled day after 7 consecutive calendar days of absence, for up to 26 weeks per episode of disability or EIB balance as of 1/1/09.</p>
<p>Category III Managers, Supervisors and other management positions as designated by the Local System President/CEO</p>	<p>Paid at 100% of pay beginning on the first scheduled day after 7 consecutive calendar days of absence for up to 6 weeks per episode of disability or EIB balance as of 1/1/09, whichever is longer. Paid at 70% of pay for up to the remainder of the 26 week maximum period of disability.</p>

MAXIMUM PERIOD OF BENEFIT PAYMENT:

The Maximum Period of Benefit Payment is the maximum number of weeks STD/EIB Benefits are payable for the same period of disability. The Plan will not pay more than 26 weeks of Benefit (STD and EIB combined) for a single period of disability.

OCCUPATIONAL INJURIES:

This Plan does not cover disabilities due to an Occupational Illness or Injury.

METHOD OF PAYMENT:

If you are eligible to receive Benefit payments from the Plan, these payments will be issued to you through the Employer's regular payroll process once approved by Unum. Benefits paid by the Plan are taxable.

OTHER BENEFITS WHILE RECEIVING STD BENEFITS:

For the period during which you are eligible to receive EIB or STD Benefit payments, the following benefits of the Employer will continue at your Active Employment contribution rate, if any, provided you have met the eligibility requirements and are properly enrolled in the applicable plan:

- HSHS Healthy Plan (Health Insurance Plan)
- Dental Insurance Plan
- Long Term Disability Insurance Plan
- Colleague Group Term Life Insurance Plan
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Voluntary Accidental Death and Dismemberment Insurance Plan
- Supplemental Life Insurance Plan

Your contributions, if any, for these coverages will be withheld from your EIB or STD Benefit payments.

You may pay the Colleague rate for Health and Dental insurance for a maximum of 26 weeks during the time in which you are receiving STD or EIB Benefits.

THE COST OF YOUR COVERAGE:

Your Employer pays the entire cost of your Short Term Disability Income Protection Plan coverage.

ELIGIBILITY

ELIGIBLE COLLEAGUES

There are two steps to determining your eligibility for coverage under this Plan. First, you must be a Colleague of one of the following HSHS Affiliates:

- St. Elizabeth's Hospital - Belleville, Illinois
- St. Joseph's Hospital - Breese, Illinois
- St. Mary's Hospital - Decatur, Illinois
- St. Anthony's Memorial Hospital - Effingham, Illinois
- St. Joseph's Hospital - Highland, Illinois
- St. Francis Hospital - Litchfield, Illinois
- St. John's Hospital - Springfield, Illinois
- Holy Family Hospital - Greenville, Illinois
- St. Joseph's Hospital - Chippewa Falls, Wisconsin
- Sacred Heart Hospital - Eau Claire, Wisconsin
- St. Mary's Hospital Medical Center - Green Bay, Wisconsin
- St. Vincent Hospital - Green Bay, Wisconsin
- St. Clare Memorial Hospital - Oconto Falls, Wisconsin
- St. Nicholas Hospital - Sheboygan, Wisconsin
- HSHS Medical Group, Inc. - Springfield, Illinois
- HSHS Wisconsin Medical Group, Inc. - Springfield, Illinois
- Prairie Cardiovascular Consultants, Ltd. - Springfield, Illinois
- Prairie Education and Research Cooperative - Springfield, Illinois
- Hospital Sisters Health System - Springfield, Illinois

Second, you are eligible for coverage if you are regularly scheduled (budgeted) to work 32 or more hours per pay period. Temporary Colleagues, PRN Colleagues, contract Colleagues, and Medical Residents are not eligible to participate in the Plan.

WHEN COVERAGE BEGINS

Your coverage will begin after you complete 90 days of Active Employment with the Employer.

If you are not at work due to an Injury or Illness on the day your coverage would otherwise begin, your coverage will begin on the day you return to Active Employment.

In meeting this requirement, employment with an entity in which HSHS has an ownership interest that is identified below will be considered employment with HSHS for individuals that transfer to HSHS with no lapse in employment between that entity and an HSHS Affiliate that is identified in the above bulleted list.

The entities to which this provision applies are:

- Prevea Health

Individuals that transfer to an HSHS Affiliate from one of the above entities, with no lapse in employment between that entity and HSHS, will be eligible to participate in this Plan on the date they become an HSHS Colleague if they have completed at least 90 days of employment with that entity prior to the transfer and they meet the Plan's other eligibility requirements.

Once you have met the eligibility requirements of the Plan, you will remain covered by the Plan during periods when you are on Family Medical Leave. You will also remain eligible for the Plan during periods that you are eligible to receive EIB or STD payments and while meeting the Plan's Elimination Period.

TRANSFER POLICY

If you're covered by the Plan when you change employment from one HSHS Affiliate to another, your coverage will be continuous.

REHIRE

If your employment ends and then you are rehired within 90 days, your previous employment while in an eligible group will apply toward the eligibility waiting period. All other Plan provisions apply.

WHEN COVERAGE ENDS

Your coverage under the Plan will automatically end on the earliest of:

- The date your employment is terminated;
- The date you are laid off;
- The date you are first absent from work due to a Personal Leave of Absence that is not a Family Medical Leave;
- The date the Plan is terminated;
- The date you are no longer in an eligible group; or
- The date your eligible group is no longer covered.

STD BENEFIT PROVISIONS

WHEN YOU ARE CONSIDERED DISABLED

During the Elimination Period, you are disabled when Unum determines that due to your Illness or Injury:

- You are unable to perform the Material and Substantial Duties of your Regular Occupation; and
- You are not working in any occupation.

After the Elimination Period, you are disabled when you are unable to perform the Material and Substantial Duties of your Regular Occupation.

You must be under the regular care of a Physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

If you have a baby, you will be considered disabled for a minimum period of six (6) weeks beginning on the date of your baby's delivery unless you return to work prior to the end of the six weeks. If you have a Cesarean section, you will be considered disabled for a minimum period of eight (8) weeks beginning on the date of your Cesarean section, unless you return to work prior to the end of the eight weeks.

Unum or your Employer may require you to be examined by a Physician, other medical practitioner and/or vocational expert of its or our choice. This examination will be at no cost to you and can be required as often as it is reasonable to do so. You may also be required to be interviewed in person by Unum or another Employer representative.

HOW LONG MUST YOU BE DISABLED BEFORE YOU ARE ELIGIBLE TO RECEIVE BENEFITS

You must be continuously disabled through the Elimination Period defined in the Summary of Benefits in order to be eligible for Benefits.

WHEN WILL YOU BEGIN TO RECEIVE PAYMENTS

You will begin to receive Benefit payments through the Employer's regular payroll process after your claim is approved, provided the Elimination Period has been met.

HOW THE SHORT TERM DISABILITY BENEFIT IS CALCULATED

To calculate the amount of your STD Benefit, take 70% of your Regular Earnings.

WHAT BENEFIT WILL YOU RECEIVE IF YOU RETURN TO WORK BUT ARE DISABLED

After you begin receiving Benefits, if you are able to return to work while Partially Disabled but your Disability Earnings are less than your Regular Earnings, your Benefit will be based on the percentage of earnings you are losing due to your disability.

We will calculate your payment as follows:

1. Subtract your Disability Earnings from your Regular Earnings
2. Divide the answer in item 1 by your Regular Earnings. This is your percentage of lost earnings.
3. Multiply your full STD benefit by the answer in item 2.

For example, if your Regular Earnings is \$10 per hour and you were regularly scheduled (budgeted) to work 40 hours per week immediately prior to your disability, your Regular Earnings are \$400 per week (\$10 per hour * 40 hours per week) and your full STD Benefit is \$280 per week (\$10 per hour * 40 hours per week * 70%). If you are only able to return to work 24 hours per week due to your disability, your Disability Earnings are \$240 per week (\$10 per hour * 24 hours per week). Therefore, your percentage of lost earnings is 40% ($(\$400 \text{ Regular Earnings} - \$240 \text{ Disability Earnings}) / \$400 \text{ Regular Earnings}$). Your Benefit is \$112 weekly ($\$280 \text{ full STD benefit} * 40\% \text{ lost earnings } \%$).

WHEN SHORT TERM DISABILITY BENEFIT PAYMENTS END

STD Benefit payments will cease and your claim will end on the earliest of the following:

- The end of the Maximum Period of Benefit Payment*;
- The date you are no longer disabled under the terms of the Plan;
- The date you fail to submit proof of continuing disability;
- The date you are deceased;
- The date your employment is terminated;
- The date Long Term Disability Plan benefits begin; or
- When you are able to work in your Regular Occupation on a part time basis, but choose not to.

* The Maximum Period of Benefit Payment applies to the time period during which either STD or EIB Benefits are paid for a disability.

RECURRENT DISABILITY

If you return to work at your regular schedule that was in place prior to your disability for 30 consecutive calendar days or less, and you again become disabled due to the same condition, then your current disability will be treated as part of your prior claim/disability and you will not have to satisfy another Elimination Period. If you return to work at your regular schedule that was in place prior to your disability for 31 or more consecutive calendar days, your current disability will be treated as a new claim/disability. The new claim will be subject to all of the provisions of the Plan; you will be required to satisfy a new Elimination Period and a new Maximum Period of Benefit Payment will apply.

EXTENDED ILLNESS BENEFIT (EIB)

Extended Illness Benefit (EIB) is the former program that provided income replacement for short-term absences due to Illness or Injury. This program was discontinued effective January 1, 2009*.

FOR ACTIVE COLLEAGUES HIRED PRIOR TO JANUARY 1, 2009*

EIB balances remain available for those active eligible Colleagues hired prior to January 1, 2009*. No new hours will accumulate in a Colleague's EIB account. EIB hours must be depleted prior to a Colleague receiving STD Benefits.

If you were hired prior to January 1, 2009* and are an active Colleague, you may have an EIB balance. Check your biweekly pay advice for the amount of unused EIB hours you have accumulated.

For eligible Colleagues with an EIB balance, time off for a personal Illness or Injury will be paid and deducted from their EIB on the first regularly scheduled work day after seven consecutive calendar days. The same Elimination Period applies to both Extended Illness Benefit (EIB) and Short Term Disability (STD).

TRANSFERRING TO ANOTHER HSHS FACILITY

If you transfer to another participating HSHS Affiliate, your accumulated EIB balance will transfer to the receiving HSHS Affiliate.

TRANSFER TO PRN STATUS

If you change to a PRN position (not eligible for benefits), your accumulated EIB balance will be frozen and not available for use. If you later transfer back to a benefits eligible position, your previously frozen EIB balance will be reinstated and available for use.

EIB AND ENDING EMPLOYMENT

EIB hours are not payable upon termination of employment.

If you terminate employment and are later rehired by an HSHS Affiliate, any existing EIB balance you had previously will not be restored.

EIB was provided to replace income in case of extended absence due to personal Illness or Injury and may not be cashed in for pay.

EXCLUSIONS AND LIMITATIONS

Benefits will not be paid for any disabilities caused by, contributed by, or resulting from your:

- Occupational Illness or Injury;
- Active participation in a riot;
- Loss of a professional license, occupational license or certification;
- Commission of a crime for which you have been convicted; or
- Attempt to commit a crime.

The Plan will not cover a disability due to war, declared or undeclared, or any act of war.

The Plan will not pay a Benefit for any period of disability during which you are incarcerated.

The Plan will not pay STD Benefits for work absences to care for an ill family member.

The Plan will not pay a Benefit for any single period of disability that is longer than 26 weeks, the Maximum Period of Benefit Payment.

CLAIM PROCEDURES

Following are procedures to follow in filing a claim for STD Benefits or Extended Illness Benefits (EIB).

PRESENTING A CLAIM

Contact Unum at **866-295-3007** and provide the requested information to initiate your claim. If you are unable to report for work, you should also notify your supervisor as soon as possible, prior to the start of your shift.

You should notify Unum of your claim as soon as possible, so that a claim decision can be made. However, you are required to report your absence within seven calendar days of your first day of absence.

You will be required to sign an authorization form in order for Unum to obtain medical information from your attending Physician. Should Unum be unable to obtain your medical information, a letter and appropriate forms will be sent to you for completion to be returned to Unum by the date defined in the letter.

If you choose to file written notice of claim, you and your Employer must complete your own sections of the claim form and then give it to your attending Physician. Your Physician should fill out his or her section of the form and send it directly to Unum.

ABSENCE REPORTING REQUIREMENT

When you need to file a request for Short Term Disability (STD), Extended Illness Benefit (EIB), or Family/Medical Leave (FML), you are required to report your absence to Unum within seven calendar days of your first day missed. This way your first day of absence can be used as your Disability Date, as long as you are under the care of a Physician. If you wait longer than seven calendar days, your Disability Date will be set to the date on which you reported your absence to Unum and you will have to use additional PTO to cover the days missed between your first day of absence and your reporting date.

Reporting your absence to Unum within seven calendar days of your first day missed also gives your absence protection from day one under Family Medical Leave, if supported. Otherwise, your FML protection will rollback seven calendar days from the date you reported your absence to Unum.

Example: Your first day missed is Monday, April 1st. You are required to report your absence to Unum by no later than the following Monday, April 8th. If you do not report your absence until the following Tuesday, April 9th, your Disability Date would be set to Tuesday, April 9th and you will have to use additional PTO to cover your absence from Monday, April 1st through the following Monday, April 8th. Your FML start date would be calculated as Tuesday, April 9th less seven calendar days which equals Tuesday, April 2nd and one day of FML job protection would be lost in this example.

The seven calendar day Elimination Period requirement must also be met from the revised Disability Date in cases of STD or EIB.

MEDICAL TREATMENT REQUIREMENT

In order to receive STD Benefits or EIB Benefits, you must be under the regular care of a Physician. If you seek medical treatment within seven calendar days of your first day of absence, your Disability Date will be set to your first day missed provided you reported your absence to Unum within seven calendar days. If you do not seek medical treatment within seven calendar days of your first day absent, your Disability Date will be set to the date you sought medical treatment and you will have to use additional PTO to cover the days between your first day absent and your Disability Date.

The seven calendar day Elimination Period requirement must also be met from the revised Disability Date in cases of STD or EIB.

NOTIFICATION OF DECISION

A decision will be made after the receipt by Unum of a properly executed and complete claim. Complete claim includes any investigation by Unum which is necessary to determine the Plan's liability. If the claim is denied in whole or in part, Unum will provide written notice of such denial to you. The written notice will contain:

- The specific reason or reasons for the denial;
- Specific reference to pertinent provisions of the Plan upon which the decision is based;
- A description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary;
- An explanation of the Plan's claim review procedure.

If you fail to supply information needed to evaluate your claim, your claim will be denied.

REVIEW PROCEDURE

You are entitled to a full and fair review of the denial of a claim by making a request to the Claims Administrator. The procedure for such review is as follows:

- The request for review must be in writing and made within 45 days of receipt of written notice of denial;
- Your appeal should include all supporting materials or information needed to review your claim;
- You will forward the request for review to Unum;
- Unum will make a decision within 45 days after its receipt of the request for review. In some cases, Unum may request that you provide additional information to assist in the review which may result in the need for additional time to review. The decision or review will be in writing and will include the specific references to the pertinent Plan provisions on which the decision is based.

WHAT HAPPENS IF YOUR CLAIM IS OVERPAID

We have the right to recover any overpayments due to:

- fraud;
- your receipt of a Worker's Compensation award if it is later determined that your disability is work related; or
- any error made in processing a claim.

You must repay us for any overpayment in your claim. Alternatively, we may reduce or eliminate future payments or adjust your PTO or EIB balance instead of requiring repayment.

GENERAL INFORMATION

Name of Plan:

Flexplan Short Term Disability Income Protection
Plan

Name and Address of Plan Sponsor:

Hospital Sisters Health System
P.O. Box 19456
Springfield, IL 62794-9456

Plan Number: 92707

Participating Employer:**St. Elizabeth's Hospital**

(EIN-37-0663567)
211 South Third Street
Belleville, IL 62222
618-234-2120

St. Joseph's Hospital (EIN-37-1208459)

9515 Holy Cross Lane
Breese, IL 62230
618-526-4511

St. Mary's Hospital (EIN-37-0661244)

1800 East Lake Shore Drive
Decatur, IL 62521-3883
217-464-2966

St. Anthony's Memorial Hospital

(EIN-37-0661233)
503 Maple Street
Effingham, IL 62401
217-342-2121

St. Joseph's Hospital (EIN-37-0663568)

12866 Troxler Avenue
Highland, IL 62249
618-654-7421

St. Francis Hospital (EIN-37-0661236)

1215 Franciscan Drive
P.O. Box 1215
Litchfield, IL 62056-0999
217-324-2191

St. John's Hospital (EIN-37-0661238)

800 East Carpenter Street
Springfield, IL 62769
217-544-6464

Holy Family Hospital (EIN-37-0792770)

200 Health Care Drive
Greenville, IL 62246
618-664-1230

St. Joseph's Hospital (EIN-39-0810545)

2661 County Hwy I
Chippewa Falls, WI 54729-1498
715-723-1811

Sacred Heart Hospital (EIN-39-0807060)

900 West Clairemont
Eau Claire, WI 54701
715-839-4121

St. Mary's Hospital Medical Center

(EIN-39-0818682)
1726 Shawano Avenue
Green Bay, WI 54303
920-498-4200

St. Vincent Hospital (EIN-39-0817529)

835 S. Van Buren Street
Green Bay, WI 54307-3508
920-433-0111

St. Clare Memorial Hospital (EIN-39-0848401)

855 S. Main Street
Oconto Falls, WI 54154
920-846-3444

St. Nicholas Hospital (EIN-39-0808480)

3100 Superior Avenue
Sheboygan, WI 53081
920-459-8300

HSHS Medical Group, Inc.

(EIN-26-3956318)
P.O. Box 19456
Springfield, IL 62794-9456
217-523-4747

HSHS Wisconsin Medical Group, Inc.

(EIN-26-4515957)
P.O. Box 19456
Springfield, IL 62794-9456
217-523-4747

Prairie Cardiovascular Consultants, Ltd.

(EIN-37-1071858)
619 E. Mason Street
Springfield, IL 62701
217-788-0706

Prairie Education and Research Cooperative

(EIN-37-1157915)
317 N. 5th Street
Springfield, IL 62701
217-492-9100

Hospital Sisters Health System

(EIN-37-1058692)
P.O. Box 19456
Springfield, IL 62794-9456
217-523-4747

Type of Plan and Administration:

This Plan is administered through a contract with Unum Life Insurance Company. Benefits are paid by the Employer through its normal payroll process.

Plan Funding:

Your employer pays 100% of the cost of the Short-Term Disability Income Protection Plan.