

City of Peabody - Colonial Short Term Disability

6 Month Benefit / Bi-weekly Rates

Please circle desired coverage

Annual Income	Monthly Coverage	14 Day Elimination Period 6 Month Benefit Ages 18-49	14 Day Elimination Period 6 Month Benefit Ages 50-69
\$80,000 or above	\$4,000	\$47.46	\$61.98
\$70,000 – \$79,999	\$3,500	\$41.50	\$54.40
\$60,000 – \$69,999	\$3,000	\$35.54	\$46.82
\$50,000 – \$59,999	\$2,500	\$29.58	\$39.24
\$40,000 – \$49,999	\$2,000	\$23.62	\$31.40
\$30,000 – \$39,999	\$1,500	\$17.66	\$23.54
\$20,000 – \$29,999	\$1,000	\$11.70	\$15.70

Hospital Indemnity Coverage - Pays \$500 upon admittance to hospital and \$100 each subsequent day

Hospital Indemnity <small>(Pays for each 24 hour period)</small>	\$500 initial admittance/ \$100 Subsequent days	Weekly Rates \$2.35	Weekly Rates \$5.21
---	--	------------------------	------------------------

*All benefits paid tax-free in addition to sick time or vacation time

*Pre-existing conditions clause applies for the first 12 months from the effective date (please reach out with any questions)

APPLICANT INFORMATION

NAME: _____ **BIRTHDATE** _____ **SS#** _____ **HOME PHONE** _____

HOME ADDRESS _____ **STATE/COUNTRY OF BIRTH** _____

DATE OF HIRE _____ **JOB TITLE** _____ **HOURS WORKED** _____ **ANNUAL INCOME** _____

DEPARTMENT _____ **LOCATION** _____

EMAIL ADDRESS _____ **CELL PHONE** _____

Medical Questions:

- | | | |
|---|-----|----|
| 1) Are you actively at work? | Yes | No |
| 2.) Have you tested positive for HIV, AIDS or ARC? | Yes | No |
| 3.) 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 |
| 4.) 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 |

APPLICANT SIGNATURE: _____ **DATE:** _____