

Weekly Disability Benefits Program



*Catholic Diocese of
Cleveland*

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Introduction

The *Catholic Diocese of Cleveland* (“the *Diocese*”) Weekly Disability Benefits Program is designed to protect you from a loss of income for up to six months in the event you are temporarily unable to work due to a non-industrial injury or illness.

This booklet, called a summary plan description (SPD), contains a general description of benefits available to you as a result of a disability from a non-industrial accident or illness. While every effort has been made to describe the provisions of the Program accurately, this booklet is only a summary. The Program is governed by the provisions of the legal plan document, a copy of which is available for your review through the office of the Program Administrator.

The *Diocese* has established this Program for the sole benefit of participating lay employees. The *Diocese* explicitly reserves the right to amend or terminate the Program in whole or in part at any time.

Weekly Disability Benefits Program

Eligibility

Regular full-time permanent lay employees of *Participating Employers* who work the following minimum average hours:

- Lay persons – twenty-five (25) hours per week on an academic year basis if employed at an educational institution; otherwise, twenty-five (25) hours per week on a calendar year basis; or
- Teachers – fifteen (15) classroom hours per week on an academic year basis;

are eligible for the coverage described in this booklet.

Employees covered under the Program prior to January 1, 1994, are automatically covered. New lay employees are eligible to participate in the Weekly Disability Benefits Program after completing thirty-one (31) days of continuous eligible employment with the *Diocese*, if they are actively at work on that date. If not, they become eligible on the first date after returning to full-time employment.

To be eligible to receive benefits for an illness or non-occupational injury disability, you must be under the care of a licensed physician.

Participating Employers

The following agencies and organizations which elect to make contributions to this Program on behalf of their employees are considered *Participating Employers*:

- the administrative offices of the Diocese;
- any Diocesan Corporation;
- any parish or parish school;
- any school of the Diocesan Board of Education;
- any social or welfare agency operated by the Diocese or by a diocesan Corporation;
- any school, institution, social or welfare agency which is owned by the Diocese or a Diocesan Corporation; or
- any school or institution in the geographical area of the Diocese which is affiliated with the Roman Catholic Church, but which is not owned either by the Diocese or a Diocesan Corporation.

Benefits

Benefits under this Program will begin in accord with whether the disability is caused by an illness or a non-industrial accident, as shown below:

Illness – Benefits begin on the 8th day (seven day waiting period).

Non-industrial accident – Benefits begin on the 1st day (no waiting period). Disabilities due to accidents must commence within 72 hours of the accidental injury.

The amount of your weekly benefit is sixty-six and two-thirds percent (66 2/3%) of your basic weekly earnings up to the current maximum in effect. Your basic weekly earnings are determined by your current pay rate annualized and divided by fifty-two (52) weeks. The benefits which can be provided to you under this Plan are according to the following schedule:

Weekly Income Replacement:	66 2/3%
Maximum Benefit:	\$1,000 Per Week
Maximum Duration:	26 Weeks
Commencement:	1 st Day of Accident/ 8 th Day of Sickness

When benefits are determined for less than a full week, the benefit amount for each day is one-seventh (1/7) of the weekly amount.

Claims Procedure

As soon as you are aware of any disabling condition, or know that you will be unable to report to work, contact your employer. It is your responsibility as an employee to provide the *Diocese* with proper certification that you are under a physician's care.

Once you have notified your employer that you will be absent due to an illness or injury, a Statement of Claim for Weekly Disability Benefits form to certify your disability will be provided. You will not begin to receive weekly disability payments until such form is completed and signed by you, your employer and your physician. Upon receipt of the completed claim form, the Program Administrator will commence the processing procedure.

All benefits payable to you are paid every two weeks throughout the claim period. Your benefits are payable to you and may not be transferred or assigned. The amount of weekly benefit may be reduced by any amount you receive from any other disability program. In disability insurance programs, participants cannot be insured for more than they earn.

You will be considered fully recovered once you have returned to work and completed six full months of active full-time employment. If you return to work and are absent again for the same illness or injury within a six month period, your disability benefits will continue as if you had not returned to work. If, however, you are disabled due to an unrelated illness or injury and you have returned to active employment for at least one full day, this subsequent disability will be considered a new disability period.

Limitations

No benefit shall be paid under the provisions of the Program:

- for any period of disability during which you receive regular pay in the form of “sick pay” from your employer;
- for any work related accident or illness for which you are claiming benefits under Workers’ Compensation;
- for any injury for which someone else is liable (*e.g.*, an automobile accident) and recovery from the liable party or its insurance company has been successful. If disability payments for such an injury were previously made under this Program, the *Diocese* shall have the right of reimbursement up to the full amount recovered less any reasonable expenses incurred in the recovery process (*e.g.*, attorney’s fees).

- if you are not under the care of a licensed physician;
- if you are disabled while working for any other employer;
- should you become disabled due to a self-inflicted, intentional injury; or
- if you become disabled while committing a felony.

Termination of Coverage

Your coverage as a participant in this Program will terminate upon the earliest of the following dates to occur:

- the date the program is terminated;
- the date your employment with the Diocese terminates; or
- the day you are no longer eligible for this benefit.

<h3>Your Appeal Rights</h3>

As a participant in the Program, you are entitled to certain appeal rights. If your claim for benefits is denied in whole or in part, you may request a review of your claim by the Appeals Committee. Your request must be in writing and filed no later than sixty (60) days after you receive the denial of your claim. The Appeals Committee will conduct a review of your claim (which may include a hearing) and notify you of its decision in writing.

Program Administration and Funding

The Weekly Disability Benefits Program (“the *Program*”) is administered by the *Catholic Diocese of Cleveland*. The Program Administrator has the authority to determine all questions which may arise under the Program. All Program benefits and related expenses incurred by the Program are paid by the *Diocese*. You, as a participant, are not required to contribute to the cost of the Program.

The only purpose of this booklet is to provide you with information about the benefits available under the Program. The benefits described are not conditions of employment. Nor is the booklet intended to create an employment contract between you and your employer. Nothing in this booklet should be construed as a limitation on your or your employer’s right to terminate your employment at anytime, with or without cause.

Program Amendment and Termination

The *Catholic Diocese of Cleveland* has established this Program for the sole benefit of participating lay employees of the *Catholic Diocese of Cleveland*. The *Diocese* explicitly reserves the right to amend or terminate the Program in whole or in part at any time.

Program Administrative Information

Name of Program

The Catholic Diocese of Cleveland Weekly Disability Benefits Program

Trustee

Reverend John J. Wright
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Program Administrator, Sponsor and Agent for the Service of Legal Process

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Program Effective Date

May 1, 1985, as amended and restated January 1, 1999

Type of Program

Welfare Plan

Plan Year

January 1 through December 31