

COUNTY OF INYO
SHORT TERM DISABILITY PROGRAM

I. TYPE OF PLAN

Income protection plan for up to one year for non job-related disabilities preventing a person from working. Self insured by County of Inyo effective January 1, 1994.

II. ELIGIBILITY REQUIREMENTS

- A. Eligible for inclusion are:
- full-time employees
 - part-time, benefited employees
 - part-time, non-benefited employees
- B. Employees must have worked six months for the County to be eligible to receive this benefit. Part-time, non-benefited employees must have participated in the voluntary program for six months to receive this benefit.
- C. Non-safety only.

III. DEFINITION OF TERMS

- A. Base Salary means the salary range and step the employee had at the time of disability.
- B. Disability Leave means the period of time that an employee has a limited disability; has not been terminated; and receives benefits under the Short Term Disability Program.
- C. Limited Disability means a medical or physical inability to work in an employee's permanent position whether on a full or light-duty basis due to injury or illness (excluding worker's compensation illness or injury).
- D. Total Disability means a medical or physical inability, an inability to work in any position as defined by the Federal Social Security System due to injury or illness (excluding worker's compensation illness or injury).
- E. Physician and surgeon means a licensed medical or osteopathic physician and surgeon.
- F. Waiting Period means 7 consecutive calendar days of absence for total or limited disability or the prevailing waiting period established by the State of California.

IV. PLAN PROVISIONS

- A. Benefits Payable: After the prevailing waiting period for total or limited disability. An employee is not required to exhaust vacation and sick leave for compensatory time off before qualifying under this program.
- B. Duration and Amount: (B1) Fifty percent (50%) of salary up to maximum of what the State of California rate up to a maximum of fifty-two (52) weeks while on disability leave for a limited or total disability. This benefit ceases upon termination of employment with the County. The benefit period begins on the first day disability benefits begin. Benefits payable under this program shall be reduced when used in coordination with other supplemental pay which the employee might receive. If benefits are provided for a disability that is determined to be job-related, worker's compensation benefits will replace (and reimburse) those paid by this plan.
- (B2) In the case of an appointed Department Head, the Board of Supervisors may terminate benefits under this policy before time specified in B1 above if the Board of Supervisors finds that the County will suffer undue hardship if the position is unoccupied.
- C. Employment Status: While on the program, the employment status is disability leave as herein defined. If all leave accruals are exhausted, no vacation and sick leave or other seniority-related benefits accrue while on disability leave status. County regulations regarding leave of absence without pay are applicable, except that the health plan shall be maintained as if the employee were at work, in accordance with the Family and Medical Leave Act of 1993.
- D. Miscellaneous Provisions:
1. Calculations for this benefit are made on base salary at time of the disabling injury, accident, or illness.
 2. County will pay the employee health plan premium at the same rate, as if the employee were at work, in accordance with the Family and Medical Leave Act of 1993.
 3. Benefits will cease at the earlier of 12 months on the program, retirement from service, return to employment, or conclusion of disability.
 4. Successive periods of disability due to the same or related causes not separated by six months of full-time work are considered as one period of disability with a 12-month maximum and without a new waiting period if it is determined to be related to the original injury/illness. A new 12-month eligibility period including a waiting period requires at least six months of full-time continuous work.
 5. Benefits shall be paid on regular County paydays.

6. Clerical errors shall not deprive an employee of coverage nor create an obligation to continue coverage.
 7. Employee may be required to be seen by County Physician to verify disability.
 8. The application claim form must be mailed within 49 days of the date you became disabled if you are to receive credit from the date you first became disabled. If the claim is mailed late and you believe that you have “good cause”, you should include an explanation on a separate sheet attached to the claim form.
- E. Reports: No benefits are payable for disabilities caused by any act of war or intentionally self-inflicted injury or during the commission of a felony. No benefits are payable during confinement in penal or correctional institutions as a result of a conviction. No benefits will be paid for injuries received while working for another employer. No benefits are payable for periods of disability during which the employee is not under the care of a physician or surgeon. No benefits will be paid for any disability that is job-related.

V. PLAN PREMIUM

- A. Beginning January 1 of every calendar year the premium shall be one percent of employee’s base salary to a maximum of what the State of California rate is per year. The premium shall be paid by the County for all benefited employees.
- B. Part-time, non-benefited employees may elect, at their options, to pay the plan premium through payroll deduction at the rate of one percent of gross salary to a maximum of what the State of California rate is per year. Employee may receive up to 50% of gross salary, averaged over the previous six months, up to a maximum of 90 calendar days.
- C. The premium shall be set at the beginning of each fiscal year by the Board of Supervisors based on plan usage.
- D. If the majority of a bargaining Unit votes to accept this benefit, all members of the Unit will be included. The Unit may vote to remove themselves from this benefit during the meet and confer process by a simple majority vote. After removal they would have no right to the benefit.

VII. ESTABLISHMENT OF FUND:

There is hereby established in the County of Inyo a separate interest-bearing fund entitled “Short Term Disability Fund”.

- A. Purpose Funds deposited in the Short Term Disability Fund shall be used solely for Coverage including but not limited to:

1. Direct short term disability costs according to the plan document.
 2. Administrative costs including actuary studies and other costs associated with the administration of the program.
 3. The rate is to be set by the Board of Supervisors each year based on the experience of the program.
 4. All interest received from the investment or reinvestment of monies within the fund.
- B. Payments and Withdrawals: No payments or withdrawals from the funds shall be made except by specific authorization of the County Administrator or designee, in the manner prescribed by the Auditor-Controller's Office for the purpose set forth.

VIII. PLAN STATUS

- A. This Plan is subject to the meet and confer process and/or M.O.U. with the Appropriate employee groups;
- B. Is for the exclusive benefit of the eligible employee; and,
- C. Has been established with the intention of being maintained without a termination date subject to the meet and confer process.

IX. QUESTIONS REGARDING PLAN

For questions regarding this Plan, contact:

Inyo County Personnel Services Office
P.O. Box 249
Independence, Ca. 93526
(760) 878-0377

2010 State of California SDI Contribution Rate

\$1026.48 per employee per calendar year