

DISABILITY BENEFITS - SUPPLEMENTAL SHORT TERM

(Self-Insured by the HSBP)

Introduction

The Plan provides you with income during a period of disability due to a non-occupational accident or illness.

Supplemental Short-Term Disability Benefits are available for the participant only. The participant's spouse and other dependents are not eligible for benefits. If you become disabled while eligible for benefits under the Plan, Supplemental Short-Term Disability Benefits begin on the eighth day of a non-occupational disability. Benefits are payable for a maximum of 12 weeks (4 weeks for Employees of Northern California Employers) during any one period of disability or until you are no longer disabled or no longer deemed disabled (i.e., the medical information does not substantiate the claim), if earlier.

Under this Plan, the maximum benefit payable is 70% of your weekly salary up to a maximum of \$875 per week. Your payment may come from different sources depending on the state in which you are employed as discussed later in this section and can include a statutory benefit as well as a Supplemental Short-Term Disability Benefit. The Supplemental Short-Term Disability Benefit payable by the Plan is the benefit amount above any statutory benefit provided by the state in which you are employed (if applicable) up to the maximum of \$875 per week.

Definition of Disability

"Disabled" means you are unable to work as a result of accidental bodily injuries, sickness, or pregnancy and are thereby prevented from performing the duties your occupation and you are under the care of a legally licensed provider as defined by the State in which you work.

Duration of Benefits

Benefits are paid for a maximum of 12 weeks of disability during 52 consecutive weeks. Payment of Weekly Benefits ends on the **earlier** of:

1. The date on which you are no longer disabled; or
2. After 12 weeks of disability benefits have been paid (4 weeks for Employees of California Employers).

If your Disability extends beyond twelve weeks (or 4 weeks for Employees of California Employers), you may be eligible for Long Term Disability.

Partial Disability

Partial Disability, as defined by the Plan as any period during which you are able to perform any work for remuneration, is not covered under this plan. Benefits will only be paid for periods during which you meet the definition "disability."

Reduction of Benefits

If you receive other income while receiving Short-term Disability Benefits the Short-Term Disability Benefits you would otherwise receive will be reduced by any such other income. Such other income may be:

- New York or California state-mandated disability benefits;
- No-Fault wage replacement;
- Other statutory benefits; or
- Any amounts you receive for paid time off from your employer.

Exclusions

No benefits will be paid with respect to:

- Disabilities for work-related illnesses or accidents covered by Workers' Compensation or any other similar state or federal law;
- Any period during which you perform any work for remuneration or profit; or
- Any claim that is not filed within 60 days of the start of the first date of the disability, unless circumstances prevent you from filing the claim in a timely manner, in which case the claim must be filed within 12 weeks from the onset of disability.

Benefit for Employees of New York Hospital Employers

Your Supplemental Short-Term Disability Benefits are equal to 70% of your weekly salary up to a maximum of \$875 per week. Benefits will be payable by this Plan on a bi-weekly basis during the continuation period for which you are disabled. Benefits begin on the 8th business day of disability. No benefits will be paid prior to the 8th business day of disability or for more than 12 weeks.

Please note that sick leave benefits may be payable by the Hospital in which you work. If you receive payment for sick leave any balance remaining after the payment for sick leave is made will be payable by this Plan under the Supplemental Short-Term Disability Benefits up to a combined maximum of \$ 875 per week.

In order to file a claim form for Supplemental Short-Term Disability benefits, obtain a claim form from the Benefits Plan Office and submit it to the Benefits Plan Office within 60 days of the start of your disability. A disability claim is a claim for benefits under the Plan to which the Plan conditions the availability of the benefit on proof of a claimant's disability. You must be under the care of a legally licensed physician, dentist, psychologist, podiatrist, nurse-midwife or chiropractor for your claim to be considered. This provider must, when requested by the Fund, certify the following: the scope of, the probable duration of, and all medical facts, to the best of his or her knowledge, about your disability. The Benefits Plan Office will evaluate your claim and determine if benefits are payable and reserves the right to have a physician examine you (at the Plan's expense) as often as is reasonable while a claim for benefits is pending or payable.

The Benefits Plan Office will make a decision no more than 45 days after receipt of your properly filed claim. The time for decision may be extended for two additional 30-day periods provided that, prior to any extension period, the Benefits Plan Office notifies you in writing that an extension is necessary due to matters beyond the control of the Plan, identifies those matters and gives the date by which it expects to render its decision. If your claim is extended due to your failure to submit information necessary to decide your claim, the time for decision may be tolled from the date on which the notification of the extension is sent to you until the date the Benefits Plan Office receives your response to the request. If the Benefits Plan Office approves your claim, the decision will contain information sufficient to reasonably inform you of that decision. If a claim for Disability Benefits is denied, you will be notified by the Benefits Plan Office within 45 days of receipt of the claim. For appeals that pertain to the Supplemental Short-Term Disability benefits, please refer to the Plan's claims and appeals procedures that are contained in the section entitled, "Claim Review and Claim Procedure".

Benefit for Employees of Northern California Employers

Your Supplemental Short-Term Disability Benefits are equal to 70% of your weekly salary up to a maximum of \$875 per week less any statutory benefits you receive (such as No-Fault wage replacement). Benefits will be payable by this Plan on a bi-weekly basis during the continuation period for which you are disabled. Benefits begin on the 60th day of disability. No benefits will be paid prior to the 60th day of disability nor for more than 12 weeks.

Please note that sick leave benefits may be payable by the Hospital in which you work. If you

receive payment for sick leave any balance remaining after the payment for sick leave is made will be payable by this Plan under the Supplemental Short-Term Disability Benefits up to a maximum of \$ 875 per week.

In order to file a claim form for Supplemental Short-Term Disability benefits, obtain a claim form from the Benefits Plan Office and submit it to the Plan Office within 60 days of the start of your disability. A disability claim is a claim for benefits under the Plan to which the Plan conditions the availability of the benefit on proof of a claimant's disability. You must be under the care of a legally licensed physician, dentist, psychologist, podiatrist, nurse-midwife or chiropractor for your claim to be considered. This provider must, when requested by the Fund, certify the following: the scope of, the probable duration of, and all medical facts, to the best of his or her knowledge, about your disability. The Benefits Plan Office will evaluate your claim and determine if benefits are payable and reserves the right to have a physician examine you (at the Plan's expense) as often as is reasonable while a claim for benefits is pending or payable.

The Benefits Plan Office will make a decision no more than 45 days after receipt of your properly filed claim. The time for decision may be extended for two additional 30-day periods provided that, prior to any extension period, The Benefits Plan Office notifies you in writing that an extension is necessary due to matters beyond the control of the Plan, identifies those matters and gives the date by which it expects to render its decision. If your claim is extended due to your failure to submit information necessary to decide your claim, the time for decision may be tolled from the date on which the notification of the extension is sent to you until the date The Benefits Plan Office receives your response to the request. If the Benefits Plan Office approves your claim, the decision will contain information sufficient to reasonably inform you of that decision. If a claim for Disability Benefits is denied, you have the right to as follows:

- For Benefits payable under California SDI, you should follow the instructions on the denial from the State in order to appeal the denial.
- For appeals that pertain to the Supplemental Short-Term Disability benefits, please refer to the Plan's claims and appeals procedures that are contained in the section entitled, "Claim Review and Claim Procedure".

CIR California - LA County

Benefits are fully insured through The Standard Insurance Company. You should refer to the Certificate of Insurance for details on these benefits.

Benefit for Employees of Massachusetts Employers

Your Supplemental Short-Term Disability Benefits is equal to 70% of your basic weekly salary up to a maximum of \$875 per week. Benefits will be payable by this Plan on a bi-weekly basis during the continuation period for which you are disabled.

In order to file a claim form for Supplemental Short-Term Disability benefits, obtain a claim form from the Benefits Plan Office and submit it to the Plan Office within 60 days of the start of your disability. A disability claim is a claim for benefits under the Plan to which the Plan conditions the availability of the benefit on proof of a claimant's disability. You must be under the care of a legally licensed physician, dentist, psychologist, podiatrist, nurse-midwife or chiropractor for your claim to be considered. This provider must, when requested by the Fund, certify the following: the scope of, the probable duration of, and all medical facts, to the best of his or her knowledge, about your disability. The Benefits Plan Office will evaluate your claim and determine if benefits are payable and reserves the right to have a physician examine you (at the Plan's expense) as often as is reasonable while a claim for benefits is pending or payable.

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Benefit for Employees of CIR and HSBP Staff Employers

Your Supplemental Short-Term Disability Benefits are equal to 70% of your weekly salary up to a maximum of \$875 per week. Benefits will be payable by this Plan on a bi-weekly basis during the continuation period for which you are disabled. Benefits begin on the 8th business day of disability. No benefits will be paid prior to the 8th business day of disability nor for more than 12 weeks.

Please note that sick leave benefits may be payable by the Hospital in which you work. If you receive payment for sick leave, any balance remaining after the payment for sick leave is made will be payable by this Plan under the Supplemental Short-Term Disability Benefits up to a maximum of \$ 875 per week.

In order to file a claim form for Supplemental Short-Term Disability benefits, obtain a claim form from the Benefits Plan Office and submit it to the Plan Office within 60 days of the start of your disability. A disability claim is a claim for benefits under the Plan to which the Plan conditions the availability of the benefit on proof of a claimant's disability. You must be under the care of a legally licensed physician, dentist, psychologist, podiatrist, nurse-midwife or chiropractor for your claim to be considered. This provider must, when requested by the Fund, certify the following: the scope of, the probable duration of, and all medical facts, to the best of his or her knowledge, about your disability. The Benefits Plan Office will evaluate your claim and determine if benefits are payable and reserves the right to have a physician examine you (at the Plan's expense) as often as is reasonable while a claim for benefits is pending or payable.

The Benefits Plan Office will make a decision no more than 45 days after receipt of your properly filed claim. The time for decision may be extended for two additional 30-day periods provided that, prior to any extension period, The Benefits Plan Office notifies you in writing that an extension is necessary due to matters beyond the control of the Plan, identifies those matters and gives the date by which it expects to render its decision. If your claim is extended due to your failure to submit information necessary to decide your claim, the time for decision may be tolled from the date on which the notification of the extension is sent to you until the date The Benefits Plan Office receives your response to the request. If the Benefits Plan Office approves your claim, the decision will contain information sufficient to reasonably inform you of that decision. If a claim for Disability Benefits is denied, you will be notified by the Benefits Plan Office within 45 days of receipt of the claim. For appeals that pertain to the Supplemental Short-Term Disability benefits, please refer to the Plan's claims and appeals procedures that are contained in the section entitled, "Claim Review and Claim Procedure".

DISABILITY - LONG TERM

(This Benefit is insured through Guardian)

The following provides a quick guide to some of the Long Term Disability plan features which people want to know about most often. It's not a complete description of your Long Term Disability plan, but a summary:

Elimination Period (Waiting Period)

For disability due to injury or illness the waiting period is 180 days. Note that Supplemental Short Term Disability may cover the first 12 weeks after the onset of illness or of an accident.

Gross Monthly Benefit

70% of your prior monthly earnings, rounded to the nearest \$1.00, if not already a multiple thereof, limited to a maximum of \$3,500.00. Note: Guardian integrates your gross monthly benefit with certain other types of income you may receive. Read all of the terms of this plan to see what income Guardian integrates with, and how.

Maximum Payment Period

For a disability starting before the employee reaches age 60, the maximum payment period will last until the Social Security Normal Retirement Age. If the disability period starts when or after the employee reaches age 60, long term disability payments will continue based on a table. For example, if the long term disability begins at age 60, the maximum period will be 5 years. Should the long term disability begin at age 69, the maximum period will be 1 year.

Claim Provisions - Filing a Claim for Benefits

You must send the Benefits Office written notice of an injury or sickness for which you intend to file a long term disability claim within 30 days of the injury or start of the sickness for which a claim is being made. This notice should include your name and Social Security number and the plan number. You will be furnished with claim forms for filing proof of disability within 15 days of Guardian's receipt of the initial notice of your intent to file a claim. The completed claim forms must be returned to the Benefits Office within a reasonable period of time.

If you are not furnished with the forms within the time stated, Guardian will accept a written description of the injury or sickness that is the basis for the claim in place of Guardian's form. You must detail the nature and extent of the disability for which the claim is being made. If it is necessary to determine liability, as part of proof of loss, Guardian may require:

- (a) certification of the extent and nature of your disability from all doctors who have treated you for the cause of your disability;
- (b) certification of income from any other sources of income to which you may be entitled which may affect Guardian's benefit payments;
- (c) satisfactory evidence that you have applied for all benefits and payments from other income sources to which you may be entitled; and
- (d) proof of any income from other sources that you have received. Guardian may require you to authorize release of medical and income data by the sources of such data, including the providers of medical and/or dental services. Any information not furnished or for which the release of authorization to obtain data is not obtained can result in suspension or delay of long term disability benefit payments until such information or authorization is received by Guardian.

Time Limit for the Filing of a Claim

Any claim not filed within a reasonable period of time following the end of the elimination period will be denied and no long term disability benefits will be payable unless Guardian receives written proof that you lacked the legal capacity to file the claim or that it was not reasonably possible for you to file the claim. In no event will benefits be payable for more than one year retroactively from the date the claim is filed.

Continued Proof of Disability

Additional proof will be required. Written proof of your continued disability and doctor's care must be provided to Guardian within 30 days of each date Guardian makes such request.

Application for Other Income Required

You must apply for any disability or retirement benefits with which Guardian integrates and which Guardian feels you may be entitled to receive. If such benefits are denied, Guardian requires you to apply for them again. You are required to continue to appeal all denials until: (a) you receive written notification from Guardian that no further appeals are necessary; or (b) all possible appeals have been exhausted.

If Guardian feels that you are entitled to any of the benefits noted above, Guardian will: (a) assume you are receiving such benefits; and (b) integrate the gross monthly benefit with the estimated amount of such benefits payable to you and any applicable dependents on behalf of your disability. But Guardian does not do this if you sign Guardian's agreement concerning benefits under which you promise: (a) to apply for any benefits Guardian integrates with; and (b) at Guardian's request, to reapply for such benefits or appeal any denial of such benefits until no further appeals can be made; and (c) repay any overpayment due to an award of such benefits. This paragraph does not apply to: (i) disability benefits from any compulsory benefit act or law; (ii) retirement benefits or retirement plan disability benefits under any other government plan which you receive as a result of your disability; and (iii) benefits from a Workers' Compensation law, an occupational disease law, or any other act or law of like intent. If Guardian estimates them, they adjust your net monthly payments when they receive written proof: (a) of the amount awarded; or (b) that such benefits are denied after any reapplications or appeals Guardian requires. In the case of (b), if such adjustment shows Guardian underpaid you, they will pay you the full amount of the underpayment in a lump sum.

Computing Your Net Monthly Benefit from This Plan

Your net monthly benefit under this plan is your gross monthly benefit, as determined on your initial date of disability, integrated with any other income with which this plan integrates that you receive or are entitled to receive. To compute your net monthly benefit under this plan: (a) determine your gross monthly benefit as shown above; and (b) from the gross monthly benefit, subtract the sum of all of the income with which Guardian integrates that you receive or are entitled to receive. The result is your net monthly benefit.

Your net monthly payment under this plan is your net monthly benefit determined above, reduced by 50% of any current monthly earnings you earn while disabled. If, during any month for which this plan pays benefits, the sum of the following: (a) your net monthly payment, as figured above; (b) the total amount of all other income with which this plan integrates that you receive or are entitled to receive; and (c) the amount of your current monthly earnings; is greater than the amount of your indexed prior monthly earnings, your net monthly payment for that month will be further reduced by that portion in excess of 100% of your indexed prior monthly earnings. This will not apply during any period of time that you are a participant in a Guardian rehabilitation program, as described in this plan, and have signed a valid rehabilitation agreement with Guardian.

Waiver of Premium

Guardian waives all premiums for your long term disability income insurance which fall due while you are entitled to receive a net monthly payment from this plan.

Rehabilitation Benefits under This Plan

If you are disabled under this plan and meet selection criteria as established by Guardian, you may be selected to enter into a rehabilitation agreement with Guardian. This agreement starts when: (a) Guardian informs you in writing that you have been accepted into the rehabilitation program; and (b) you agree in writing to participate in the rehabilitation program. You may be chosen for this program anytime you are disabled according to the terms of this plan. This includes during this

plan's elimination period. The exact terms of the rehabilitation agreement may be different for each employee, but all agreements will set forth a plan designed to return you to gainful employment. Gainful employment is employment that is appropriate to your disability, skills, experience and prior monthly earnings.

If you are chosen for a rehabilitation agreement, you will be entitled to an enhanced benefit based on 110% of the net monthly payment to which you would have been entitled had you not entered into the rehabilitation agreement. If you are chosen for such an agreement with Guardian, you will continue to be subject to all the terms of this plan. The enhanced benefit will start on the later of: (a) the effective date shown on the rehabilitation agreement; or (b) the date you complete the elimination period. Your eligibility for the enhanced benefit will extend until the earliest of: (a) the date you are no longer disabled under this plan; (b) the date you earn or are able to earn at a rate of at least 80% of your indexed prior monthly earnings; (c) the date you die; (d) the end of this plan's maximum payment period; (e) the date you violate any of the terms of the rehabilitation agreement; (f) the date you elect to end the rehabilitation program; or (g) the date the rehabilitation agreement expires.

If you end a rehabilitation agreement on a basis that is not agreeable to Guardian, you may be required to repay any benefits paid that are in excess of what this plan would have paid had you not participated in the rehabilitation agreement. There are additional advantages available to an employee who participates in a rehabilitation agreement as described above. For more information on these incentives and how you may become eligible to receive them, contact a Guardian rehabilitation specialist.

Special Limitations Mental or Emotional Conditions, Alcohol Abuse and Drug Abuse

If you are disabled, as defined by this plan, by a mental or emotional condition, alcohol abuse or drug abuse, Guardian limits this plan's benefits. For the long term disability income coverage of this plan, a mental or emotional condition will include, but is not limited to, any of the following: bipolar affective disorder (manic depressive syndrome), schizophrenia, delusional (paranoid) disorders, psychotic disorders, depressive disorders, anxiety disorders, somatoform disorders (psychosomatic illness), eating disorders, mental illness.

For each disability due to a mental or emotional condition, alcohol or drug abuse, Guardian's payments stop at the earliest of: (a) the date during any one period of disability that you have received 60 net monthly payments; (b) the end of the maximum payment period; or (c) the date disability ends. Also, payments will be limited to a total of 60 months in your lifetime for all disabilities contributed to, or caused by, any and all of the conditions shown above. But, if at the end of benefit payments, you are being treated for the cause of your disability as an inpatient in a qualified institution for at least 14 consecutive days, Guardian extends the payments. Guardian extends them until the earliest of: (a) 90 days from the date of your discharge; (b) the end of the maximum payment period; or (c) the date disability ends. By "qualified institution," Guardian means a legally operated hospital or other public or private facility licensed to provide inpatient medical care and treatment for the cause of your disability.

Pre-Existing Conditions

A pre-existing condition is a sickness or injury, including all related conditions and complications, for which, in the three months before your insurance under this plan starts, you: (a) receive advice or treatment from a doctor; take prescribed drugs; or receive other medical care or treatment, including consultation with a doctor; or (b) exhibit symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment. A pregnancy which exists on the date your insurance under this plan starts is also a pre-existing condition. Guardian does not cover disability caused by such a condition until the later of: (i) the day following the date you are insured under this plan for at least 12 consecutive months; and (ii) the date benefit payments would otherwise start in the absence of this provision. Guardian does not cover any disability which begins before your insurance under this plan starts.

Converting Your Group Long Term Disability Income Insurance

Eligibility for Conversion

When your coverage under this group long term disability income plan ends, you may obtain a converted individual disability income policy, subject to the conditions below. You will be eligible for the converted individual disability income policy if you: (a) are not disabled under the terms of this plan; (b) have been covered under this plan (or a prior group disability income plan which this plan replaced) for at least 12 consecutive months immediately prior to the date your group coverage ends; (c) have successfully completed the residency program in which you were enrolled; and (d) apply to Guardian in writing within 45 days after the date on which your coverage under this plan ends.

By residency program, we mean a program of internship or residency in a medical specialty, accredited by the American Council for Graduate Medical Education. But you will not be eligible for a converted individual disability income policy if your group long term disability coverage ends because you: (a) fail to make a required contribution; (b) change to a class not eligible under this plan; (c) fail to complete a program of residency; (d) retire; or (e) because coverage ends for all persons or all persons in a class under this plan.

You do not have to provide evidence of good health to obtain the converted individual disability income policy, but you may be subject to other underwriting criteria. You must provide details concerning other disability income insurance in force or applied for, or for which you would become eligible under another plan within 45 days after the date that this group coverage ends. Guardian will not issue a converted individual disability income policy if such policy would result in your being over insured by our standards.

To Obtain a Converted Individual Disability Income Policy

You must apply to Guardian in writing and pay any required premium to obtain a converted individual disability income policy. You must do this within 45 days of the date on which your group long term disability coverage ends. If you fail to apply to us in writing and pay any required premium within 45 days of the date your group long term disability coverage ends, you are no longer eligible to obtain a converted individual disability income policy.

The Converted Individual Disability Income Policy

Your converted individual disability income policy, if issued, will be effective on the day your coverage under this group plan ends. The benefits, terms and conditions of the converted individual disability income policy will be those of the policy in use for such purpose in the state where you then live. These may be different from the benefits, terms and conditions of this group long term disability plan. The premium for the converted individual disability income policy will be that in effect for your age and class of risk on the date the policy is issued.

CERTIFICATE AMENDMENT

This Long Term Disability plan is amended so that if a covered person is injured because of a third party's wrongful act or negligence: we will pay medical, dental or loss of earnings benefits for the injury, to the extent otherwise covered by this plan, if the covered person: (a) agrees in writing to Guardian being subrogated to any recovery or right of recovery the covered person has against that third party; (b) does not take any action which would prejudice our subrogation rights; and (c) cooperates in doing what is reasonably necessary to assist us in any recovery; we will be subrogated only to the extent of benefits paid by this plan because of that injury; and we will be subrogated only when the amounts (or portion) received by the covered person through a third party settlement or satisfied judgment is specifically identified as amounts paid as benefits under this plan.

As used in this rider: "Subrogation" means our right to recover any benefit payments made under this plan: because of an injury to a covered person caused by a third party's wrongful act or negligence; and which the covered person later recovers from the third party or the third party's

insurer. "Third Party" means any person or organization other than Guardian, the employer or the covered person. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this certificate.

REQUIRED DISCLOSURE STATEMENT

For Group Plan No.: G -00348692

This section is a short summary of the benefits this Plan provides. These benefits, including any exclusions and limitations, are fully explained in the HSBP Plan Documents. Please contact the Benefits Plan Office for more details. This plan provides the following health insurance benefits: Long Term Disability Income Insurance (defined as Disability Income Insurance by the New York State Insurance Department). This plan does not provide Basic Hospital Insurance, Basic Medical Insurance, Medicare Supplement Insurance, or Major Medical Insurance, as defined by the New York State Insurance Department. **Notice:** The above statements are not part of the group policy. The group policy alone determines the rights and duties of: (a) the employer to whom this plan is issued; (b) the policyholder (if other than such employer); (c) Guardian; and (d) any person covered by this plan.

SPD is a quick reference guide to your benefits through the House Staff Benefits Plan. For additional details, call the Benefits Office and ask for the HSBP Plan Documents.

CONTINUATION OF BENEFITS WHILE YOU ARE DISABLED

Continuation of Benefits

If you go off payroll because of disability, you continue to be eligible for up to twelve (12) months coverage for all HSBP benefits if you are collecting disability benefits from the Plan. In addition, the Plan will reimburse you up to \$1,500 toward the cost of continuing your basic health coverage for twelve months on a direct payment basis (paid receipts required).

HEARING AID BENEFIT

(This Benefit is insured through HSBP)

This benefit will provide you with a lifetime maximum of \$1,500 per ear to cover the cost of a hearing aid(s). A certified audiologist must verify the need for a hearing aid in writing. When submitting a claim form, you must enclose the original bill. The bill must state the participant's name and address, patient name, relationship to House Staff Officer, date of service and amount of purchase. No photocopies, charge receipts or cancelled checks can be considered for reimbursements.

Claims should be submitted to the Benefits Plan Office using the appropriate claim form obtainable at our website.

IDENTITY PROTECTION BENEFIT

(This Benefits is insured through IdentityTruth)

As of April 1, 2009 all HSBP, WMC and CIR and HSBP staff participants are eligible for a free subscription to IdentityTruth as long as they are employed. IdentityTruth will provide identity theft monitoring services and provide assistance to members who become victims of identity theft. This benefit is for members only. Spouse or dependents can register for a discounted rate of \$49 dollars per person. This benefit is provided through IdentityTruth. You can access the benefit by logging on to www.identitytruth.com/arrival/cir. Visit the website for more details and options.