

## Plan Highlights

### Voluntary Group Short Term Disability Insurance



#### Michaels Stores, Inc.

#### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

You are eligible when actively at-work, on a full-time basis as a Hourly Team Member, except if you are working on a temporary or seasonal basis.

#### BENEFIT AMOUNT

You may elect a weekly benefit equal to 60% of your covered earnings, up to a maximum benefit of \$1,000 per week.

#### DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on 15<sup>th</sup> consecutive day of disability (8<sup>th</sup> day for Hourly Support Center).

#### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 11 weeks (12 weeks for Hourly Support Center).

#### CONTRIBUTION REQUIREMENTS

Coverage is Team Member paid.

#### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial disability benefit included
- ▶ Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled
- ▶ Transfer of Coverage provision
- ▶ FMLA Continuation
- ▶ Military Services Leave of Absence Continuation

#### LIMITATIONS

- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

#### EXCLUSIONS

Benefits will not be payable for any disability caused or contributed by: an intentionally self-inflicted Injury; an act of war (declared or undeclared); an Injury or Sickness that occurs while confined in any penal or correctional institution; while confined in any penal or correctional institution; committing a felony; caused or contributed to by any of the following: cosmetic surgery or treatment primarily to change appearance; or in vitro fertilization; or embryo transfer procedures; or artificial insemination; or reversal of sterilization; or liposuction; or radial keratotomy.

For a comprehensive list of exclusions and limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.