



THIS IS A STATEMENT OF COVERAGE FOR THE UNIVERSITY OF SAN FRANCISCO CALIFORNIA VOLUNTARY DISABILITY PLAN. THE PROVISIONS OF THIS STATEMENT APPLY TO DISABILITY BENEFIT PERIODS BEGINNING ON OR AFTER JANUARY 1, 2026

PARTICIPATION	Who may participate? All California Employees, except student Employees, are eligible for coverage under the Plan. If you were employed by the University prior to the effective date of the Plan, you are eligible on the effective date of the Plan, January 15, 1980. If you were employed on or after the effective date of the Plan, you are eligible for coverage on the date you became an Employee. If you reject coverage or withdraw from the Plan and at a later date wish to participate, you must request coverage in writing. Your coverage will be effective on the first (1 st) day of the calendar quarter following the date in which your written request is submitted.
COST	How much do I pay? Your cost is 1.0% of your first \$153,164.44 of calendar year wages.
DISABILITY	When am I considered disabled? When you are unable to perform your regular or customary work due to any physical or mental illness or injury, including pregnancy, childbirth, or related medical condition, (2) you have been ordered in writing not to work by a state or local health officer because you are infected with or suspected of being infected with a communicable disease, or (3) you are participating as a resident in an alcoholic recovery program or drug-free residential facility program, as the result of referral by a Physician. Benefits for alcohol or drug abuse treatment are limited to 90 days.
BENEFITS	<p>How much will I receive? If you are disabled, you will be paid 70% of your basic weekly gross earnings up to a weekly maximum of \$1,765. However, if your weekly wages are less than the state average weekly wage (AWW) then the maximum weekly benefit will be 90% of current Earnings. In either case you will never receive benefits less than that of the State Disability Insurance Weekly Benefit Amount (WBA). Partial weeks are paid at a daily rate that is 1/7th of your weekly benefit.</p> <p>When do my benefits begin? For each Disability Benefit Period there is a seven (7) day non-payable waiting period. Benefits begin on the eighth (8th) day of Disability. A disability is deemed to be continuous if you return or are able to return to work for 60 days or less and become disabled again due to the same or related cause or condition.</p> <p>How do Voluntary Plan benefits compare to benefits from the state? As a Plan participant, you are guaranteed rights at least equal to those provided by the State Disability Fund. You will receive a weekly rate and maximum weekly benefit amount at least equal to the "State Award" rate and "Maximum Benefit Award" which you would have received if you were a participant in the state disability insurance (SDI) program.</p> <p>On what are benefits based? Benefits are based on your Earnings. "Earnings" means basic pay (excluding overtime, bonus, and other forms of additional compensation) that was received during the last work period prior to the beginning of Disability.</p> <p>What is the maximum benefit payable? The maximum benefit payable for any one period of disability is 52 times your weekly benefit.</p> <p>Will I still be eligible for benefits if I receive wages while disabled? Yes, provided that the amount of wages you receive when combined with your benefits does not exceed the amount of wages you earned (excluding overtime) during the week immediately preceding your disability. In that case, you will receive a weekly benefit equal to the difference between the two, but not more than the benefit you would receive if no wages had been paid.</p>

What if I receive benefits from more than one plan (for instance, another Voluntary Plan or SDI)? Your benefit will equal the amount by which this Plan exceeds your State Award rate, plus the amount which results from dividing your State Award benefit by the number of Plans under which you are covered (for example, if you are covered by this Plan and SDI, you will divide by 2).

LIMITATIONS

Employees will be **limited to the State Disability Plan Level of Benefits** payable from this Plan under the following situations.

1. For disabilities occurring prior to the completion of the first ninety (90) days of Active Employment, **'Active Employment'** refers to the work duties an employee was hired by the employer to perform during a regularly scheduled work week, including regularly scheduled days off, holidays, or vacation days, provided the employee is capable of working on those days.

EXCLUSIONS

1. You will not receive benefits if a certificate from a physician, surgeon, optometrist, dentist, osteopath, chiropractor, podiatrist, nurse practitioner, or a licensed psychologist does not support your disability. In the case of a nurse practitioner, performance of a physical examination by a nurse practitioner and collaboration with a physician or surgeon. In the case of normal pregnancy, a licensed midwife, nurse-midwife, physician assistant or nurse-practitioner may certify your disability. An authorized medical officer of a US Government medical facility or a registrar of a county hospital may also certify a disability. If you belong to a bona fide religious organization that relies on prayer or other spiritual means for healing, a certificate from an authorized or accredited practitioner of your creed may be accepted.

The certificate must include the medical facts of your case, including, if applicable, secondary diagnoses. It must also include the issuer's opinion as to the probable duration of your disability. The certificate must include a diagnosis or diagnostic code prescribed in the International Classification of Diseases. If no diagnosis has been made, a statement of symptoms must be included. All of the above must be based on a physical examination and a documented medical history. If you can prove that you have received workers' compensation (WC) temporary disability benefits, you don't have to submit a certificate. If you are claiming benefits while receiving treatment for alcohol or drug abuse, your doctor does not need to certify that you are disabled; however, you will still need to meet other Plan requirements.

2. You will not receive benefits under this Plan if you receive (or are eligible to receive) WC temporary disability indemnity, permanent disability benefits (if such benefits are paid due to the same illness or injury), or maintenance allowance benefits **unless** the amount you are receiving from WC is less than your Plan benefit. If this is the case, the Plan will pay the difference between your normal Plan benefit and what you are receiving from WC. If you are receiving WC maintenance allowance benefits, you must supplement those benefits with the maximum permanent disability benefit to which you are entitled; if you don't you will no longer be eligible for Plan payments.
3. You will not receive benefits if (i) you are incarcerated (in jail or any other facility) as a result of a criminal conviction, (ii) your disability arises out of your commission of a crime, or (iii) your disability stems from alcohol or drug addiction, or from aberrant sexual behavior, and you are confined by court order in an institution or some other place.
4. If you intentionally make a false statement or representation (or you withhold material facts) in order to obtain benefits, you will be ineligible for benefits for at least 7 days (starting on the date we notify you) but not more than 35 days. You will not

receive benefits for an additional 56 days if there is a second infraction of this provision.

5. You will not receive benefits if you are receiving or are entitled to receive unemployment benefits.

COVERAGE ENDS Your coverage will end at midnight on the day your employment with USF terminates or at midnight on the 15th day following the beginning of a leave of absence without pay, or a layoff without pay (excluding Employees on a Family or Medical Leave). Coverage will also terminate on the day you cease to be an eligible Employee, or at the beginning of the next Calendar Quarter following your written notice of withdrawal from the Plan. Your coverage also will end if the approval of the Voluntary Disability Plan is terminated by the Director of EDD, or withdrawal of the Voluntary Disability Plan by the Employer or a majority of its Employees employed in the State covered by the Plan.

CLAIMS

How do I file a claim? Claim filing information may be obtained from TRISTAR, disability administrator for USF. A claim for benefits must be filed not later than 60 days after you would have been eligible to receive benefits, unless there is good cause for an extension.

When you file a claim, you will receive a Notice of Computation (DE429D) from the State that shows the minimum amount you should be paid. You should note the wage quarters used by the State to compute the amount. If you were in the military service, received workers' compensation benefits or did not work because of a trade dispute during the base period, you may be able to substitute wages paid in prior quarters to make your claim valid or increase the benefit amount. If your claim is invalid because of extended unemployment during the base period, you may also be able to substitute wages paid in prior quarters to make the claim valid.

Under the provisions of the California Unemployment Insurance Code, the University or its authorized administrator shall have the right to (i) require supplemental forms from your physician, or those authorized to certify to disabilities, as often as deemed necessary, and, (ii) have you examined by a physician while you are claiming benefits under the Plan. This may be done as often as may reasonably be required during the period benefit payments may be due under the Plan.

What if my claim is denied? If you are denied benefits under this Plan, you may appeal the denial. You may appeal in person or in writing at any office of the Employment Development Department within 30 days from the date the notice of the denial was mailed. Written appeals must be signed and include your name, Social Security Account Number, the name of your employer and the reason you are filing the appeal.

STATE RATE

When Plan benefits are limited to the State Plan rate, you will receive benefits equal to what SDI would have paid had you been an SDI participant.

The weekly and maximum benefit will be based on disability insurance taxable wages paid to you during the "base period." Such wages must total at least \$300.

PAID FAMILY LEAVE

Paid Family Leave (PFL) is an unemployment compensation disability insurance benefit paid to workers who suffer a wage loss when they take time to care for a seriously ill Family Member, bond with a new child, or participate in a qualifying event because of a family member's military deployment. Eligibility for Paid Family Leave is based on current earnings. Employees may receive up to eight weeks of benefits that may be paid over a 12-month period. The weekly benefit is equal to 70% of current earnings up to a maximum of \$1,765 per week.

To qualify for Paid Family Leave compensation, you must meet the following requirements:

- Must be covered by the Voluntary Plan
- Complete your claim forms accurately, completely, truthfully, and timely.
- Supply medical information that supports your claim that the care recipient is in need of your care
- Provide documentation to support a claim for bonding with a new child
- There is no waiting period for Paid Family Leave.

Paid Family Leave does not provide job protection or return rights. Your job **may** be protected **if** you are eligible for the federal Family Medical Leave Act and the California Family Rights Act. You must notify TRISTAR of your reason for taking leave in a manner consistent with the university's leave policy.

You may not be eligible for benefits if:

- You receive State Disability Insurance, Unemployment Compensation Insurance, or Workers' Compensation
- You are not working or looking for work at the time you begin your family leave
- You are not suffering a loss of wages
- You do not have a qualifying event because the need for care is not supported by the certificate of a treating physician or practitioner
- You are in custody due to conviction of a crime

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If you have any questions, you may contact TRISTAR at 1-844-702-2352.