



Catholic Diocese
of Cleveland

**WEEKLY DISABILITY
BENEFITS PLAN**

PLEASE RETAIN THIS BOOKLET FOR FUTURE REFERENCE

July 1, 2024 Edition

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Introduction

The Catholic Diocese of Cleveland Weekly Disability Benefits Program (the “Program”) is designed to help 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-work related injury or illness or due to pregnancy or childbirth or miscarriage and related conditions.

This Booklet contains a general description of benefits available to you as a result of an approved Disability. 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 Catholic Diocese of Cleveland (the “Diocese”) has established the Weekly Disability Benefits Program for the sole benefit of eligible lay employees of Participating Employers. 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

You are eligible for the coverage described in this Booklet if you are a regular full-time permanent lay employee of a Participating Employer who works the following minimum average hours:

- If your most recent date of hire occurred before July 1, 2004, and:
 - you are not a teacher - twenty-five (25) hours per week on an employment year basis; or
 - you are a teacher - fifteen (15) classroom hours per week on an academic year basis; or
- If your most recent date of hire occurred on or after July 1, 2004, and:
 - you are not a teacher - thirty-five (35) hours per week on an employment year basis; or
 - you are a teacher - twenty (20) classroom hours per week on an academic year basis; or
- Effective on and after July 1, 2024, if your most recent date of hire occurred after July 1, 2004, and
 - you are not a teacher – thirty-two (32) hours per week on an employment year basis:
 - you are a teacher – twenty (20) classroom hours per week on an academic year basis.

Participation

If you meet the eligibility requirements, you automatically become a participant in the Program after completing thirty-one (31) days of continuous eligible employment with a Participating Employer, if you are actively at work on that date. If you are not actively at work on that date, you become a participant on the first date you return to full-time active employment with your Participating Employer.

Termination of Participation Under the Program

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 a Participating Employer terminates;
- the date your employer withdraws from being a Participating Employer; or
- the date you no longer meet the eligibility requirements for this Program.

Participating Employers

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

- the administrative offices of the Diocese;
- any Diocesan Corporation;
- any parish or parish school;
- 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.

If your employer does not elect to make contributions to this Program, you will not be eligible to participate in the Program even though you otherwise meet the requirements for participation.

Disability

Disability Benefits under this Program are payable to you if you become Disabled as determined by the Administrator based on proof of your Disability. Generally, Disability means that (i) you are unable to perform the essential functions of your regular job as a lay employee of your Participating Employer due to a non-work related illness or injury or Pregnancy / Childbirth, and (ii) you are under the continuous care of a licensed physician. For purposes of determining whether you are Disabled:

- illness generally means a sickness or disease, including mental infirmity, which requires treatment by a physician;
- Pregnancy / Childbirth generally means pregnancy, childbirth or miscarriage and complications thereof
- injury generally means a sudden and unexpected bodily trauma which requires treatment by a physician;
- such condition must not be excluded under the Limitations and Exclusions set forth later in this Booklet.

Disability Benefits Amount

If you are determined to be entitled to receive Disability Benefits under this Program, the amount of your weekly Disability Benefit is:

- For Pregnancy / Childbirth – for the first eight (8) weeks, one hundred percent (100%) of your basic weekly rate of pay, up to a \$1350.00 maximum benefit and, thereafter, sixty-six and two-thirds percent (66 $\frac{2}{3}$ %) of your basic weekly rate of pay, up to a \$1,350 maximum benefit, reduced by the amount of any salary continuation you receive from your Participating Employer or from a government benefit.
- For all other covered conditions, sixty-six and two-thirds percent (66 $\frac{2}{3}$ %) of your basic weekly rate of pay, up to a \$1,350.00 maximum benefit, reduced by the amount of any salary continuation you receive from your Participating Employer or from a government benefit.

Basic weekly rate of pay does not include any overtime, bonus or incentive pay. Generally, your basic weekly rate of pay is determined as follows:

- the basic weekly rate of pay specified in your employment contract; or
- if you do not have a specific basic weekly rate of pay and your employment year consists of 52 weeks, your current rate of pay for normal full-time employment annualized for a full 12-month year and divided by fifty-two (52) weeks; or
- if you do not have a specific basic weekly rate of pay and your employment year consists of less than 52 weeks, your specified annual amount for your employment year as determined pursuant to your employment contract divided by the number of weeks in your employment year to determine your weekly amount.

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

The amount of your weekly Disability Benefit shall be reduced by any amount you receive from any other employer-sponsored or government-sponsored disability program. In any event, if you are covered by more than one disability program, you will not be allowed to receive total disability benefits exceeding your basic weekly Disability Benefit described herein.

Part-Time Work While Disabled

In the event you work part-time for your Participating Employer during your period of Disability, your Disability Benefits under this Program will not be reduced if the basic weekly rate of your part-time earnings does not exceed one-third ($\frac{1}{3}$) of your regular basic weekly rate of pay. No Disability Benefits will be paid if your part-time earnings exceed one-third ($\frac{1}{3}$) of your regular basic weekly rate of pay.

Disability Benefits Payment

Disability Benefits under this Program will begin and be paid depending on whether the Disability is caused by a non-work related injury or illness or Pregnancy / Childbirth, as shown below, and also whether or not you exhaust your accrued sick time first, as discussed below:

- **Illness** - Benefits begin on the later of (1) the 8th day after your Disability commences (7-day waiting period), ; (2) exhaustion all but five (5) days of your accrued, but unused, sick time available at the onset of the Disability; or (3) if an employee elects to use other accrued, but unused, time off following the required exhaustion of sick time (such as accrued vacation time), then from the exhaustion of all such time elected to be used by the employee.
- **Pregnancy / Childbirth** -- Benefits payable as a result of a Disability due to Pregnancy / Childbirth will commence on the first (1st) day of such Disability (no waiting period). In the event of Pregnancy / Childbirth, you may elect to use your accrued, but unused, time off (sick time / vacation time) as follows:
 - Benefits will be paid at one hundred percent (100%) of your basic weekly rate for the first eight (8) weeks, up to \$1350.00 per week;
 - Following this initial eight (8) week period, if the Disability continues, you will have the option to either (1) continue receiving benefits hereunder for up to an additional eighteen (18) weeks at 66 2/3% of your basic weekly rate of pay, up to \$1350.00 per week; or; (2) pause the benefit payments and use any portion, or all, of your accrued, but unused, time off.
 - In the event you elect to use accrued time off following the initial eight (8) week period, your benefits shall be considered paused

during that time. If the Disability continues through the use of any such accrued time off, benefits payable hereunder shall continue for up to an additional eighteen (18) weeks at 66 2/3% of your basic weekly rate of pay, up to \$1350.00 per week.

- Injury - Benefits begin on the later of the (1) 1st day of your Disability (no waiting period), if the Disability resulting from the injury commences within 72 hours of the occurrence of the injury (If the Disability resulting from the injury does not commence within 72 hours of the injury, benefits begin on the 8th day after your Disability commences (7-day waiting period)); (2) exhaustion all but five (5) days of your accrued but unused sick time available at the onset of the Disability; or (3) if an employee elects to use other accrued, but unused, time off following the required exhaustion of sick time (such as accrued vacation time), then from the exhaustion of all such time elected to be used by the employee.

Your Disability Benefit will be paid every two weeks throughout the Disability period. The Disability Benefits will end as of the earlier of (i) the date you are no longer considered to be Disabled, or (ii) the end of the 26-week maximum duration period measured from your initial date of Disability (including the 7-day waiting period if applicable). However, in the event you remain Disabled for the entire 26-week maximum period, any 7-day waiting period would then be waived and you would receive Disability Benefits for such 7-day waiting period. If your employment year is less than 12 months, no Disability Benefits are paid for any period outside of your employment year.

For example, if you are a teacher whose employment year begins August 15th and ends June 15th and you become Disabled for the months of May through July, you will not receive any Disability Benefits for the period of Disability occurring after June 15th that is not included in your employment year.

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.

Your Disability Benefits are payable to you and may not be transferred or assigned.

Application For Benefits

As soon as you are aware of any illness or injury, or know that you will be unable to report to work because of an illness or injury, contact your Participating Employer. Once you have notified your Participating Employer that you will be absent due to an illness or injury, you will be provided a “Statement of Claim for Weekly Disability Benefits” form needed to determine your Disability. It is your responsibility as an employee to provide the Administrator with a completed claim form, providing sufficient medical evidence and proper certification by you and your physician of the extent of your Disability and that you are under the continuous care of a licensed physician. The form must be signed by you, your physician and your Participating Employer. You will not begin to receive weekly Disability Benefit payments until such completed form is received and approved by the Administrator. The Administrator may request additional information in support of your claim for Disability Benefits. You may periodically be required to submit updated medical evidence and proper certification by your physician that you continue to be Disabled and under the continuous care of a licensed physician. The Administrator may also require an independent medical exam, diagnoses and tests be performed by a physician or medical facility selected and paid for by the Diocese to determine whether you are Disabled. Such exam, diagnoses and tests may, at the discretion of the Administrator, be performed on an ongoing basis for the duration of the Disability to determine whether you continue to be Disabled.

Limitations and Exclusions

No Disability Benefit shall be paid:

1. with respect to any Disability resulting from any procedure which is contrary to the teaching of the Roman Catholic Church, including but not limited to abortions, sterilizations, artificial insemination, a pregnancy resulting from a “surrogate” arrangement, in-vitro fertilization, or gender reassignment treatment and/or surgeries.
2. if you are not under the care of a licensed physician, or if you refuse to submit to an independent medical exam or tests;
3. if you are working for any other employer (including self-employment);
4. for any Disability due to a self-inflicted, intentional injury;
5. if you become disabled while committing a misdemeanor or felony;
6. for any work related injury or illness, whether or not you make a claim for benefits under Workers’ Compensation; or
7. 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, up to the amount of recovery. If Disability Benefit 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). The Administrator may require that any participant sign an agreement of cooperation and reimbursement prior to the payment of any Disability Benefits under the Program.

Disability as FMLA Leave

In general, the Family and Medical Leave Act (“FMLA”) entitles certain employees with up to a total of 12 weeks of leave of absence for reasons such as an employee’s own serious medical condition or to care for a family member. Any period of absence due to a Disability will also be counted against the 12 weeks of FMLA leave.

Your Appeal Rights

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. You must specify in your appeal all reasons why you believe your claim was wrongly denied and should be reconsidered. The Appeals Committee will conduct a review of your claim (which may include a hearing) and notify you of its decision in writing. The interpretations, determinations and decisions of the Appeals Committee shall be final and binding. The review procedures are the sole and exclusive remedy and are in lieu of all actions at law, in equity or otherwise.

Program Administration and Funding

The Weekly Disability Benefits Program is administered by the Catholic Diocese of Cleveland. The Administrator has the authority to determine all questions which may arise under the Program. All Program Disability Benefits and related expenses incurred by the Program are paid by the Diocese and the Participating Employers. 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 Disability Benefits available under the Program. The Disability Benefits described are not conditions of employment. This Booklet does not create an employment contract between you and your employer. Nothing in this Booklet should be construed as a limitation on your right, or your employer’s right, to terminate your employment at anytime, with or without cause.

Program Amendment and Termination

The Diocese has established this Program for the sole benefit of the eligible lay employees of the Diocese and the Participating Employers. 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

Program Administrator, Sponsor and Agent for Service of Legal Process

The Catholic Diocese of Cleveland

Group Life and Pension Office

1404 East 9th Street, 8th Floor

Cleveland, OH 44114

Telephone number: 216-696-6525

Program Effective Date

May 1, 1985, and as amended from time to time thereafter.

Type of Program

A “church plan” providing replacement income for short-term disability, not subject to the Employee Retirement Income Security Act (“ERISA”).

Plan Year

January 1 through December 31