

Reporting a Leave of Absence



WHEN SHOULD I REPORT AN ABSENCE?

You should report an absence to Standard Insurance Company (The Standard[‡]) if you are absent from work or know you will be absent from work for any of the following reasons:

- Your own serious health condition (including pregnancy)
- To care for your newborn child
- The placement of your adopted or foster child
- To provide care for a qualifying family member with a serious health condition
- To care for a covered service member who becomes injured or ill in the line of duty
- For a qualifying reason related to military activities
- Workers' compensation

HOW SHOULD I REPORT AN ABSENCE?



Contact The Standard's Absence Management Service Center at: **833.229.4176**.

Please identify your employer when you call.

— OR —

Log in at standard.com/absence.

Note: First-time users will need to create an account. The webpage has a step-by-step guide on how to do this.

What are the center's hours of operation?

Monday through Friday
7 a.m. – 7 p.m. CST

What about other times I'll be out?

For all other personal absences, please contact your human resources department.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland OR 97204 | standard.com

[‡] The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



GROUP LONG TERM DISABILITY INSURANCE

Protect your income while coping with a long-lasting disability.

Long Term Disability insurance can help protect your income if you can't work due to a qualifying disability. It can also help you get back to work when you're ready. Whether you're out for a few months or years, this benefit can help you protect your income — and those who depend on it.

Long Term Disability insurance may help protect your income if you can't work and don't get your regular paycheck.

Long Term Disability insurance can help pay the bills if you become disabled and can't work for an extended period. That could be a few months or several years. This coverage may help replace part of your paycheck, which can help protect your lifestyle and savings.

You can get help returning to work when you're ready. This Long Term Disability coverage includes incentives and assistance to help you get back to work. The Standard may also help pay the costs of modifying your workplace to accommodate your needs.

One in four 20-year-olds will become disabled before reaching age 67. And one in 10 Americans live with severe disability.* Long-term disabilities can be caused by accidents but also by illnesses such as cancer and heart disease. How many paychecks could you miss? **Long Term Disability insurance can help you maintain your lifestyle and pay for things like:**



Housing Costs



Groceries



Car Insurance



College Tuition

*Source: Basic Facts, U.S. Social Security Administration, June 2018

Long Term Disability Insurance

What Your Benefit Provides

This is the amount per month you would receive if you experience a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

You may apply to be insured under Plan 1 or Plan 2:

Plan 1: 50% of your eligible earnings, up to a maximum benefit of \$15,000 per month.

Plan 2: 60% of your eligible earnings, up to a maximum benefit of \$15,000 per month.

Plan minimum per month: \$100

Note: If you do not apply for either Plan 1 or Plan 2 within 31 days following the date you become eligible, you may only apply during the Annual Enrollment Period or within 31 days of a Family Status Change.

Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit.

180 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the Maximum Benefit Period table in the Important Details section for specifics.

See the Important Details section for more information, including requirements, limitations, exclusions and definitions.

Additional Features

Help With Returning To Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

You may also be eligible to receive an additional benefit of 10 percent of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.

Survivors Benefit

If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.

Support When You Need It

You'll have access to an Employee Assistance Program. This is a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.

Important Details

Here’s where you’ll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular full-time employee of Kimball International, Inc. actively working at least 40 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

*You are eligible on the first day that follows 30 consecutive days as a member.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases (including requests to insure predisability earnings that are greater than the last amount for which evidence of insurability was required), amounts over the guarantee issue amount and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability to the Social Security Normal Retirement Age (SSNRA) or 3 years, 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years, 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	2 years, 6 months
65	2 years
66	1 year, 9 months
67	1 year, 6 months
68	1 year, 3 months
69+	1 year

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you, or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders or substance abuse.

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. **Deductible income includes:**

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid to you by your employer that exceeds 100 percent of your indexed predisability earnings when added to your Long Term Disability benefit
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Any disability or retirement benefits you received or are eligible to receive from your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Long Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Kimball International, Inc. ends participation in the group policy

Conversion

You may have the option to obtain Long Term Disability conversion insurance after the termination of your insurance with Kimball International, Inc., if you meet the requirements defined by the group policy.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

Frequently Asked Questions About Filing A Short Term Disability Claim

The following questions and answers will help you file a Short Term Disability (STD) claim with Standard Insurance Company (The Standard). The steps outlined below will enable you to access our efficient claims services quickly and easily.

When Should I Report A Claim?

Report a claim as soon as you believe you will be absent from work beyond 7 calendar days. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you proceed with filing a claim right away. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

How Do I File A Claim?

To file a claim by telephone, contact The Standard's Claim Intake Service Center at 833.229.4176.

To file a claim online, go to www.standard.com and click on "File a Claim" to begin the claim process. Instructions will be provided through the entire claim submission process.

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Employer's Statement²
- Attending Physician's Statement (APS)³
- Authorization to Obtain and Release Information

When I Report My Claim, What Information Will I Need To Provide?

You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name: Kimball International, Inc.
- Group Plan number: **756744**
- Name and Social Security number
- Last day you were at work
- Nature of claim/medical information
- Physician's contact information (**name, address, phone and fax number**)³

What Are The Hours Of Operation For The Claim Intake Service Center?

If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 8:00 a.m. through 8:00 p.m., Eastern Time.

Where Do I Send The Completed Forms?

Completed forms may be mailed to:

Standard Insurance Company
P.O. Box 2800
Portland, OR 97208

Or if you prefer, you may fax completed forms to our office at 800.378.6053.

How Long Does It Normally Take To Make A Claim Decision?

Once The Standard receives the required paperwork, which includes the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with additional details.

If My Claim For Benefits Is Approved, How Long Will It Take To Receive My First Check?

After the Benefit Waiting Period as outlined in your group policy is served, STD benefit payments are paid in arrears on a weekly basis. In most cases, checks are mailed on Wednesday of each week. STD benefit payments that are payable for retroactive claims will be mailed following claim approval. STD checks will be mailed directly to your residence.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, 833.229.4176. If you are looking for general information, please contact your benefits administrator.

Who Is Responsible For Notifying Kimball International, Inc. Of My Absence?

It is your responsibility to follow the normal Kimball International, Inc. absence reporting procedures by notifying your manager or supervisor of your absence.

- ¹ If you file online or by telephone, your submission serves as the Employee's Statement and we will instruct you on which other documents need to be completed.
- ² The Standard will contact your Employer to obtain the information necessary on the Employer's Statement.
- ³ The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion and will make up to three follow up attempts to obtain a completed APS from your doctor. We encourage you to contact your doctor and ask their assistance in completing the APS on your behalf.

A helping hand when you need it.



Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.