

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

353



FROM: Human Resources Dept.

SUBMITTAL DATE:
November 6, 2006

SUBJECT: Revised Short-Term Disability Plan Document

RECOMMENDED MOTION: 1) Approve the revised Short-Term Disability Plan Document; and 2) Authorize the Chairperson to sign four (4) copies of the attached document; retain one (1) copy of the signed document and return three (3) copies to Human Resources for distribution.

BACKGROUND: With the completion of the latest negotiations with Laborer's International Union of North America (LIUNA), effective January 1, 2007, the Short-Term Disability (STD) benefit payment for the LIUNA group will increase from 55% to 60% of salary. The maximum weekly benefit will increase from \$249.70 to \$461.54. The STD benefit is a wage replacement benefit for the eligible employee while he/she is on an approved leave for disability.

The STD fund is established through the Internal Service Fund rates, which are set each year and Board approved. These rates are charged to each department and the allocations that departments pay are calculated in the manner required by the State Controller's Office.

Ronald W. Komers
Asst. County Executive Officer/Human Resources Dir.

FINANCIAL DATA

Current F.Y. Total Cost:	\$ 205,000	In Current Year Budget:	Yes
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
Annual Net County Cost:	\$ 90,200	For Fiscal Year:	2006/2007

SOURCE OF FUNDS: Short-Term Disability Fund

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.:

District:

Agenda Number:

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The State Controller requires distribution of each ISF program's costs to be based upon a combination of the plan's loss experience or claims history and the risk for ongoing claims, with strong emphasis on loss experience. The current rate for STD insurance is .00945 of gross salary.

To determine the financial impact of an increase to this benefit, Aon Consulting completed an actuarial review. The current fiscal year cost for the LIUNA group is \$910,000. The projected financial impact for the benefit increase is \$410,000 annually. The projected increase for the remaining period in FY 2006-07 is \$205,000. However, the following actuarial assumptions were used to support that no additional fund adjustments would be necessary for the new LIUNA group benefit.

- No change in covered LIUNA population. This appears to be a reasonable assumption given small population changes from year to year for this group.
- No change in the utilization of the LIUNA STD benefit (claim incidence and average claim duration) from year to year. While a significant increase in the benefit's wage replacement level should theoretically lead to increased utilization, the County has also implemented an aggressive Return-to-Work program, which is expected to reduce STD claims.

The Return-to-Work (RTW) program will allow temporary changes to the employee's position once the attending physician establishes work restrictions and the department approves the temporary modification of duties. These temporary changes could include job tasks, schedule, equipment or other conditions of employment allowing the employee to return to work sooner. Based on data from our claims administrator, it is reasonable to expect to see an annual savings of 18 - 22% from such a program.

Since the new benefit will be in effect for only half of the current fiscal year, our fund reserves are sufficient to absorb any of the additional cost of \$205,000 over the remainder of FY 2006-07, the actuary is confident that the RTW program would offset this increase in wage replacement benefits. Aon recommends that emerging claim experience for 2007 be closely monitored to obtain a better understanding of the utilization dynamics.

The attached plan document incorporates the new benefit amount and describes in detail how the benefit applies to the eligible member.

SHORT-TERM DISABILITY PROGRAM

COUNTY OF RIVERSIDE

THIS PLAN ORIGINALLY BECAME EFFECTIVE ON JANUARY 1, 1986 AND HAS BEEN AMENDED AND COMPLETELY RESTATED, AS SET FORTH HEREIN, EFFECTIVE FOR DISABILITIES COMMENCING ON OR AFTER JANUARY 1, 2007

GENERAL POLICY INFORMATION

Employer Number: 268
Plan Number: 268001
Employer: County of Riverside

Member means:

A regular or permanent part-time employee who is Actively At Work and is represented by an employee bargaining unit for whom the County of Riverside's Board of Supervisors has approved the Short-Term Disability Plan benefits. For readability, within this document a Member is commonly referred to as "you" and "your."

Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Class Definition:

Class 1: All members represented by Services Employees International Union (SEIU)

Class 2: All members represented by Laborer's International Employees of California (LIUNA)

Class 3: All members employed by Superior Courts and represented by SEIU and LIUNA

I. GENERAL TERMS AND DEFINITIONS

The following terms and definitions defined herein apply whenever the terms are used anywhere in this document. Defined terms are printed with initial capital letters throughout the entire document.

1. **Active Work** or **Actively at Work** – Performing the usual duties of your job for one full day at the County of Riverside or until you engage in any gainful occupation that is inconsistent with your illness/injuries, other than Transitional Work with the County.
2. **Claims Administrator** - Voluntary Plan Administrators, Inc. (VPA), a third party administrator hired by the County of Riverside to administer the Plan benefits to the Members.
3. **Daily Rate** – The amount of Member's weekly benefit payable under the terms of this Plan, divided by seven (7).

4. **Disability or Disabled** - You are unable to perform your Regular or Customary Work due to any non-work related physical or mental illness or injury (including pregnancy), and you are under the regular and continuous care of a licensed Physician, and are not capable of being Actively At Work during the period of said Disability.
5. **Disability Benefit Period** - The continuous period of missed work due to a Disability, beginning with the first day of Disability and ending on the day prior to the Member's return to: (a) any gainful employment, (b) at the conclusion of Transitional Work assignment, or (c) termination from the Plan. Two (2) consecutive periods of Disability due to the same or related cause or conditions, which are separated by a period of not more than fourteen (14) days, shall be considered as one (1) Disability Benefit Period.
6. **Employer** - County of Riverside, Waste Resources Management District, Regional Parks & Open-Space District, Riverside County Flood Control and Water Conservation District, Superior Court of California, and each subsidiary or affiliate approved in writing by the County of Riverside Board of Supervisors..
7. **Hospital Confinement** - Any twenty-four (24) hour period of time, or any part thereof for which a claimant is charged a full day's rate for room and board as a registered bed patient in a hospital, or in a nursing home as defined in subsection (i) of Section 1395X of Title 42 of the United States Code, or in a nursing home conducted by and for the adherents of any well recognized church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend upon prayer or spiritual means for healing in the practice of such church or denomination.
8. **Medical Certification** - This form must be completed by the Physician and provided to the Claims Administrator as medical justification of your Disability.
9. **Medical Management Staff** - A licensed clinical professional who is responsible for medical review and determination of appropriate duration of leave or approval of Transitional Work assignment for a Member in conjunction with Short-Term Disability Benefits.
10. **Member** - A regular or permanent part-time employee who is Actively At Work and is represented by an employee bargaining unit for whom the County of Riverside's Board of Supervisors has approved the Short-Term Disability Plan benefits. For readability, within this document a Member is commonly referred to as "you" and "your."
11. **Pay Period** - A continuous period of fourteen (14) days as established by the County of Riverside for the purposes of processing payroll.
12. **Physician** - Includes a licensed medical Physician, surgeon, optometrist, dentist, doctor of osteopath, qualified licensed psychologist, accredited practitioner, chiropractor, or podiatrist who is duly licensed and acting within the scope of his or her practice; or a licensed midwife, licensed nurse-midwife or licensed nurse practitioner who may certify only to normal pregnancy and childbirth related disabilities; or a duly authorized medical officer of any facility of the United States Government; or a practitioner duly authorized and accredited by the Director of Employment Development Department.
13. **Plan** - The County of Riverside Short-Term Disability Program.
14. **Plan Sponsor** - The County of Riverside.
15. **Privacy Statement** - Voluntary Plan Administrators, Inc. (VPA) Member notification outlining VPA's responsibilities regarding privacy and protection of personal health information.

16. **Regular or Customary Work** – The Member's usual Employer assigned duties, including requirements, specifications, methods, job, work, hours of work, manner and level of performance prior to the onset of the Disability.
17. **Regular Wages** – Weekly earnings based on your hourly rate on your last full day of Active Work times your normally scheduled hours. Regular Wages excludes differentials, special assignment pay, stand-by pay, on call pay, bilingual pay and expense reimbursements. Any change in your hourly rate, which is approved or becomes effective after the last full day of Active Work will have no effect on the amount of your benefits for the duration of the Disability Benefit Period.
18. **Release of Information Form** – Member's authorization to a health care provider to release medical information for the purpose of establishing a claim for Short-Term Disability benefits.
19. **STD** – Abbreviation for Short-Term Disability Plan.
20. **Surgical Clinic** – A clinic which is not part of and/or not operating under the license of a hospital, which is licensed by the Department of Health and Human Services (DHHS), and which provides treatment for patients who remain less than twenty-four (24) hours. A Surgical Clinic includes those ambulatory surgical centers approved by the Federal Medicare program, but does not include the offices of private Physicians in individual or group practice.
21. **Surgical Unit** - A unit located in or operating under the license of a hospital and providing treatment for patients who remain less than twenty-four (24) hours. A Surgical Unit does not include emergency room facilities.
22. **Transitional Work** – The temporary changes to a County of Riverside Position approved by Medical Management and the Employer, including, but not limited to, job tasks, schedule, equipment or other conditions of employment, in an effort to accommodate temporary limitations or restrictions placed on the Member.
23. **Waiting Period** – The first seven (7) consecutive calendar days from the date the Disability commences, during which time the Member must be unable to perform their Regular or Customary Work due to the Disability and have no paid regular hours.

II. WHO IS ELIGIBLE FOR COVERAGE?

To become eligible for coverage under this Plan, you must be a Member. A "Member" is a regular or part-time employee who is Actively at Work and is represented by one of the following bargaining units:

- Registered Nurses
- Professional and Para-Professional
- Supporting Services
- Inspection & Technical, Trades, Crafts & Labor
- Public Safety
- Any group of employees specifically granted the Short-Term Disability Plan benefit by the County of Riverside's Board of Supervisors

Per-diem or TAP Employees are Not eligible for benefits under this Plan.

III. WHEN DOES COVERAGE START?

Once you report to work qualifies you as an eligible Member to receive benefits under this Plan.

IV. WHEN DOES COVERAGE END?

Your coverage shall cease upon the earliest of the following dates:

- A. The date you return to Active Work, excluding the Transitional Work Program.
- B. The date you cease to be a Member or terminate employment. If the employee has an open approved claim prior to termination, benefits will continue for remaining approved period after the separation of employment.
- C. The date you become a full-time Member of the armed forces of any country.
- D. The date the Plan terminates.
- E. The date your cease to be Actively at Work for your Employer on your Regular or Customary Work days because of (a) a temporary layoff or (b) a general work stoppage (including a strike or lockout) resulting from a labor dispute.
- F. The date you cease to be Actively at Work for your Employer on your Regular or Customary Work days for any other reason. However, your coverage may be continued (unless it ends under items A thru D above) during the following periods while you are absent from Active Work:
 1. While you are receiving full salary (including sick pay) from your Employer;
 2. During the period of time between the first day you are absent from work due to the Disability and the date you are actually eligible to receive Disability benefits (the benefit Waiting Period); and
 3. During a medical leave of absence approved by your Employer and scheduled to last for 84 days or less.
- G. The date of the Member's death.
- H. If you refuse to return to work when modification to job assignment are approved by the Medical Management Staff and Employer allowing you to return to employment under the Transitional Work Program.

V. WHAT IS THE COST OF THE PLAN AND WHO PAYS FOR IT?

The Plan premiums are paid by the Employer. The premium amount is reported as part of the employee's taxable income. Premiums are waived while an employee is on an approved absence without pay.

VI. WHAT ARE THE BENEFITS?

A. Date Benefits Begin

Benefits will commence on the earlier of the following:

- The 8th day of your Disability; or
- The 1st day of Hospital Confinement of a Disability lasting 8 or more days; or
- The 1st day of treatment in Surgical Clinic or a Surgical Unit, requiring a stay of less than twenty-four (24) hours of a Disability lasting 8 or more days.

However, if you are continuously Disabled for more than twenty-one (21) days during any one Disability Benefit Period, any Waiting Period previously charged shall be waived.

B. Amount of Benefits

Short-Term Disability benefits are calculated and paid by using a Daily Rate.

How your Daily Rate is calculated:

- To find your weekly rate of earnings, your hourly pay rate is multiplied by the number of hours you are regularly scheduled to work per week, not to exceed 40 hours per week. If you do not have regular hours, your weekly rate of earnings on any date will be based on the average number of hours you worked during the preceding six (6) Pay Periods (or during your period of employment if less than 6 Pay Periods), not to exceed 40 hours per week.
- This weekly rate is multiplied by the appropriate percent based on which class the Member is represented by. This establishes the weekly benefit amount.
- The weekly benefit amount is divided by seven to establish the Daily Rate.
- The Daily Rate is paid for each day you are Disabled and approved to receive a benefit from this Plan, excluding any days applied to the Waiting Period.

An Example: A Member's hourly rate is \$10.37 per hour on the day prior to the Disability begin date. The Member is scheduled to work 40 hours per week and has worked this schedule in the six (6) Pay Periods immediately preceding the Pay Period in which the leave begins. The Member was hospitalized on the Disability begin date and has no Waiting Period. The Member has been continuously Disabled for 24 days. The Member's benefits will be calculated as follows:

Average Hours per Week Calculation:

80 hours per Pay Period X 6 Pay Periods = 480 hours for 6 Pay Periods (12 weeks)
480 hours ÷ 12 weeks = 40 hours (average hours per week)

Average Pay per Week Calculation:

\$10.37 hourly rate X 40 hours = \$414.80 (average weekly pay)

Determine Daily Rate:

Class 1 and 3: \$414.80 (average weekly pay) X 55% = \$228.14 (weekly benefit amount)
\$228.14 ÷ 7 days = \$32.59 (Daily Rate)

Class 2: \$414.80 (average weekly pay) X 60% = \$248.88 (weekly benefit amount)
\$248.88 ÷ 7 days = \$35.55 (Daily Rate)

Payment of Daily Rate:

If the Disability was approved for 10 days, Member would receive a benefit of:

Class 1 and 3: \$32.59 X 10 days = \$325.90

Class 2: \$35.55 X 10 days = \$355.50

C. Benefits for Less Than One Week

During the Disability Benefit Period, a Member will receive the Daily Rate for each day benefits are payable within the Pay Period.

D. Benefit Payment Method

Benefit payments are placed on your County pay warrant, using the County's payroll process. Benefits payments are coordinated within the County's established pay warrant process deadlines. For benefits payments that apply to prior Pay Periods, payments will be made on the net possible pay warrant following

benefit determination. Members are encouraged to submit claim information as quickly as possible to prevent gaps in benefit coverage.

E. Duration of Benefit

Your benefit payments shall continue until one of the following occurs:

1. You have exhausted the full fifty-two (52) weeks of benefits.
2. You have exhausted the approved Disability Benefit Period.
3. Determination by the Claims Administrator that a Disability no longer exists (i.e., recovery, no longer Disabled).
4. You refuse to undergo a medical examination or to furnish information within thirty (30) days following written notice by the Claims Administrator.
5. The date you are either no longer under the regular and continuous care and treatment of a licensed Physician, or refuse to follow the treatment plan recommended by your attending Physician.

F. Maximum Benefit

Class 1 and 3: The plan shall pay 55% of the member's salary up to a weekly maximum benefit of \$249.70.

Class 2: The plan shall pay 60% of the member's salary up to a weekly maximum benefit of \$461.54.

G. Disqualification

A Member will be disqualified from receiving benefits for:

1. The amount of time a claim is late (without good cause) beyond the 485 days from the first day or Disability; or
2. Making a false statement; or
3. Failure to report a material fact; or
4. Failure to submit to an independent medical examination requested by the Claims Administrator. Such medical examinations may be requested by the Medical Management Staff, at the Plan's expense, as often as may be deemed necessary, but not to exceed more often than one (1) examination in any thirty (30) day period; or
5. Attempting to commit or committing fraud against the Plan.

Any Plan benefit payments made prior to the discovery of a disqualification event listed above will be subject to the Right of Recovery section within this Plan Document.

VII. WHAT ARE THE EXCLUSIONS AND LIMITATIONS?

Benefits will not be paid under this Plan for any Disability directly or indirectly due to or resulting from any one or more of the following:

- A. Claims not supported by a Medical Certification which states the medical facts within the authorized person's knowledge, authorized person's conclusion with respect to your Disability, and authorized person's opinion with respect to the probable duration of the illness or injury. An authorized person includes:
1. A licensed Physician, surgeon, optometrist, dentist, osteopath, chiropractor, or podiatrist stating the medical facts within his or her knowledge, his or her conclusion with respect to your Disability
 2. Any duly authorized medical officer of a United States government Medical facility.
 3. A registrar of a county hospital when you are hospitalized or in a county hospital or hospitalized by said county hospital into another hospital.
 4. A state or local health officer who has issued a written order for you not to work because you are infected with, or suspected of being infected with, a communicable disease.

5. Competent medical authority that has referred you or recommended your participation as a full-time resident of an approved substance abuse recovery program/home when the period does not exceed thirty (30) days.
- B. If you have a Physician certification that you need continuing resident services in an approved substance abuse recovery home, and in the absence of any other disabling condition, benefits while receiving treatment, while a full-time resident in an approved recovery program, will be paid for an additional period not to exceed sixty (60) days.
- C. If you are confined, pursuant to commitment or court order, or certification, in an institution, or other place, as a dipsomaniac, drug addict, or sexual psychopath.
- D. For any period of Disability for which benefits are paid or payable under any Unemployment Compensation Act of the United States or of any state.
- E. For any day for which you receive any sick leave benefits or any wages from the Plan Sponsor, your union or employee association, or any other employer, which together with the Plan benefits received from this Plan, exceeds 100% of your Regular Wages.
- F. For any day of unemployment and Disability for which you receive, or are entitled to receive, benefits or cash payments under a workers' compensation or employer liability law of this state or any state. If such benefits or cash payments are less than the amount you would otherwise receive under this Plan, your Plan benefits will be reduced by these benefits or cash payments.
- G. For an illness or injury caused by participation in a violent disorder, assault, felony or an illegal occupation.
- H. For an intentionally self-inflicted injury.
- I. For an illness or injury due to war or any act of war, declared or undeclared or insurrection except during any period of up to thirty (30) days while traveling overseas on company business.
- J. Any illness or injury for which you are not under the continuous care and treatment of a duly qualified Physician.
- K. If you are unable to perform your Regular or Customary Work, are not wholly Disabled, and you were offered alternative employment by the Company that is of comparable status and compensation to your previous occupation and you declined the alternative employment offer.
- L. If you are incarcerated in any federal, state, or municipal penal institution, jail, medical facility, public or private hospital, or in any other place because of a criminal conviction of a federal, state, or municipal law or ordinance or commit a crime and are Disabled due to an illness or injury, caused by, or arising out of the commission of, arrest, investigation, or prosecution of any crime that results in a felony conviction.
- M. Unless or until the Claims Administrator has received objective Medical Certification in support of Disability, no benefits are payable. Such objective medical evidence includes, but is not limited to, data and records from your attending Physician, narrative reports, x-ray and other laboratory findings, and consulting Physician reports. This information is required at the initiation of your claim and periodically thereafter as reasonably requested by the Claims Administrator.
- N. When the Member has involuntarily terminated Plan Sponsor prior to becoming Disabled or at any time that the Member voluntarily terminates employment.

- O. When the Member engages in any gainful occupation on a partial, part-time or full-time basis that is inconsistent with his or her Disability and is not Transitional Work approved by the Employer.

VIII. WHEN SHOULD I FILE FOR BENEFITS?

You should initiate your claim for benefits as soon as you are hospitalized or if you believe your Disability will last eight (8) days or more. To avoid delay, you should file your claim as soon as possible, and within **120 days from the date of Disability** or as soon thereafter as reasonably possible and, in any case, no later than one year after the end of the 120 day period. Claims not filed within these time limits will be denied and no benefits will be paid. These time limits will not apply during any period when you lacked the legal capacity to file a claim.

IX. HOW DO I FILE A CLAIM FOR BENEFITS?

In order to file a claim for benefits available under this Plan, you must take these steps:

- A. If you are or will be hospitalized or absent from work for more than 5 work days, first call your Supervisor.
- B. Call the toll-free 800 number indicated on your Short-Term Disability I.D. Card.
- C. A Customer Service Representative at Voluntary Plan Administrators (VPA) will take all relevant information over the telephone. VPA will then send you written verification of the information you provided and require you to sign and return it to VPA verifying that the information is correct. You will also give VPA authorization to obtain records and information needed to determine your eligibility for benefits by completing and signing the Release of Information form.
- D. You will receive a copy of VPA Privacy Statement for your records.
- E. Have your Physician call VPA at the same time on the toll-free 800 number to verify your Disability. If your Physician is unable or unwilling to call VPA, you will be able to give them the Medical Certification form for them to complete.

The Plan Sponsor or its authorized Claims Administrator shall have the right to (A) require supplemental forms from the Physician or those authorized to certify disabilities as often as deemed necessary, and (B) examine you while you are claiming benefits under this Plan. This may be done when and as often as may be reasonably required during the period payments may be due under this Plan. The Claims Administrator has the right to defer or suspend payment of benefits if you fail to attend an examination or fail to cooperate with the person conducting the examination.

Supplemental forms and/or extensions of Disability must be filed within thirty (30) days of date requested or your claim may be denied.

X. HOW AND WHEN ARE PAYMENTS MADE?

The Plan Sponsor has streamlined payment of Short-Term Disability benefits providing Members with one integrated check. On your regular pay dates, you will receive a pay warrant including your STD benefit payment and any Regular Wages or leave balance pay. This process insures that your STD payment will not exceed 100% of your pay.

- A. Coordination of Benefits with Paid Time and Paid Leave Balances:

Your Short-Term Disability benefit will be coordinated with your leave balances and your paid work time (when performing Transitional Work) The total weekly payments from this Plan and any paid time you receive will not exceed 100% of your Regular Wages.

- B. **Coordination of Benefits with your Workers Compensation Benefits:**
Disabilities eligible for Worker's Compensation benefits will be deducted from Plan benefits. Members will receive the difference in the Short-Term Disability benefit amount and the Workers' Compensation benefit amount when the Workers' Compensation benefit is less than the Short-Term Disability benefits. No payment will be made from this Plan when the Workers' Compensation benefits are equal to or greater than the benefits payable under this Plan.

XI. IF YOUR CLAIM IS DENIED, WHAT CAN I DO ABOUT IT?

If you disagree with the determination made on your claim, you have the right to request a thorough review of the decision. The appeal procedure is as follows:

- A. Within sixty (60) days of the date the initial determination written notice is mailed to you, you must file a written request for a review.
- B. The review request should include any additional facts and documentation which will support your claim. For your assistance, you may:
1. Request a copy of the Plan Document and all of the records pertaining to your claim;
 2. Ask for further explanation of the pertinent Plan provisions and the reason for the initial determination;
- C. Your written request for a review must be mailed to the address below:
- Benefits Review Committee
Voluntary Plan Administrators, Inc.
P.O. Box 9830
Calabasas, CA 91372-0830

After receipt of your written review request, the Claims Administrator will present all of the relevant information to the Benefits Review Committee. The Benefits Review Committee will then review and reconsider your claim. After this review, and within sixty (60) days of your review request, the Benefits Review Committee will render a final written decision, which will be mailed to you.

XII. GENERAL PROVISIONS

Right of Recovery When the amount paid by the Plan exceeds the amount for which the Plan is liable, the Plan has the right to recover the excess amount. This amount shall be recovered directly from the Member to whom payment was made. In most cases, recovery will be made through payroll deductions. If the Member to whom the overpayment was made is deceased, the recovery may be taken from the Member's final pay warrant, if any, or it may be recovered from the Member's estate.

Plan Sponsor Authority and Responsibilities The Plan Sponsor shall have full authority to adopt rules and regulations for the administration of the Plan and to interpret, alter, amend or revoke any rules and regulations so adopted. The Plan Sponsor shall have full discretion to construe and interpret the terms and provisions of this Plan and interpretation or construction shall be final and binding to all parties including, but not limited to, the Claims

Administrator, and any Member or Member's beneficiary, except as otherwise provided by law. The Plan Sponsor shall administer such terms, and provisions in a uniform and nondiscriminatory manner and in full accordance with any and all laws applicable to the Plan.

Claims Administrator Rights and Responsibilities The Claims Administrator shall have the right (A) to require supplemental forms from the health care provider or those authorized to certify Disabilities as often as deemed necessary, and (B) examine you while you are claiming payments under this benefit. This may be done when and as often as may be reasonably required during the period payment may be due under this Plan. The Claims Administrator has the right to defer or suspend payment of benefits if you fail to attend an examination or fail to cooperate with the person conducting the examination.

Clerical Errors Clerical errors of the Plan do not deprive any eligible Member of coverage under this Plan. In addition, these errors do not create or continue coverage that would otherwise be effective.

Transitional Work Program Each County of Riverside Memorandum of Understanding (MOU) will specify which bargaining groups are eligible to participate in the Transitional Work Program. The Transitional Work Program will coordinate a temporary change to the Member's position once the attending physician establishes the work restrictions and the County Department approves the temporary modification. These temporary changes could include job tasks, schedule, equipment or other conditions of employment, allowing the Member to return to work earlier. This program permits a coordination of STD benefit payments along with hours worked under the Transitional Work Program.

COUNTY OF RIVERSIDE:

By: _____
Chairman, Board of Supervisors

Date: _____