



Clearway Energy Short Term Disability Benefits Disability / Extended Sick Leave General Plan Summary

Who is eligible?	Regular full-time or part-time employees regularly scheduled to work a minimum 20 hours weekly
What is the eligibility waiting period?	Date of hire
What is the effective date of coverage?	Date of hire
When does a change in class/salary apply to benefit amount?	Effective immediately
What is the maximum benefit duration?	26 weeks
What is the calculation basis?	7-day week
What is the definition of disability?	Employee is unable to perform all of the essential functions of his or her position due to illness or injury for more than 3 consecutive calendar days.
What is my benefit amount?	<ul style="list-style-type: none"> • Week 1: First 5 work days of absence will be charged against available PTO. This is known as the waiting period or elimination period. • Weeks 2-9: STD will be paid at 100%. • Weeks 10-26, STD will be paid at 75% of base earnings. • All STD benefits paid via payroll continuation.
What is the maximum benefit amount?	\$10,500 per week
What is the minimum benefit amount?	\$25 per week
What is the elimination period?	Accident: 7 days (5 work days) Sickness: 7 days (5 work days)
How is the first day of disability determined?	First day of disability determined by Physician's statement
Are benefits to be paid to return to work date if employee returns within 7 days of prognosis date?	No
Is there retroactive payment for the elimination payment?	Yes
What are predisability earnings?	Gross salary or wages you were earning from the employer as of your day of active work before you disability began, not including: awards and bonuses; commissions; overtime pay; the employer's contributions on your behalf to any deferred compensation arrangement or pension plan; or any other compensation from the employer.
What is definition of basic weekly earnings?	Salary in effect as of the date of disability
What is the coverage type?	Non-occupational
Is there mandatory rehabilitation?	No

When should notice of disability be submitted?	As soon as the Employee is able
When do I need to provide proof of disability?	Proof of disability must be provided within 45 days of the end of the elimination period
Is there any pre-existing exclusion?	No
What is the temporary recovery/recurrent claim provision?	60 days
What is not covered?	<p>Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • War, declared or undeclared, or any act of war; • Active participation in a riot; • Intentionally self-inflicted injuries; • Loss of professional license, occupational license or certification; • Commission of a crime for which you have been convicted; • Any period of disability during which are incarcerated; • Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law). • Attempted suicide • While committing a felony • Any disability caused by cosmetic surgery
Do state plans apply?	State plans apply and coordinate with STD benefits where applicable
When does my coverage end?	<p>Your coverage under the policy ends on the earliest of:</p> <ul style="list-style-type: none"> • End of the maximum benefit period • Date benefits end as specified under Limited Disability Benefits • Date no longer disabled • Last day of work • Date employee is deceased • Date employee ceases or refuses to participate in a Rehabilitation program that we require • Date employee fails to have a medical exam requested by us • Date employee fails to provide required proof of continuing disability <p>Please see your plan administrator for further information on these provisions.</p>

You are considered in active employment, if on the day you apply for coverage, you are working for your employer for earnings that are paid regularly and that you are performing the substantial and material acts of your usual occupation.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al, or contact your Unum representative.

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