**THIS IS A SUMMARY OF THE WESTERN GOVERNORS UNIVERSITY SHORT TERM DISABILITY PLAN. THE PROVISIONS OF THIS SUMMARY APPLY TO DISABILITIES BEGINNING ON OR AFTER JULY 1, 2020.**

## INTRODUCTION

The purpose of the Western Governors University Short Term Disability Plan is to assist you in meeting your reasonable income needs in the event you suffer a short-term disability and are unable to work.

What follows is a Summary Plan Description that is required by the Employee Retirement Income Security Act (ERISA). (Read your ERISA rights at the end of this Summary.) Because this summary has been written to conform to Department of Labor (DOL) regulations, it does not contain a complete explanation of each and every provision and term contained in the more comprehensive Plan Document. If your particular circumstances are not described within this summary or if you do not understand something described in this summary, a copy of the entire Plan Document is available for your review at the Human Resources Department.

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Western Governors University (the Company) in its capacity as Plan Administrator, has hired Matrix Absence Management, Inc., a third party claims administrator, to determine whether or not you are entitled to Plan benefits.

The Company intends to continue the Plan indefinitely but reserves the right to change or terminate the Plan at any time. If the Plan is terminated, benefits will continue to be payable for any covered disability which began before the termination date.

## PARTICIPATION

**Who may participate?** All regular employees of Western Governors University whose position is classified to typically work at least 30 hours per week, regardless of full or part-time status.

**How do I enroll?** You don't need to. When you satisfy the eligibility requirements (full or part-time, regularly scheduled to work at least 30 hours per week) you will be enrolled automatically on the first day of the month following or coinciding with your date of hire. You must be at work on the day your participation in the Plan begins. If you are not at work on that day, your participation will be delayed until you are back at work.

**When does my participation in the Plan end?** When any of the following occurs:

- you cease to be an eligible employee. For example, if your scheduled work week is reduced to fewer than 30 hours per week or you are no longer employed by Western Governors University;
- you take an unpaid leave of absence for any reason other than an FMLA leave, a similar state medical leave law or other paid or unpaid short-term absence approved by the Company;
- the Plan terminates.

**What is it going to cost me?** Nothing. Your Plan benefits are provided by Western Governors University.

## DISABILITY

**What is a disability?** For the purposes of the Plan, any of the following:

- you suffer a non-occupational injury or illness (physical, mental) which prevents you from performing the primary duties of your job (or any reasonably related job);
- your pregnancy prevents you from working in your regular job;
- you contract or are exposed to a communicable disease (e.g., TB, chickenpox), and your doctor (or a bonafide health official) states, in writing, that you must stay away from work; or
- you are under treatment for alcohol or drug abuse. You must participate in an accredited residential or outpatient program to qualify for benefits.

You will not be considered disabled if you are doing work of any kind for pay or profit without first obtaining approval from the Plan Administrator. You will not be considered disabled if you turn down alternative employment offered by the Company that is within your capabilities and is comparable in status and pay to your regular job.

**Who says when I am disabled?** The Claims Administrator, based on objective medical evidence and any other information that may be relevant.

## BENEFITS

**When will my benefits begin?** On your eighth day of disability due to Illness, provided you see a doctor at some point during that period or on your first day of disability due to Injury. If you must satisfy a 7-day elimination period prior to receiving STD benefits, any PTO hours that you have available will be used during your 7-day elimination period unless otherwise prohibited by federal or state law. A disability is deemed to be continuous if you return or are able to return to work for fewer than fourteen days and become disabled again due to the same or related cause or condition.

**How much will I receive?** You will be eligible to receive benefits at 60% of your weekly earnings up to a maximum weekly benefit of $1,500. The minimum weekly benefit is 10% of your weekly earnings. Partial weeks are paid at a daily rate that is $1/7^{th}$ of your weekly benefit.

**Will I still be eligible for benefits if I return to work on a part-time basis?** If you return to work for the Company on a part-time or modified schedule basis while eligible for disability benefits, you will receive your regular income for any hours that you work and your STD benefits for hours not worked. In no event will your combined income and benefits exceed your weekly earnings prior to becoming disabled.

**How are benefits determined?** Benefits are based on your base earnings prior to the date of disability.

**What is deducted from my benefit?** Any of the following for which you are eligible: (i) primary and dependent disability or retirement benefits under the Federal Social Security Act, or any similar plan or act; (ii) benefits under any plan, fund, or arrangement, by whatever name known, providing disability benefits pursuant to a compulsory act or law of any government; (iii) benefits under a state disability plan or a Company plan providing disability benefits established in place of a state plan; (iv) disability or retirement benefits under any other Company-sponsored or Company-funded plan; and (v) benefits under any work loss provision in mandatory no-fault motor vehicle law. If you don't apply for any of the benefits for which you may be entitled to, your Plan benefit will be reduced by the amount you would have received had you applied. In the event that such benefits are denied, you must provide a copy of the denial to the Claims Administrator in order to reverse the automatic reduction.

**What if someone else injures me?** If your disability is the result of injury caused by someone else, you will receive Plan benefits only if you agree to reimburse the Plan from the proceeds of any award you receive in relation to that injury (excluding any portion which is for legal fees or medical expenses you have already incurred). Any portion of the award remaining after you have reimbursed the Plan for prior benefits will reduce future Plan benefits.

**Can benefits be suspended?** Yes. The Claims Administrator may request that a doctor examine you at the Company's expense. Your benefits will be suspended as of the date of the examination (however, if the examination establishes that you are still disabled, your benefits will resume retroactive to the examination date). If you fail to furnish information about your disability within 20 days following a written request by the Claims Administrator, your benefits will be suspended. Finally, if you leave your doctor's care, or you reject the treatment plan recommended by your doctor or provide misleading or false information to the Plan or Claims Administrator, your benefits will be suspended. Benefits will resume once you comply with these requirements. In no event will you be paid benefits for the period when you were out of compliance with the Plan.

**When do benefits end?** On the date immediately following 13 weeks of disability. The 13 weeks will include your 7-day elimination period, if any. However, if your disability ends before then (or if you die), your benefits will end as of that day.

## EXCLUSIONS

**Are there conditions under which I will not be eligible for benefits?** You will not receive benefits if:

- your illness or injury was intentionally self-inflicted;
- you became disabled because of your commission or your attempted commission of a felony or other illegal occupation;
- you are injured in a war (as a civilian or soldier), riot, insurrection, or rebellion;
- your disability is work-related or results from your employment with an employer other than the Company;
- your disability results from the loss of your professional or occupational license or certification;
- your disability results from elective cosmetic surgery; however, this exclusion does not apply to reconstructive surgery as recommended by your physician due to your injury or illness or that would otherwise be covered by the Company's medical plan;

- you are no longer under the care of a doctor, unless the Claims Administrator determines that your disability does not warrant such attention;
- you are incarcerated (in jail or any other facility) as a result of a criminal conviction; or
- you were not a Plan participant when your disability began.

## CLAIMS

**How do I file a claim?** You must notify Matrix Absence Management, Inc., the Claims Administrator, of your claim as soon as is reasonably possible. Contact the Matrix Intake Center at 1-888-256-3921 or online at www.matrixabsence.com. Matrix will send you an information packet which may include forms that you or your doctor need to complete. Fill out any required forms and return them to Matrix. You must return the required medical certification within 20 days after your first compensable day of disability; otherwise, you may lose some or all of the benefits. In order to qualify for benefits, you may also be required to submit information from your doctor regarding your condition and the expected day you will return to work and any records on file in a hospital or from another company that may be relevant to your claim. In no event will an application for benefits be accepted if filed more than 6 months after your first compensable day of disability.

**When do I receive my benefit check?** After you have submitted all the needed information, your claim will be evaluated. If it is approved, the amount of your benefit will be calculated. Subsequent payments will be made according to the Company's regular payroll schedule.

**What do I do if my claim is denied?** If the Claims Administrator denies your initial claim for benefits, you will receive a notice from the Claims Administrator which will include a copy of the Plan's claim review and appeal procedure, your right to receive a copy of the Plan Document as well as a detailed explanation of the section(s) of the Plan on which the denial was based and any other information required by ERISA or its regulations then in effect. You will have 180 days from the date of the denial to file a written request for a review. You may submit any documentation you feel will support your claim. You are entitled to a copy of the Plan Document and a detailed explanation of the section(s) of the Plan on which the denial of your claim was based. Send your written request to: Matrix Absence Management Quality Assurance Review, c/o RSLI, PO Box 13498, Philadelphia, PA 19101.

The Claims Administrator will render a written decision within 45 days of receipt of your request. If a decision cannot be reached within 45 days, you will be notified. In no event will the decision process take more than 90 days unless specific conditions require additional time for review and determination.

**What do I do if my first appeal is denied?** If your initial appeal is denied, you will have the right to request a second review of your claim. You will have 180 days from the date of the denial of your first appeal to file a written request for a second review of your claim. You may submit any additional documentation that you feel will support your claim. Submit your written request for a second review to: Matrix Absence Management Quality Assurance Review, c/o RSLI, PO Box 13498, Philadelphia, PA 19101.

The Claims Administrator will render a written decision within 45 days of receipt of your request. If a decision cannot be reached within 45 days, you will be notified. In no event will the decision process take more than 90 days unless specific conditions require additional time for review and determination.

## ERISA INFORMATION

**Do I have rights as an employee?** Your ERISA rights As a Plan participant, you are entitled to the following:

- You may examine the Plan Document. You may also examine copies of documents filed by the Plan with the Department of Labor, such as detailed annual reports. If you wish to examine any of these documents, contact the Human Resources Department. There is no charge for this examination.
- You may receive a copy of any of the Plan documents, for a reasonable charge, by making written request to the Plan Administrator. If you don't receive copies as requested within 30 days (except for reasons beyond the Administrator's control), you have the right to file suit in a federal court. The court may require that you be paid up to $110 for each day of delay.
- If you so request, you will receive, without charge, a summary of the Plan's annual financial report.
- You are entitled to have the persons responsible for the operation of the Plan (these people are called "fiduciaries") act prudently and in the best interest of the Plan participants. If a fiduciary violates any requirements of ERISA, he or she may be removed and required to make good any loss caused the Plan. If a fiduciary misuses the Plan's money, you may file suit in a federal court or seek help from the Department of Labor.

- If your claim for benefits is denied, in whole or in part, you must receive a written explanation of the reason. You have the right to have your claim reviewed and reconsidered. If your claim is improperly denied or ignored, you have the right to file suit in a federal or state court.
- You can't be fired or discriminated against to prevent you from obtaining benefits or exercising your rights under ERISA.
- If you receive this document through electronic means, you have the right to request, free of charge, a paper copy of this document.

If you have any questions about the Plan, contact the Plan Administrator. If you have any questions about this statement or your rights under ERISA, contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

## PLAN INFORMATION

### Type of Plan

Welfare benefit plan providing temporary disability benefits.

### Funding

All Plan benefits and costs are paid out of the Company's general assets.

### Plan Administrator and Agent for Service of Legal Process

Western Governors University
4001 South 700 East. Suite 700
Salt Lake City, UT 84107

### Plan Fiscal Year End

December 31st

### Employer ID Number

84-1383926

### Claims Administrator

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
Phoenix, AZ 85029
(800) 866-2301