

Voluntary Group Short Term Disability

University of North Alabama

An economical way of planning for potential loss of income. Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. Voluntary Group Short-Term Disability (STD) is the answer! It is a convenient, economical way of securing an income while out of work from an unexpected accidental injury or illness.

Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Voluntary Group STD benefit options...

- \$100 per week to a maximum of \$1500 per week in \$50 increments.
- The combination of benefits payable under the policy and other income benefits may not exceed 100% of your basic weekly income.

You are eligible if...

- You are currently employed, work full-time (at least 20 hours per week unless otherwise mandated by your employer) and have satisfied your group's waiting period.

Basic Weekly Income is defined as the weekly compensation you earn from your normal occupation from your employer. It does not include earnings from overtime, bonuses, or any other form of extra pay. However, if your compensation is based in whole or in part on commissions, basic weekly income will include the weekly average paid in commissions during the 12-month period prior to the date disability began.

We will reduce the amount of your Voluntary Group STD payment by Other Income Benefits payments you receive. Other Income Benefits include the amount of any disability income payments you receive under any state compulsory disability benefit law or the amount of any benefits you receive under any employer-sponsored income replacement plan, including any formal or informal sick leave or salary continuation program.

Your personal monthly premiums...

are based upon your age and the industry in which you are employed. Your monthly premiums will depend on the amount of insurance selected. Premiums will increase in accordance with the applicable rate table as your age increases ? refer to your group's rate grid.

Voluntary Group STD coverage is payroll deducted and sponsored by your employer. You have the benefit of being a part of a working group.

Should you go out on a disability...

you will need to meet the policy requirements according to the plan your employer elected, and you must submit a claim form prior to being approved for a disability benefit. Your benefit checks will be sent directly to your home on a bi-weekly basis.

Benefits are payable for disabilities that result from non-occupational accidents or injuries.

Voluntary Group STD has a ?Pre-Existing Conditions? exclusion...

A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered (3/6/12 in FL and 3/12 in PA).

Partial Disability provides you...

an opportunity through a combination of earnings and benefits to receive up to 100% of your pre-disability income. You are eligible for this benefit if your partial disability follows a period of total disability, which has continued for at least 30 days and you are earning less than 80% of your pre-disability income at the time the partial disability employment begins.

Total Disability or Totally Disabled means that you are, as a result of injury or sickness unable to perform the material and substantial duties of your occupation.

Limitations

Voluntary Group Short-Term Disability benefits are not payable for disabilities:

- Due to injury or sickness arising out of, or in the course of any employment for wage or profit;
- For which the insured is entitled to benefits under any Workers' Compensation or similar law;
- For any period during which the insured is not being regularly treated by a physician;
- Due to any intentionally self-inflicted injury, suicide or attempted suicide, while sane or insane, or the voluntary taking of any drug unless taken as prescribed by a physician;
- Due to a bodily injury as a result of the commission of or an attempt to commit an assault or felony.
- Denial of Workers' Compensation will not result in the payment of benefits under the Policy if the disability resulted from an occupational sickness or injury. Benefits are also not payable under the Policy if the

insured is entitled to participate in Workers' Compensation and chooses not to do so.

This is not a policy of Workers' Compensation insurance. The employer does not become a subscriber to the Workers' Compensation system by purchasing this policy, and if the employer is a non-subscriber, the employer loses those benefits which would otherwise accrue under the Workers' Compensation laws. The employer must comply with the Workers' Compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

Employee Assistance Program

GuidanceResources® Online (www.GuidanceResources.com) offers online resources, articles and information on a variety of topics including personal health, family matters, financial and legal concerns to you free of charge. This service is available online 24 hours a day, seven days a week. Just log onto www.GuidanceResources.com and enter the Company ID provided by your employer.

GuidanceResources® Online is made available through ComPsych®, a worldwide leader in employee-assistance programs (EAPs), managed behavioral health, work-life services, crisis intervention and Human Resources support services.

How to Enroll

Simply complete the provided enrollment form and indicate the amount of disability coverage you would like. Once completed, return the enrollment form promptly to your employer for processing.

This information is only a product highlight. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Product availability and product features may vary by state. Refer to your certificate for complete details and limitations of coverage. (FDL Policy number FDL2-2208-501)

**VOLUNTARY GROUP SHORT TERM DISABILITY
PREMIUM RATE GRID
INCREMENTAL PURCHASE
University of North Alabama**



Eligibility

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

Benefit Schedule

You may choose a weekly benefit amount from \$100 to \$1,500 in \$50 increments, not to exceed 60% of weekly earnings*.

Maximum Benefit Duration

13 weeks or until LTD begins, whichever is earlier

Elimination Period

14 days accident - 14 days sickness

Monthly Premium Cost

		Based on 12 payroll deductions per year											
If your annual salary is at least	You may select a weekly benefit of	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$ 8,665	\$ 100	5.30	5.30	5.60	5.00	4.50	4.20	4.30	5.20	6.70	8.20	8.40	9.50
\$ 13,000	\$ 150	7.95	7.95	8.40	7.50	6.75	6.30	6.45	7.80	10.05	12.30	12.60	14.25
\$ 17,330	\$ 200	10.60	10.60	11.20	10.00	9.00	8.40	8.60	10.40	13.40	16.40	16.80	19.00
\$ 21,665	\$ 250	13.25	13.25	14.00	12.50	11.25	10.50	10.75	13.00	16.75	20.50	21.00	23.75
\$ 26,000	\$ 300	15.90	15.90	16.80	15.00	13.50	12.60	12.90	15.60	20.10	24.80	25.20	28.50
\$ 30,330	\$ 350	18.55	18.55	19.60	17.50	15.75	14.70	15.05	18.20	23.45	28.70	29.40	33.25
\$ 34,665	\$ 400	21.20	21.20	22.40	20.00	18.00	16.80	17.20	20.80	26.80	32.80	33.60	38.00
\$ 39,000	\$ 450	23.85	23.85	25.20	22.50	20.25	18.90	19.35	23.40	30.15	36.90	37.80	42.75
\$ 43,330	\$ 500	26.50	26.50	28.00	25.00	22.50	21.00	21.50	26.00	33.50	41.00	42.00	47.50
\$ 47,665	\$ 550	29.15	29.15	30.80	27.50	24.75	23.10	23.65	28.60	36.85	45.10	46.20	52.25
\$ 52,000	\$ 600	31.80	31.80	33.60	30.00	27.00	25.20	25.80	31.20	40.20	49.20	50.40	57.00
\$ 56,330	\$ 650	34.45	34.45	36.40	32.50	29.25	27.30	27.95	33.80	43.55	53.30	54.60	61.75
\$ 60,665	\$ 700	37.10	37.10	39.20	35.00	31.50	29.40	30.10	36.40	46.90	57.40	58.80	66.50
\$ 65,000	\$ 750	39.75	39.75	42.00	37.50	33.75	31.50	32.25	39.00	50.25	61.50	63.00	71.25
\$ 69,330	\$ 800	42.40	42.40	44.80	40.00	36.00	33.60	34.40	41.60	53.60	65.60	67.20	76.00
\$ 73,665	\$ 850	45.05	45.05	47.60	42.50	38.25	35.70	36.55	44.20	56.95	69.70	71.40	80.75
\$ 78,000	\$ 900	47.70	47.70	50.40	45.00	40.50	37.80	38.70	46.80	60.30	73.80	75.60	85.50
\$ 82,330	\$ 950	50.35	50.35	53.20	47.50	42.75	39.90	40.85	49.40	63.65	77.90	79.80	90.25
\$ 86,665	\$ 1,000	53.00	53.00	56.00	50.00	45.00	42.00	43.00	52.00	67.00	82.00	84.00	95.00
\$ 91,000	\$ 1,050	55.65	55.65	58.80	52.50	47.25	44.10	45.15	54.60	70.35	86.10	88.20	99.75
\$ 95,330	\$ 1,100	58.30	58.30	61.60	55.00	49.50	46.20	47.30	57.20	73.70	90.20	92.40	104.50
\$ 99,665	\$ 1,150	60.95	60.95	64.40	57.50	51.75	48.30	49.45	59.80	77.05	94.30	96.60	109.25
\$ 104,000	\$ 1,200	63.60	63.60	67.20	60.00	54.00	50.40	51.60	62.40	80.40	98.40	100.80	114.00
\$ 108,330	\$ 1,250	66.25	66.25	70.00	62.50	56.25	52.50	53.75	65.00	83.75	102.50	105.00	118.75
\$ 112,660	\$ 1,300	68.90	68.90	72.80	65.00	58.50	54.60	55.90	67.60	87.10	106.60	109.20	123.50
\$ 116,990	\$ 1,350	71.55	71.55	75.60	67.50	60.75	56.70	58.05	70.20	90.45	110.70	113.40	128.25
\$ 121,320	\$ 1,400	74.20	74.20	78.40	70.00	63.00	58.80	60.20	72.80	93.80	114.80	117.60	133.00
\$ 125,650	\$ 1,450	76.85	76.85	81.20	72.50	65.25	60.90	62.35	75.40	97.15	118.90	121.80	137.75
\$ 129,980	\$ 1,500	79.50	79.50	84.00	75.00	67.50	63.00	64.50	78.00	100.50	123.00	126.00	142.50

*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, or any extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

The information provided is only a summary of the benefits available. Refer to a certificate for details and limitations of coverage

**PREMIUM RATE GRID
INCREMENTAL PURCHASE
University of North Alabama**



Eligibility

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

Benefit Schedule

You may choose a weekly benefit amount from \$100 to \$1,500 in \$50 increments, not to exceed 60% of weekly earnings*.

Maximum Benefit Duration

13 weeks or until LTD begins, whichever is earlier

Elimination Period

14 days accident - 14 days sickness

Semi-Monthly Premium Cost

Based on 24 payroll deductions per year

If your annual salary is at least	You may select a weekly benefit of	Semi-Monthly Premium Cost											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 8,665	\$ 100	2.65	2.65	2.80	2.50	2.25	2.10	2.15	2.60	3.35	4.10	4.20	4.75
\$ 13,000	\$ 150	3.98	3.98	4.20	3.75	3.38	3.15	3.23	3.90	5.03	6.15	6.30	7.13
\$ 17,330	\$ 200	5.30	5.30	5.60	5.00	4.50	4.20	4.30	5.20	6.70	8.20	8.40	9.50
\$ 21,665	\$ 250	6.63	6.63	7.00	6.25	5.63	5.25	5.38	6.50	8.38	10.25	10.50	11.88
\$ 26,000	\$ 300	7.95	7.95	8.40	7.50	6.75	6.30	6.45	7.80	10.05	12.30	12.60	14.25
\$ 30,330	\$ 350	9.28	9.28	9.80	8.75	7.88	7.35	7.53	9.10	11.73	14.35	14.70	16.63
\$ 34,665	\$ 400	10.60	10.60	11.20	10.00	9.00	8.40	8.60	10.40	13.40	16.40	16.80	19.00
\$ 39,000	\$ 450	11.93	11.93	12.60	11.25	10.13	9.45	9.68	11.70	15.08	18.45	18.90	21.38
\$ 43,330	\$ 500	13.25	13.25	14.00	12.50	11.25	10.50	10.75	13.00	16.75	20.50	21.00	23.75
\$ 47,665	\$ 550	14.58	14.58	15.40	13.75	12.38	11.55	11.83	14.30	18.43	22.55	23.10	26.13
\$ 52,000	\$ 600	15.90	15.90	16.80	15.00	13.50	12.60	12.90	15.60	20.10	24.60	25.20	28.50
\$ 56,330	\$ 650	17.23	17.23	18.20	16.25	14.63	13.65	13.98	16.90	21.78	26.65	27.30	30.88
\$ 60,665	\$ 700	18.55	18.55	19.60	17.50	15.75	14.70	15.05	18.20	23.45	28.70	29.40	33.25
\$ 65,000	\$ 750	19.88	19.88	21.00	18.75	16.88	15.75	16.13	19.50	25.13	30.75	31.50	35.63
\$ 69,330	\$ 800	21.20	21.20	22.40	20.00	18.00	16.80	17.20	20.80	26.80	32.80	33.60	38.00
\$ 73,665	\$ 850	22.53	22.53	23.80	21.25	19.13	17.85	18.28	22.10	28.48	34.85	35.70	40.38
\$ 78,000	\$ 900	23.85	23.85	25.20	22.50	20.25	18.90	19.35	23.40	30.15	36.90	37.80	42.75
\$ 82,330	\$ 950	25.18	25.18	26.60	23.75	21.38	19.95	20.43	24.70	31.83	38.95	39.90	45.13
\$ 86,665	\$ 1,000	26.50	26.50	28.00	25.00	22.50	21.00	21.50	26.00	33.50	41.00	42.00	47.50
\$ 91,000	\$ 1,050	27.83	27.83	29.40	26.25	23.63	22.05	22.58	27.30	35.18	43.05	44.10	49.88
\$ 95,330	\$ 1,100	29.15	29.15	30.80	27.50	24.75	23.10	23.65	28.60	36.85	45.10	46.20	52.25
\$ 99,665	\$ 1,150	30.48	30.48	32.20	28.75	25.88	24.15	24.73	29.90	38.53	47.15	48.30	54.63
\$ 104,000	\$ 1,200	31.80	31.80	33.60	30.00	27.00	25.20	25.80	31.20	40.20	49.20	50.40	57.00
\$ 108,330	\$ 1,250	33.13	33.13	35.00	31.25	28.13	26.25	26.88	32.50	41.88	51.25	52.50	59.38
\$ 112,660	\$ 1,300	34.45	34.45	36.40	32.50	29.25	27.30	27.95	33.80	43.55	53.30	54.60	61.75
\$ 116,990	\$ 1,350	35.78	35.78	37.80	33.75	30.38	28.35	29.03	35.10	45.23	55.35	56.70	64.13
\$ 121,320	\$ 1,400	37.10	37.10	39.20	35.00	31.50	29.40	30.10	36.40	46.90	57.40	58.80	66.50
\$ 125,650	\$ 1,450	38.43	38.43	40.60	36.25	32.63	30.45	31.18	37.70	48.58	59.45	60.90	68.88
\$ 129,980	\$ 1,500	39.75	39.75	42.00	37.50	33.75	31.50	32.25	39.00	50.25	61.50	63.00	71.25

*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, or any extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

The information provided is only a summary of the benefits available. Refer to a certificate for details and limitations of coverage