



The Standard®

## Buy-up Long Term Disability Insurance

FOR EMPLOYEES OF EMPLOYERS PARTICIPATING IN THE  
WASHINGTON COUNTIES INSURANCE FUND

Answers to your questions about coverage from Standard Insurance Company



## About This Booklet

This booklet is designed to answer some common questions about the Buy-up Long Term Disability (LTD) insurance policy offered by your *employer* to eligible employees. It is not intended to provide a detailed description of the coverage.

If you become insured, you will receive a web link to a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, restrictions and terminating events. The controlling provisions will be found in the *group policy*. Neither this booklet nor the certificate modifies the *group policy* or the insurance coverage in any way.

Your *employer* has provided you with this booklet to help you understand how the Buy-up LTD plan applies to eligible employees.

Please note that defined terms from the *group policy* are italicized.



## Buy-up Long Term Disability Insurance Features

Chances are you already purchase home, auto and life insurance to protect yourself against the threat of loss. And you probably have health insurance to guard against costly medical bills. So, what steps have you taken to help shield yourself, your lifestyle and those who count on you from an unexpected loss of income? Would you be able to meet your financial obligations if you became disabled and unable to work?

Long Term Disability (LTD) insurance from Standard Insurance Company is designed to pay a benefit in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your monthly income, thus helping you to meet your financial commitments in a time of need.

Your *employer* provides eligible employees with LTD coverage under a Base LTD Plan to help protect a certain level of income. Since every employee's needs are different, your *employer* also provides eligible employees with the opportunity to apply for coverage under a Buy-up LTD Plan from The Standard.

The advantages of the Buy-up LTD coverage include:

- **Choice** — You decide which LTD plan meets your specific needs.
- **Flexibility** — If your needs change, you may request to enroll in the other available plan. Increases in coverage require proof of good health, referred to as *evidence of insurability*.
- **Convenience** — Premiums for the Buy-up LTD Plan are deducted directly from your paycheck, so you don't have to worry about mailing monthly payments.
- **Peace of Mind** — You can take comfort in knowing that you have taken a step to help protect your income and lifestyle in the event of a disability.

### Commonly Asked Questions

The following information can help you better understand the Buy-up LTD insurance available from The Standard.

#### Am I eligible for this coverage?

To be a *member* and eligible for the Buy-up LTD insurance coverage, you must be:

- An active elected official or a regular employee of an *employer* participating in the Washington Counties Insurance Fund, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- *Actively at work* at least 20 hours each week or 80 per hours month, whichever is less (does not apply to elected officials)
- A citizen or resident of the United States or Canada

### What is Buy-up LTD coverage?

Buy-up LTD insurance offers you the opportunity to choose one of two levels of LTD coverage. The Base LTD Plan is fully paid by your *employer* and provides a basic level of LTD coverage. The Buy-up LTD Plan is paid for by both you and your *employer* and provides a higher level of LTD coverage.

You have the option to become insured under the Base LTD Plan or the Buy-up LTD Plan to meet your individual needs for income protection. If you do not enroll in the Buy-up LTD Plan, you will be automatically insured under the Base LTD Plan, provided you are an eligible *member* and meet the *active work* requirement.

### How much coverage do I need?

To help determine your need for an enhanced level of disability income protection, complete the worksheet below. Fill in amounts for your monthly expenses and income, and compare the two. If you depend on your regular paycheck to pay your bills, what would happen if you became sick and unable to work? Would the basic level of disability insurance provided by your employer meet your needs? Applying for an enhanced level of disability insurance from The Standard may be part of the solution.

<b>Monthly Expenses</b>	
Food	\$ _____
Mortgage/Rent	_____
Childcare/Education	_____
Utilities (electricity, gas, cable, phone, etc.)	_____
Clothing	_____
Debts (credit cards, student and auto loans, etc.)	_____
Insurance (health, life, auto, etc.)	_____
Educational/Vocational fund	_____
Taxes	_____
Other Expenses	_____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>
<b>Monthly Income</b>	
Take Home Pay	\$ _____
Spouse Income	_____
Other Income	_____
<b>Total Monthly Income</b>	<b>\$ _____</b>

## When does my insurance coverage become effective?

The effective date of your coverage depends on when you become an eligible *member*, whether you are applying for the Buy-up LTD Plan and whether you are required to provide *evidence of insurability*.

### Base LTD Plan

Your LTD coverage under the Base LTD Plan will go into effect on the day after you serve your *eligibility waiting period*, provided you meet the *active work* requirement explained below.

### Buy-up LTD Plan

If you apply for the Buy-up LTD Plan and agree to pay premiums, your coverage becomes effective on the latest of:

- The date you become eligible if you apply on or before that date, or
- The date you apply if you apply within 31 days after you become eligible, or
- The date The Standard approves your *evidence of insurability*, if required.

Under each circumstance you must meet the *active work* requirement before your insurance becomes effective.

## What is the active work requirement?

*Active work* means performing with reasonable continuity the *material duties* of your *own occupation* at your *employer's* usual place of business. You must be capable of *active work* on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled.

## Will I have to provide information regarding my medical history?

The Standard may require you to provide information regarding your medical history, referred to as *evidence of insurability*, if you:

- Apply for the Buy-up LTD Plan more than 31 days after you become eligible for insurance
- Terminate your coverage under the Buy-up LTD Plan for any reason, but later apply to become insured again

If needed, you will find a copy of the Medical History Statement in the back of the booklet.

### What are the benefit amounts under the Base LTD Plan and the Buy-up LTD Plan?

Your monthly *LTD benefit* is a percentage of your insured monthly *predisability earnings* reduced by *deductible income*. The *LTD benefit* amount for each plan is shown below.

	Base LTD Plan	Buy-up LTD Plan
Percentage of the first \$10,000 of your <i>predisability earnings</i> . . . . .	40%	60%
Maximum monthly <i>LTD benefit</i> . . . . .	\$4,000	\$6,000
Minimum monthly <i>LTD benefit</i> . . . . .	\$100	\$100

To compare the amount of your *LTD benefit* under both plans, fill in the blanks below.

	Base LTD Plan	Buy-up LTD Plan
1. Enter your monthly <i>predisability</i>	\$ _____	\$ _____
2. Percentage of monthly <i>predisability earnings</i>	40%	60%
3. Multiply the amount on line 1 by the percentage on line 2 and enter the total here	\$ _____	\$ _____
This is your monthly <i>LTD benefit</i> amount before reduction by <i>deductible income</i> .		

### How long must I be disabled before LTD benefits are payable?

If you become *disabled* and your claim for *LTD benefits* is approved by The Standard, *LTD benefits* become payable after the *benefit waiting period*. This is a specified number of days during which you must remain continuously *disabled*. Benefits are not payable during the *benefit waiting period*. The *benefit waiting period* for each plan is shown below.

	Base LTD Plan	Buy-up LTD Plan
<i>Benefit Waiting Period</i> . . . . .	180 days	90 days

### Who pays the cost of coverage under the Basic LTD Plan?

The cost of Basic LTD coverage is paid for by your *employer*.

### How much will coverage under the Buy-up LTD Plan cost me?

If you are insured under the WCIF medical plan, your monthly premium rate for the Buy-up LTD Plan will be as shown in the table below. If you are **not** insured under the WCIF medical plan, your monthly premium rate will be \$0.50 higher than the rates shown below.

Premiums for the Buy-up LTD Plan will be deducted directly from your paycheck. If you do not enroll in the Buy-up LTD Plan, you will automatically be insured under the Base LTD Plan with no premium cost to you.

Monthly Earnings as of 12/31	Monthly Premium Rate
\$999 and under . . . . .	\$3.75
\$1,000 through \$1,499 . . . . .	\$6.25
\$1,500 through \$1,999 . . . . .	\$8.75
\$2,000 through \$2,499 . . . . .	\$11.25
\$2,500 through \$2,999 . . . . .	\$13.75
\$3,000 through \$3,499 . . . . .	\$16.25
\$3,500 through \$3,999 . . . . .	\$18.75
\$4,000 through \$4,499 . . . . .	\$21.25
\$4,500 through \$4,999 . . . . .	\$23.75
\$5,000 through \$5,499 . . . . .	\$26.25
\$5,500 through \$5,999 . . . . .	\$28.75
\$6,000 through \$6,499 . . . . .	\$31.25
\$6,500 through \$6,999 . . . . .	\$33.75
\$7,000 through \$7,499 . . . . .	\$36.25
\$7,500 through \$7,999 . . . . .	\$38.75
\$8,000 through \$8,499 . . . . .	\$41.25
\$8,500 through \$8,999 . . . . .	\$43.75
\$9,000 through \$9,499 . . . . .	\$46.25
\$9,500 or over . . . . .	\$48.75

### When am I considered disabled?

**Own Occupation Period:** During the *benefit waiting period* and the *own occupation period*, you are 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 *indexed predisability earnings* when working in your *own occupation*.

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

**Any Occupation Period:** Thereafter, you are 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 any occupation* that you are able to perform, whether due to education, training or experience:

- That is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 60 percent of your *indexed predisability earnings* within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

### How is the LTD benefit amount calculated?

The monthly *LTD benefit* amount is determined by multiplying your insured *predisability earnings* by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while *LTD benefits* are payable. This other income is referred to as *deductible income*.

In the example below, the *LTD benefit* amount is 60 percent of insured *predisability earnings*. If your monthly earnings (or *predisability earnings*) before becoming *disabled* were \$2,000 and you now receive a monthly Social Security disability benefit of \$600 and a monthly state disability benefit of \$200, your monthly *LTD benefit* would be calculated as follows:

Insured <i>predisability earnings</i>	\$2,000
<i>LTD benefit</i> percentage	x 60%
	<u>\$1,200</u>
Less Social Security disability benefit	-600
Less state disability benefit	-200
<b>Amount of <i>LTD benefit</i></b>	<u><b>\$400</b></u>

### What are predisability earnings?

*Predisability earnings* means your monthly rate of earnings from your *employer* and typically includes:

- Salary
- Shift differential pay
- Contributions you make through a salary reduction agreement with your *employer* to an Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p) or 457 deferred compensation arrangement, or an executive nonqualified deferred compensation arrangement
- Amounts contributed to fringe benefits according to salary reduction agreements under an IRC Section 125 plan

*Predisability earnings* generally excludes bonuses, commissions, overtime pay, your *employer's* contributions on your behalf to any deferred compensation or pension plan, or any other extra compensation.

*Predisability earnings* are based on your earnings in effect on your last full day of *active work*.

## What is deductible income?

*Deductible income* is income you receive or are eligible to receive while *LTD benefits* are payable. It may reduce the amount of your *LTD benefit*. *Deductible income* includes, but is not limited to:

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

## When do LTD benefits become payable and for how long?

*LTD benefits* become payable after the *benefit waiting period*. *LTD benefits* end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to *LTD benefits*

## Are my LTD benefits subject to federal income tax and FICA?

If you elect the Base LTD Plan, your entire *LTD benefit* is subject to taxes. This is because your *employer* is paying the entire cost of this plan.

If you elect to enroll in the Buy-up LTD Plan, both you and your *employer* share the cost of insurance and at least a portion of your *LTD benefit* is subject to taxes. Under current federal tax law, the taxable portion of your *LTD benefit* under the Buy-up LTD Plan is dependent on whether you pay your portion of premium with pre- or post-tax dollars.

If you pay your portion of the premiums with pre-tax dollars, your entire *LTD benefit* is subject to taxes.

If you pay your portion of the premiums with after-tax dollars, only a portion of your *LTD benefit* is subject to taxes. The taxable portion is based on the percentage of the premium that your *employer* contributes for the Buy-up LTD Plan. For example, if your *employer* contributes 40 percent of the premium for the Buy-up LTD Plan, then 40 percent of your *LTD benefit* is taxable. The remaining 60 percent of the *LTD benefit* would not be taxable.

### What are some of the other features of this coverage?

This LTD coverage has the following features:

- It covers *disabilities* that occur 24 hours a day, both on and off the job
- You make premium payments for the Buy-up LTD Plan through payroll deduction
- If your *employer* makes an approved work-site modification that enables you to return to work while *disabled*, The Standard will reimburse your *employer* up to a pre-approved amount for some or all of the cost of the modification
- While you are *disabled*, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, The Standard may pay for return to work expenses you incur, such as job search, training and education and family care expenses
- If you die while *LTD benefits* are payable, and on the date you die you have been continuously disabled for at least 180 days, a *survivors benefit* equal to three times your unreduced *LTD benefit* may be payable. Any *survivors benefit* payable will first be applied to any overpayment of your claim due to The Standard
- If the *group policy* terminates, *LTD benefits* will continue as long as you are eligible to receive them

### What exclusions apply to this coverage?

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 a specified period of time and have been *actively at work* for at least one full day after the end of the specified period

## What is a preexisting condition?

A *preexisting condition* is a mental or physical condition, whether or not diagnosed or misdiagnosed:

- 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 at any time during the 90-day period just before your insurance becomes effective

Separate *preexisting condition* exclusions apply to the Base Plan and the Buy-up Plan.

## What limitations apply to this coverage?

*LTD 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
- Able to work and earn at least 20 percent of your *indexed predisability earnings*, but you elect not to work
- Residing outside of the United States or Canada for more than 12 months

Payment of *LTD benefits* is limited to 24 months during your entire lifetime when:

- Your *disability* is caused or contributed to by *mental disorders, substance abuse* or *other limited conditions*, including but not limited to chronic fatigue conditions, allergy or sensitivity to chemicals or the environment, chronic pain conditions, carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder or craniomandibular joint disorder

## When does my insurance coverage end?

LTD insurance automatically ends on the earliest of the following:

- The date the last period ends for which a premium contribution was made for your insurance
- The date your employment terminates
- The date the *group policy* terminates
- The date your *employer's* participation under the *group policy* terminates
- The date you cease to be a *member*; however, insurance may continue for limited periods under certain circumstances described in the *group policy*
- If The Standard determines the *policyholder* or your *employer* has failed to promptly furnish requested information or failed to perform any other obligations relating to the *group policy*

If your coverage under the Buy-up LTD Plan ends due to your non-payment of the required premium, you will automatically be insured under the Base LTD Plan provided the *group policy* remains in effect and you remain eligible for this coverage.

### When does the group policy terminate?

The Standard may terminate the *group policy*:

- For non-payment of required premium
- If the number of employees insured in the Buy-up LTD Plan is less than the required *minimum participation*
- If The Standard determines the *policyholder* or your *employer* has failed to promptly furnish requested information or failed to perform any other obligation, relating to the *group policy*

### How do I apply?

Provided you are an eligible *member* and meet the *active work* requirement, you will be automatically insured under the Base LTD Plan. As an alternative, you may apply for the Buy-up LTD Plan, which requires you to complete the WCIF Group Enrollment and Change Form, then place it in a confidential envelope and submit it to your human resources department.

You may apply for the Buy-up LTD Plan during open enrollment as long as you meet the requirements to become insured. However, if you apply more than 31 days after the end of your *eligibility waiting period*, *evidence of insurability* is required and coverage is not effective until approved by The Standard.

**DIRECTIONS FOR APPLYING FOR COVERAGE**

*Read the Information Practices Notice(s) on page 3. Complete all items, date and sign in the space at the bottom of page 2. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Please keep a copy for your records.*

**MEMBER/EMPLOYEE INFORMATION**

Name of Group and Group Number <b>Washington Counties Insurance Fund/Pool – 645273</b>		Employer Name and Location	Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Member/Employee Name		Birthdate (Mo/Day/Year)	Date Hired (Mo/Day/Year)	
Occupation	Salary	Social Security Number	Member/Employee Identification No.	

**APPLICANT INFORMATION**

Applicant's Name (Person to be insured)				
Street Address		City	State	Zip
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone ( ) Home Phone ( )

**APPLICATION INFORMATION**

Type of Application ( <i>check one</i> ) <input type="checkbox"/> Initial <input type="checkbox"/> Increase in Coverage <input type="checkbox"/> Late Application				
<b>Check the type and provide details on the amount of coverage you are requesting.</b>				
<input type="checkbox"/> Short Term Disability				
<input type="checkbox"/> Long Term Disability	_____ + _____ = _____			
	Current Amount In Force, if any	Additional Amount Requested	Total Amount Requested	
<input type="checkbox"/> Life	_____ + _____ = _____			
	Current Amount In Force, if any	Additional Amount Requested	Total Amount Requested	
<input type="checkbox"/> Dependents Life	_____ + _____ = _____			
	Current Amount In Force, if any	Additional Amount Requested	Total Amount Requested	

**MEDICAL HISTORY STATEMENT QUESTIONS**

**Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.**

- Are you now unable to work full-time because of any physical or mental condition, or injury? .....  Yes  No
- Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
  - Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal ailment, or digestive system disorder? .....  Yes  No
  - Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, blindness, deafness, or any other neurological or muscle disorder? .....  Yes  No
  - Cancer, tumor, lesions, leukemia, lymphoma, blood clotting or other malignancy or growth? .....  Yes  No
  - Cardiovascular disease, heart ailment, arteriosclerosis, abnormal pulse, high blood pressure, heart murmur, valve, circulatory, or vascular disorders? .....  Yes  No
  - Emphysema, asthma, bronchitis, sleep apnea, or other respiratory or lung disease? .....  Yes  No
  - Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Virus (HIV)? .....  Yes  No
  - Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back, or spine, arthritic or disc conditions? .....  Yes  No
  - Diabetes, thyroid, gland, spleen, or nephritis? .....  Yes  No
  - Drug or alcohol abuse, or have you used alcohol, drugs or nicotine in a manner that has resulted in medical treatment? .....  Yes  No
  - Psychiatric or mental condition, depression, adjustment disorder, affective disorder, anxiety disorder, or obsessive-compulsive disorder? .....  Yes  No
- In the past 7 years have you had any illness or injury not listed above which resulted in the use of prescribed medication or physician visits? .....  Yes  No
- Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? .....  Yes  No
- Do you plan any operation or visit to a doctor or practitioner for an existing physical or mental condition, or injury? .....  Yes  No
- Are you currently pregnant? .....  Yes  No

Height	Weight	Physician Name or Medical Facility with Applicant's Complete Medical Records (provide name and full mailing address)

Applicant Name	Social Security Number
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**Describe any "yes" answers below. (Please provide the entire question number.)**

Question Number	Description of Injuries, Disorders and Operations	Month/Year	Duration	Final Result	Physicians Consulted, City & State

**ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION** *(Please read carefully.)*

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any attachments, are true and complete, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the MIB, Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I understand The Standard may release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid six months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and I have kept a copy of this Medical History Statement.

<b>Signature of Applicant</b> (or Member/Employee for Dependent Child)	<b>Date</b>
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*Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.*

Applicant Name	Social Security Number
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**INFORMATION PRACTICES NOTICE**

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.  
 Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB’s information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.  
 Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).
- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.

**FRAUD NOTICE**

- FOR RESIDENTS OF ARKANSAS, LOUISIANA, OHIO, WASHINGTON: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.
- FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- FOR RESIDENTS OF DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FOR RESIDENTS OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- FOR RESIDENTS OF PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial security so they can confidently pursue their dreams. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to nearly 26,000 groups covering more than 8.7 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about The Standard, visit us at [www.standard.com](http://www.standard.com). For more information about group Voluntary LTD insurance from The Standard, contact your human resources department.

\* As of March 31, 2010, based on internal data developed by Standard Insurance Company.



Standard Insurance Company  
1100 SW Sixth Avenue  
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[www.standard.com](http://www.standard.com)