

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
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CERTIFICATE GROUP SHORT TERM DISABILITY INSURANCE

Policyholder:	The State of Oregon by and through its Public Employees' Benefit Board
Policy Number:	442210-D
Effective Date:	January 1, 2012

The Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. If the terms of this Certificate differ from the terms of your Employer's coverage under the Group Policy, the latter will govern. If your coverage is changed by an amendment to the Group Policy, we will provide the Employer with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

"You" and "your" mean the Member. "We", "us" and "our" mean Standard Insurance Company. Other defined terms appear with the initial letters capitalized. Section headings, and references to them, appear in boldface type.



Chairman, President and CEO

GC899-STD

Table of Contents

COVERAGE FEATURES	1
GENERAL POLICY INFORMATION	1
SCHEDULE OF INSURANCE	1
PREMIUM CONTRIBUTIONS.....	3
INSURING CLAUSE	4
BECOMING INSURED	4
WHEN YOUR INSURANCE BECOMES EFFECTIVE.....	4
ACTIVE WORK PROVISIONS	4
CONTINUITY OF COVERAGE	5
WHEN YOUR INSURANCE ENDS	5
WAIVER OF PREMIUM.....	6
REINSTATEMENT OF INSURANCE.....	6
DEFINITION OF DISABILITY	7
RETURN TO WORK PROVISIONS	7
REASONABLE ACCOMMODATION EXPENSE BENEFIT	8
TEMPORARY RECOVERY	8
WHEN STD BENEFITS END	9
PREDISABILITY EARNINGS.....	9
DEDUCTIBLE INCOME	10
RULES FOR DEDUCTIBLE INCOME	10
BENEFITS AFTER INSURANCE ENDS OR IS CHANGED	11
EFFECT OF NEW DISABILITY	11
DISABILITIES EXCLUDED FROM COVERAGE	11
LIMITATIONS	11
CLAIMS.....	12
TIME LIMITS ON LEGAL ACTIONS	14
INCONTESTABILITY PROVISIONS.....	14
CLERICAL ERROR, AGENCY AND MISSTATEMENT	15
TERMINATION OR AMENDMENT OF THE GROUP POLICY	15
DEFINITIONS	16

Index of Defined Terms

Active Work, Actively At Work, 5
Allowable Periods, 8
Annual Enrollment Period, 16

Benefit Waiting Period, 2, 16

Contributory, 16

Deductible Income, 10
Donated Amounts, 10

Eligibility Waiting Period, 1
Employer, 16
Employer(s), 1

Group Policy, 16
Group Policy Effective Date, 1
Group Policy Number, 1

Hospital, 16

Injury, 16

Maximum Benefit Period, 2, 16

Maximum STD Benefit, 2
Member, 4
Mental Disorder, 16
Minimum STD Benefit, 2

Physical Disease, 16
Physician, 16
Policyholder, 1
Predisability Earnings, 9
Preexisting Condition, 12
Pregnancy, 16
Prior Plan, 16
Proof Of Loss, 12

Qualified Status Change, 17

Reasonable Accommodation Expense
Benefit, 8

STD Benefit, 2, 17

Temporary Recovery, 8

Work Earnings, 8

COVERAGE FEATURES

This section contains many of the features of your short term disability (STD) insurance. Other provisions, including exclusions, limitations, and Deductible Income appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number: 442210-D

Policyholder: The State of Oregon by and through its Public Employees' Benefit Board

Employer(s): State of Oregon

Local Governments as defined by the Public Employees' Benefit Board's (PEBB) administrative rules and generally a city, county or special district in Oregon that voluntarily elects to be a PEBB Participating Organization.

Group Policy Effective Date: January 1, 2012

Policy Issued in: Oregon

Member means a regular employee of a PEBB Participating Organization as defined in Oregon Administrative Rules (OAR) 101-010-0005, who is Actively At Work and who meets the terms of eligibility for insurance under the Group Policy outlined in the PEBB Administrative Rules.

For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days.

Member does not include a seasonal/intermittent employee, an employee scheduled to work less than 90 days, a temporary employee, or a full-time member of the armed forces of any country.

SCHEDULE OF INSURANCE

Eligibility Waiting Period: You are eligible for coverage under this Group Policy on the later of (a) the Group Policy Effective Date, and (b) the following applicable date:

Elected officials and appointed officials: The first day of the calendar month following the month in which you take the oath of office.

All other Members: The date you become a Member.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

Leave of Absence Periods:

If you are employed by the Oregon University System and are on a Leave Of Absence due to a sabbatical or to conduct special research, your Short Term Disability Insurance may be continued

to the end of 15 months, or, if earlier, the end of such leave. If you become Disabled during the Leave Of Absence, the following will apply:

- a. For Members on a sabbatical Leave Of Absence: Your Benefit Waiting Period will be 7 days for a Disability caused by Physical Disease, Pregnancy or Mental Disorder. There will be no Benefit Waiting Period for a Disability caused by accidental Injury. During the period STD Benefits are payable to you during the Leave Of Absence, and for a period following the Leave Of Absence equal to your Benefit Waiting Period, the Predisability Earnings used to compute your STD Benefit are based on your weekly rate of earnings in effect on the first day of your Leave Of Absence. Thereafter, while you remain continuously Disabled, Predisability Earnings are based on your weekly rate of earnings in effect on the day before your Leave Of Absence began.
- b. For Members on a Leave Of Absence to conduct special research: Your Benefit Waiting Period will be the longer of (1) the Benefit Waiting Period described in the Schedule Of Insurance, and (2) the period ending on the date you are scheduled to return to Active Work. While you remain continuously Disabled, Predisability Earnings are based on your weekly rate of earnings in effect on the day before your Leave Of Absence began.

Leave Of Absence means a period when you are absent from Active Work during which your Short Term Disability Insurance under the Group Policy will continue and employment will be deemed to continue, solely for the purposes of determining when your Short Term Disability Insurance ends, provided the required premiums for you are remitted and such a leave of absence for you is approved by your Employer and set forth in a written document that is dated on or before the leave is to start and shows that you are scheduled to return to Active Work.

During a Leave Of Absence your Own Occupation will be based on your occupation on your last day of Active Work immediately before the start of your Leave Of Absence.

STD Benefit:	60% of the first \$2,770 of your Predisability Earnings, reduced by Deductible Income.
Maximum:	\$1,662 before reduction by Deductible Income.
Minimum:	\$25
Benefit Waiting Period:	The Benefit Waiting Period is the longer of (a) the period ending on the last day before you are scheduled to return to work, if you become Disabled while you are scheduled to be away from work under the terms of your employment with the Employer, and (b) the following applicable period:
For Disability caused by accidental Injury:	None
For Disability caused by Physical Disease, Pregnancy or Mental Disorder:	7 days
Maximum Benefit Period:	
If Preexisting Condition Limitation applies:	4 weeks
If Preexisting Condition Limitation does not apply:	13 weeks

If you are Disabled for less than one full week, we will pay one-seventh of the STD Benefit for each day of Disability.

PREMIUM CONTRIBUTIONS

Insurance is:

Contributory

INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay STD Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

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BECOMING INSURED

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

You are a Member if you are a regular employee of a PEBB Participating Organization as defined in Oregon Administrative Rules (OAR) 101-010-0005, who is Actively At Work and who meets the terms of eligibility for insurance under the Group Policy outlined in the PEBB Administrative Rules.

For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days.

Member does not include a seasonal/intermittent employee, an employee scheduled to work less than 90 days, a temporary employee, or a full-time member of the armed forces of any country.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the **Coverage Features**.

(VAR MBR DEF) ST.BI.OT.1X

WHEN YOUR INSURANCE BECOMES EFFECTIVE

A. When Insurance Becomes Effective

Subject to the **Active Work Provisions**, your insurance becomes effective on the later of the date you become eligible and the following applicable date:

- a. The first day of the calendar month following the date your application is received by your Employer, if you apply within 30 days after you become eligible.
- b. The later of the first day of the calendar month following the date your application is received by your Employer or the date of the Qualified Status Change, if you apply within 30 days of a Qualified Status Change.
- c. The beginning of the next plan year following the date you apply, if you apply during an Annual Enrollment Period.

B. Takeover Provision

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

(VAR EOL_NO 60 DAY PD) ST.EF.OT.1X

ACTIVE WORK PROVISIONS

A. Active Work Requirement

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. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing with reasonable continuity the Material Duties of your Own Occupation at your Employer's usual place of business.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance.

ST.AW.OT.1

CONTINUITY OF COVERAGE

If your Disability is subject to the Preexisting Condition limitation, the limitation will not apply to your STD Benefits if all of the following are true:

1. You were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy;
2. You became insured under the Group Policy when your insurance under the Prior Plan ceased;
3. You were continuously insured under the Group Policy from the effective date of your insurance under the Group Policy through the date you became Disabled from the Preexisting Condition; and
4. Your Disability would not have been subject to any preexisting condition limitation or exclusion of the Prior Plan, if it had remained in force.

For such a Disability, the amount of your STD Benefit (before reduction by Deductible Income) will be the lesser of:

- a. The weekly benefit that would have been payable under the terms of the Prior Plan if it had remained in force; or
- b. The STD Benefit payable under the terms of the Group Policy, but without application of the Preexisting Condition limitation.

Your STD Benefits for such a Disability will end on the earlier of the following dates:

- a. The date benefits would have ended under the terms of the Prior Plan if it had remained in force; or
- b. The date STD Benefits end under the terms of the Group Policy, but without application of the Preexisting Condition limitation.

(PREEX) ST.CC.OT.1

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The last day of the calendar month in which your employment terminates.*
4. The last day of the calendar month in which you cease to be a Member.* However, your insurance will be continued during the following periods when you are absent from Active Work, unless it ends under any of the above.
 - a. While your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member.
 - b. During the first 90 days in which your Employer mandates that you involuntarily work less than half-time.

- c. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
- d. During any other temporary Leave Of Absence approved by your Employer in advance and in writing, but not to exceed the applicable Leave Of Absence Period shown in the **Coverage Features**. A period of Disability is not a leave of absence.
- e. During the Benefit Waiting Period and while STD Benefits are payable.

* If premium payment for the next calendar month is made to us prior to the date your employment terminates or prior to the date you cease to be a Member, insurance will end on the last day of the calendar month following the month in which your employment terminates or you cease to be a Member.

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WAIVER OF PREMIUM

We will waive payment of premium for your insurance while STD Benefits are payable.

ST.WP.OT1

REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If your insurance ends because you cease to be a Member due to a non-occupational injury or sickness, you will be eligible for insurance on the first day of the calendar month following the first month during which you either: (a) work half-time; or (b) receive accrued paid leave (sick leave, compensatory time, vacation or personal leave) equal to half-time. Insurance will become effective on the later of (i) the date you become eligible, and (ii) the date you apply, provided you meet the Active Work requirement on that date.
2. If your insurance ends because you cease to be a Member due to an occupational injury or sickness for which you received workers' compensation benefits, you will be eligible for insurance on the first day of the calendar month following the date you become a Member again. Insurance will become effective on the later of (i) the date you become eligible, and (ii) the date you apply, provided you meet the Active Work requirement on that date.
3. If your insurance ends because you cease to be a Member and you later become a Member again working half-time, you will be eligible for insurance under the Group Policy on the first day of the calendar month following the month in which you become a Member again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence or on a military leave of absence, and you become a Member again immediately following the end of the leave, your insurance will be reinstated as of the first day of the calendar month in which you become a Member and meet the Active Work requirement.
5. The Preexisting Condition limitation will be applied as if insurance had remained in effect in the following instances:
 - a. If you become insured again within 90 days.
 - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
 - c. If your insurance ended due to an occupational disability leave, and you become insured again under the Group Policy within 90 days following the date the leave ends.

- d. If your insurance ended because you were receiving long term disability insurance benefits under a group policy issued to the Policyholder by us, and you become insured again under the Group Policy within 90 days following the date long term disability benefits ceased to be payable to you.
6. In no event will insurance be retroactive.

(NONOCC_PREEX) ST.RE.OT.4X

DEFINITION OF DISABILITY

You are Disabled if you meet the following Own Occupation definition of Disability.

You are required to be Disabled only from your Own Occupation. You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
2. You suffer a loss of at least 20% in your Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

You may work in another occupation while you meet the Own Occupation definition of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation exceed 80% of your Predisability Earnings.

Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the usual occupation you are ordinarily performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation, that cannot be reasonably modified or omitted.

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RETURN TO WORK PROVISIONS

A. Return To Work Incentive

You may serve your Benefit Waiting Period while working for your Employer if you meet the Own Occupation definition of Disability.

You are eligible for the Return To Work Incentive on the first day you work for your Employer after the Benefit Waiting Period if STD Benefits are payable on that date.

Your Work Earnings will be Deductible Income as determined in 1., 2. and 3.

1. Determine the amount of your STD Benefit as if there were no Deductible Income and add your Work Earnings to that amount.
2. Determine 100% of your Predisability Earnings.

3. If 1. is greater than 2., the difference will be Deductible Income.

B. Work Earnings Definition

Work Earnings means your gross weekly earnings from work you perform while Disabled. Work Earnings includes sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than weekly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from week to week, we may determine your Work Earnings by averaging your earnings over the most recent four-week period. You will no longer be Disabled when your average Work Earnings over the last four weeks exceed 80% of your Predisability Earnings.

ST.RW.OT.IX

REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you return to work for the Employer as a result of a reasonable accommodation made by the Employer, we will pay the Employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

ST.RA.OT.IX

TEMPORARY RECOVERY

You may temporarily recover from your Disability during the Maximum Benefit Period, and then become Disabled again from the same cause or causes, without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable allowable period. See **Definition Of Disability**.

A. Allowable Period

The allowable period of recovery during the Maximum Benefit Period is a total of 14 days of recovery.

B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Period, the following will apply.

1. The Predisability Earnings used to determine your STD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Maximum Benefit Period.

3. No STD Benefits will be payable for the period of Temporary Recovery.
4. No STD Benefits will be payable after benefits become payable to you under any other disability insurance plan under which you become insured during your period of recovery.
5. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

ST.TR.OT.2

WHEN STD BENEFITS END

Your STD Benefits end automatically on the earliest of:

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date you begin working for an employer other than your Employer or become self-employed.
5. The date long term disability benefits become payable to you under a group long term disability policy, even if that occurs before the end of the Maximum Benefit Period.
6. The date benefits become payable to you under any other disability insurance plan under which you become insured through employment during a period of Temporary Recovery.
7. The date you fail to provide proof of continued Disability and entitlement to STD Benefits.

(REV LTD LIM) ST.BE.OT.3X

PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings will not affect your Predisability Earnings.

Predisability Earnings means your weekly rate of earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Grant assistance wages.
3. Stipends.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
4. Your State Paid Benefit Dollars in excess of your premiums for medical insurance, dental insurance and the first \$50,000 of group life insurance.
5. Any other extra compensation.

If you are paid on an annual contract basis, your weekly rate of earnings is based on one fifty-second (1/52nd) of your annual contract salary.

If you are paid hourly, your hourly pay rate is multiplied by the average number of hours you worked per week during the preceding 13 weeks (or during your period of employment if less than 13 weeks), but not more than 40 hours.

(REG NO COM_NO STOCK) ST.PD.OT.1X

DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay paid to you by your Employer, including Donated Amounts.
Donated Amounts means sick pay donated to you by other employees through your Employer's formal or informal donation program.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability under any other short term disability coverage, as determined below:
 - a. Determine the amount of your STD Benefit as if there were no Deductible Income, add the amount you receive or are eligible to receive from any other short term disability coverage because of your disability.
 - b. Determine 75% of your Predisability Earnings.
 - c. If a. is greater than b., the difference will be Deductible Income.
4. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

(PUB_NONOCC_WITH RTW_100% SL_NO OTHR OFFST_NO 3RD) ST.DI.OR.1X

RULES FOR DEDUCTIBLE INCOME

A. Weekly Equivalents

Each week we will determine your STD Benefit using the Deductible Income for the same weekly period, even if you actually receive the Deductible Income in another week.

If you are paid Deductible Income in a lump sum or by a method other than weekly, we will determine your STD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your STD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

D. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any STD

Benefits until we have been repaid in full. In the meantime, any STD Benefits paid, including the Minimum STD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

ST.RU.OT.1

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

During each period of continuous Disability, we will pay STD Benefits according to the terms of the Group Policy in effect on the date you become Disabled. Your right to receive STD Benefits will not be affected by:

1. Any amendment to the Group Policy that is effective after you become Disabled; or
2. Termination of the Group Policy after you become Disabled.

ST.BA.OT.1

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while STD Benefits are payable, STD Benefits will continue while you remain Disabled. However, 1 and 2 below will apply.

1. STD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. All provisions of the Group Policy, including the **Disabilities Excluded From Coverage** and **Limitations** sections, will apply to the new cause of Disability.

ST.ND.OT.1

DISABILITIES EXCLUDED FROM COVERAGE

A. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.

B. Work Related

You are not covered for a Disability arising out of or in the course of any employment for wage or profit.

(NONOCC) ST.XD.OT.1X

LIMITATIONS

A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No STD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

B. Occupational Benefits

No STD Benefits will be paid for any period when you are eligible to receive benefits for your Disability under a workers' compensation law or similar law. If your claim for these benefits is accepted, compromised or settled (whether disputed or undisputed), you must repay us for the full amount of any payments we make to you while your claim for occupational benefits is pending.

C. Working

No STD Benefits will be paid for any period: (a) when you are working for wage or profit for any employer other than your Employer; or (b) when you are self-employed. This limitation applies whether you are working in your own or another occupation.

D. Preexisting Condition

Payment of your STD Benefit will be limited as shown in the **Coverage Features** if your Disability is caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled you:

1. Have been continuously insured under the Group Policy for a period of 12 months; and
2. Have been Actively At Work for at least one full day after the end of that 12 months.

Preexisting Condition means a mental or physical condition for which you have done any of the following at any time during the 90-day period just before the effective date of your insurance under the Group Policy:

1. Consulted a physician or other licensed medical professional;
2. Received medical treatment, services, or advice;
3. Undergone diagnostic procedures, including self-administered procedures; or
4. Taken prescribed drugs or medications.

E. Imprisonment

No STD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

(NONOCC_NO SL_PX_NO PRUDNT_NO RTW RSP_NO MAND REHB) ST.LM.OT.1X

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If you do not receive our forms within 15 days after you ask for them, you may submit your claim in a letter to us. The letter should include the date Disability began, and the cause and nature of the Disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to STD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend STD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay STD Benefits within 30 days after you satisfy Proof Of Loss.

STD Benefits will be paid to you at the end of each week you qualify for them. STD Benefits remaining unpaid at your death will be paid to your estate.

G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it, and within 30 days after receipt of your claim we will send written notification we have received it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. We will render a written decision or request an extension no later than 30 days after our receipt of Proof Of Loss. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support your claim.
- d. Information concerning your right to a review of our decision.

H. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review, we will send you: (a) a written decision on review; or (b) a notice that we

are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

If we extend the review period, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim on review; and (c) any additional information we need to decide your claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

I. Assignment

The rights and benefits under the Group Policy are not assignable.

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TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

ST.TL.OT.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement you make to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any person claiming benefits a copy of the signed written instrument which contains your misrepresentation.

After insurance has been in effect for two years, during the lifetime of the insured, we will not use a misrepresentation to reduce or deny the claim, unless it was a fraudulent misrepresentation.

B. Incontestability Of The Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or your Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and

2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums or fraudulent misrepresentations.

ST.IN.OT.1

CLERICAL ERROR, AGENCY AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance under the Group Policy otherwise validly in force.
3. Continue insurance under the Group Policy otherwise validly terminated.

B. Agency

The Policyholder and your Employer act on their own behalf and on your behalf, and not as our agent. The Policyholder and your Employer have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the amount paid and the amount which would have been paid if the age had been correctly stated.

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TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy. If the Policyholder does not approve a change in the Group Policy within ten (10) business days of being notified of a change in the Group Policy due to a change in law or regulation, the Group Policy will terminate automatically on the next Premium Due Date. Other changes to the Group Policy in whole or in part may be made by mutual agreement between the Policyholder and us.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups of Members.

DEFINITIONS

Annual Enrollment Period means the period designated each year by the Policyholder when you may change insurance elections.

Benefit Waiting Period means the period you must be continuously Disabled before STD Benefits become payable. No STD Benefits are payable for the Benefit Waiting Period. See **Coverage Features**.

Contributory means insurance is elective, and Members pay all or part of the premium for insurance.

Employer means an employer (including approved affiliates and subsidiaries) for which coverage under the Group Policy is approved in writing by us.

Group Policy means the group STD insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

Injury means an injury to the body.

Maximum Benefit Period means the longest period for which STD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No STD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Features**.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Physical Disease means a physical disease entity or process that produces structural or functional changes in your body as diagnosed by a Physician.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent, or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group short term disability insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Qualified Status Change In Status means qualified change in status, as defined by the Policyholder.

STD Benefit means the weekly benefit payable to you under the terms of the Group Policy.

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