



### Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the ABC Company, Inc. Written in non-technical language; this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Long Term Disability (LTD) Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

The group policy effective date is January 1, 2011.

### Eligibility

To become insured, you must be:

- A regular, full-time employee of ABC Company, Inc., excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- Actively at work at least 00 hours each week
- A citizen or resident of the United States or Canada

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first day of the month coinciding with or next following 00 days as an eligible employee
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one day of active work as an eligible employee.

### Benefit Amount

Your monthly benefit is 00 percent of your insured predisability earnings. Please contact your human resources representative for additional information regarding what is included in predisability earnings.

Plan Maximum Monthly Benefit: \$0,000

Plan Minimum Monthly Benefit: \$000

### Benefit Waiting Period

If your claim for LTD benefits is approved by The Standard, benefits become payable after you have been continuously disabled for 000 days and remain continuously disabled. Benefits are not payable during the benefit waiting period.

### Pre-existing Condition Exclusion

A general description of the pre-existing condition exclusion is included in the Voluntary LTD Employee Brochure. If you have questions, please check with your human resources representative.

Pre-existing Condition Period: The 00 day period just before your insurance becomes effective

Exclusion Period: 00 months

**Own Occupation Period**

For the plan’s definition of disability, as described in your brochure, the own occupation period is the first 00 months for which LTD benefits are paid.

**Any Occupation Period**

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

**Maximum Benefit Period**

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>	<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months	66	1 year 9 months
63	3 years	67	1 year 6 months
64	2 years 6 months	68	1 year 3 months
65	2 years	69+	1 year

**When Benefits End**

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 benefits

**Rates**

If you have questions regarding how to determine your earnings, please contact your human resources representative.

Age (as of January 1)	Rate %
<30	0.00
30-34	0.00
35-39	0.00
40-44	0.00
45-49	0.00
50-54	0.00
55-59	0.00
60-64	0.00
65-69	0.00
70-74	0.00
75+	0.00

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average monthly income, not to exceed \$00,000, on Line 1.      Line 1: \_\_\_\_\_
2. Select your rate from the rate table and divide this by 100.      Line 2: \_\_\_\_\_
3. Multiply Line 1 by the amount shown on Line 2.      Line 3: \_\_\_\_\_

The amount shown on Line 3 is your estimated monthly payroll deduction.

**Group Insurance Certificate**

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.