

# SCHEDULE OF BENEFITS

## SHORT TERM DISABILITY PLAN

This short term disability plan provides financial protection for **you** by paying a portion of your income while **you** are disabled. The amount **you** receive is based on the amount **you** earned before your **disability** began. In some cases, **you** can receive disability payments even if **you** work while **you** are disabled. Your **disability** must begin while **you** are covered under the short term disability plan.

All terms **bolded** are defined in the **GLOSSARY** section.

**You** must write your name and the date **you** received this certificate in the space provided so that it becomes your certificate of coverage. The date **you** are eligible for coverage is described in the **GENERAL PROVISIONS** section.

### EMPLOYEE NAME:

### DATE RECEIVED:

### ELIGIBLE GROUP(S):

All active full-time faculty and staff employees in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

### DISABILITY COVERED:

#### Total Disability and Partial Disability

For definition of **disability** refer to "**WHEN ARE YOU TOTALLY DISABLED?**" and "**WHEN ARE YOU PARTIALLY DISABLED?**" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this short term disability plan.

Your short term disability plan covers only non-occupational disabilities. Disabilities for which **you** receive Workers' Compensation Disability benefits will not be covered.

However, Unum will cover disabilities due to **occupational sicknesses or injuries** for partners or sole proprietors who cannot be covered by a workers' compensation law.

### MAXIMUM WEEKLY BENEFIT:

66.6667% of your **weekly pre-disability earnings** to a maximum benefit of \$1,617 per week, minus other income paid to **you** because of your **disability**.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "**WHAT ARE BENEFIT REDUCTIONS?**" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

### ELIMINATION PERIOD:

Benefits begin on the later of:

- 90 days after the date the **disability** occurs due to an **injury**; or
- 90 days after the date the **disability** occurs due to a **sickness**.

Your **elimination period** is a period of continuous **total disability** and/or **partial disability** which must be satisfied before **you** are eligible to receive benefits. Your benefits will begin after the **elimination period** is completed.

**MAXIMUM PERIOD OF PAYMENT** (for **total disability** and **partial disability** combined):

39 weeks

**The above items are only highlights of this short term disability plan. For a full description of your coverage, continue reading your certificate of coverage section.**

# SCHEDULE OF BENEFITS

## LONG TERM DISABILITY PLAN

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### MAXIMUM MONTHLY BENEFIT:

66.6667% of **monthly pre-disability earnings** to a maximum benefit of \$7,000 per month.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "**WHAT ARE BENEFIT REDUCTIONS?**" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

### ELIMINATION PERIOD:

Benefits begin on the later of:

- 360 days after the date **disability** occurs; or
- the date your insured group short term disability payments end, if applicable.

This is the period of **disability** which must be satisfied before **you** are eligible to receive benefits.

### MAXIMUM PERIOD OF PAYMENT (for total disability and partial disability combined):

<u>Age at Disability</u>	<u>Maximum Period of Payment</u>
Less than Age 62	To Social Security Normal Retirement Age
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months

Age 69 or older

12 months

No premium payments are required for your coverage while **you** are receiving payments under this long term disability plan.

**TOTAL BENEFIT CAP:**

The total benefit payable to **you** on a monthly basis (including all benefits provided under this long term disability plan) will not exceed 100% of your **monthly pre-disability earnings** or your **maximum monthly benefit**.

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# BENEFITS AT A GLANCE

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### EMPLOYER'S ORIGINAL PLAN

**EFFECTIVE DATE:** January 1, 2017

**POLICY NUMBER:** 423876 002

### ELIGIBLE GROUP(S):

All active full-time faculty and staff employees in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

### MINIMUM HOURS REQUIREMENT:

**Employees** must be working at least 25 hours per week.

### WAITING PERIOD:

The **waiting period** is a continuous period of **active employment** which **you** must satisfy before **you** are eligible for coverage.

For **employees** in an eligible group on or before January 1, 2017: None

For **employees** entering an eligible group after January 1, 2017: 60 days of continuous **active employment**

### REHIRE:

If your employment ends and **you** are rehired within 12 months, your previous work while in an eligible group will apply toward the **waiting period**. All other policy provisions apply.

### CREDIT PRIOR SERVICE:

Unum will apply any prior period of work with your **Employer** toward the **waiting period** to determine your eligibility date.

### WHO PAYS FOR THE COVERAGE:

Your **Employer** pays the cost of your coverage.

Premium payments are required for your coverage while **you** are receiving payments under this short term disability plan.

### ELIMINATION PERIOD:

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**PRE-EXISTING CONDITION:**

Benefits are not payable for any **disability** caused by or resulting from a pre-existing condition, as defined in the policy. To see if your **disability** excludes **you** from receiving benefits due to a pre-existing condition, refer to "**WHAT IS AN EXCLUDED PRE-EXISTING CONDITION?**" in the **BENEFIT INFORMATION** section.

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