

Standard Insurance Company Voluntary Disability Coverage Highlights University of Florida

Voluntary Disability Insurance

Voluntary Disability insurance is designed to pay a benefit to you in the event you cannot work because of a covered physical disease, injury, pregnancy or mental disorder. This benefit replaces a portion of your income, providing funds directly to you to help pay your bills and living expenses in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through University of Florida.

You have two plan options to choose from, the 30-Day Plan or the 90-Day Plan. Coverage under the 30-Day Plan is provided under both the group Short Term Disability (STD) and Long Term Disability (LTD) insurance policies issued by The Standard. Coverage under the 90-Day Plan is provided under the group LTD insurance policy.

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Eligibility Requiremen	ts	
Employee	• A regular employee of University of Florida, working at least 20 hours each week, and	
	 Insured under group long term policy 648973-B, issued by us to University of Florida and covering your Employer, and 	
	A citizen or resident of the United States or Canada	
	• Temporary and seasonal employees, post-doctoral fellows of the Employer, full-time members of the armed forces, leased employees and independent contractors are not eligible	
Premium	• You pay 100 percent of the premium for this coverage through easy payroll deduction	
Benefit Amount (30-Day Plan)		
If you remain disabled following the 30-day benefit waiting period, a weekly STD benefit is provided for up to 60 days.		
STD Benefit Percentage	Your weekly STD benefit is 66 2/3 percent of your weekly insured predisability earnings, reduced by deductible income	
STD Plan Maximum Weekly Benefit	\$3,462	
STD Plan Minimum Weekly Benefit	\$25 or 10 percent of your STD benefit before reduction by deductible income, whichever is greater	
STD Maximum Benefit Period	9 weeks. However, if you are eligible for benefits under an insurance plan sponsored by your employer, your maximum benefit period will be reduced by the benefit waiting period.	
LTD Benefit Percentage	Your monthly benefit is 66 2/3 percent of your insured predisability earnings reduced by deductible income	
LTD Plan Maximum Monthly Benefit	\$15,000	
LTD Plan Minimum Monthly Benefit	\$100 or 10 percent of your LTD benefit before reduction by deductible income, whichever is greater	
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Note:

- All late applications (applying 60 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior insurance plan are also subject to medical underwriting approval.
- To submit a medical history statement online, visit standard.com/mhs.

Benefit Amount (90-Day Plan)

You will be insured for LTD benefits only. If you remain disabled following the 90-day benefit waiting period and meet all other applicable policy provisions, a monthly LTD benefit is provided under the LTD insurance policy.

LTD Benefit Percentage	Your monthly benefit is 66 2/3 percent of your insured predisability earnings reduced by deductible income
LTD Plan Maximum Monthly Benefit	\$15,000
LTD Plan Minimum Monthly Benefit	\$100 or 10 percent of your LTD benefit before reduction by deductible income, whichever is greater
Noto:	

Note:

- All late applications (applying 60 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior insurance plan are also subject to medical underwriting approval.
- To submit a medical history statement online, visit standard.com/mhs.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

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

Understanding Your Plan Design		
Benefit Waiting Period	The period of time that you must be continuously disabled before benefits become payable. You must also remain disabled and meet all other applicable policy provisions. For Accidental injury, physical disease, pregnancy or mental disorder, your Benefit Waiting Period is:	
	30-Day Plan: After 30 days 90-Day Plan: After 90 days	
Maximum BenefitThe maximum benefit period is the maximum length of time you could be receive a disability benefit.		
	30-Day Plan: Short Term Disability benefits may continue for 60 days of disability (from the 31 st day of disability through the 90 th day of disability).	
	Beginning on the 91 st day of disability, Long Term Disability benefits become payable. Short Term Disability Benefits cease to be payable when Long Term Disability benefits begin. Long Term Disability benefits may continue during disability for a period of time shown below, as determined by your age when disability begins:	
	AgeMaximum Benefit Period61 or youngerTo age 65, or to SSNRA, or 3 years 6 months, whichever is longest62To SSNRA, or 3 years 6 months, whichever is longer63To SSNRA, or 3 years, whichever is longer64To SSNRA, or 2 years 6 months, whichever is longer652 years661 year 9 months671 year 6 months681 year 3 months69+1 year	

Maximum Benefit Period (continued)	90-Day Plan: If you become disabled before age 62, benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:
	AgeMaximum Benefit Period62To SSNRA, or 3 years 6 months, whichever is longer63To SSNRA, or 3 years, whichever is longer64To SSNRA, or 2 years 6 months, whichever is longer652 years661 year 9 months671 year 6 months681 year 3 months69+1 year
Definition of Disability	30-Day Plan : For the first 30 days of continuous disability and while STD benefits are payable, you will be 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, or
	 You are unable to earn more than 80 percent of your predisability earnings when you work for your employer.
	Beginning on the 91 st date of disability and continuing for the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder:
	 To perform with reasonable continuity the material duties of your own occupation, or
	 Are suffering 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.
	After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.
	90-Day Plan : For the first 90 days of continuous disability, and during the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder:
	 To perform with reasonable continuity the material duties of your own occupation, or
	 Are suffering 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.
	After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

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Deductible Income	30-Day Plan : Deductible income is income you receive or are eligible to receive while disability benefits are payable. Disability benefits are reduced by deductible income. Deductible income includes, but is not limited to:	
	 Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (but not vacation pay) paid by your employer 	
	 Amounts under any workers' compensation law or similar law 	
	 Amounts under an unemployment compensation law 	
	 Amounts under any state disability income benefit law or similar law 	
	• Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while disability benefits are payable	
	 Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above 	
	90-Day Plan : Deductible income is income you receive or are eligible to receive while disability benefits are payable. Disability benefits are reduced by deductible income. Deductible income includes, but is not limited to:	
	 Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (but not vacation pay) including donated amounts paid by your employer 	
	 Amounts under any workers' compensation law or similar law 	
	 Amounts under an unemployment compensation law 	
	 Social Security disability or retirement benefits, including benefits for your spouse and children 	
	 Disability benefits from any other group insurance 	
	 Disability or retirement benefits under University of Florida's retirement plan, including state and union retirement plans 	
	 Amounts under any state disability income benefit law or similar law 	
	 Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while disability benefits are payable 	
	 Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method 	
	 Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above 	
Additional Features		
Please see your human	resources representative for additional information about the features and benefits below.	
24 Hour Coverage	24-hour plans provide coverage for disabilities occurring on or off the job.	
Rehabilitation Plan	90-Day Plan : If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to; training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.	
Reasonable Accommodation Expense Benefit	pmmodation you to return to work while disabled, The Standard will reimburse your employer up	
Rehabilitation Incentive Benefit	90-Day Plan: If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.	

Survivors Benefit	90-Day Plan: 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 time 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).
Annuity Contribution Benefit	90-Day Plan: When you have been disabled for 9 months, The Standard will set up and fund an individual annuity in your name. Each month, 11 percent (not to exceed \$2,475) will be deposited into the annuity.
Family Care Expense Benefit	90-Day Plan: Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 24 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.
Lifetime Security Benefit	90-Day Plan: Your LTD benefit (amount in effect when the claim closes) payments will continue beyond the regular plan Maximum Benefit Period if you are unable to perform two or more Activities of Daily Living or are suffering severe cognitive impairment.
Cost of Living Adjustment	90-Day Plan: Your LTD benefit will be increased annually by an amount equal to the rate of increase in the Consumer Price Index (CPI-W) up to a maximum of 10 percent.
Assisted Living Benefit	90-Day Plan: Your benefit will be increased by 13 1/3 percent of your predisability earnings when you are unable to perform two or more Activities of Daily Living or suffering severe cognitive impairment. The maximum benefit amount cannot exceed \$3,000 in addition to the LTD benefit.

Exclusions

You are not covered for a disability caused or contributed to by any of the following:

- 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)
- With regards to LTD benefits your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- With regards to LTD benefits the loss of your professional or occupational license or certification
- With regards to LTD benefits 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 12 months, and you have been actively at work for at least one full day after the end of those 12 months.

Limitations

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
- **30-Day Plan:** Working for wage or profit for any employer other than the employer offering your STD coverage, including self-employment
- 30-Day Plan: Not covered for a disability caused or contributed to by a preexisting condition or medical or surgical treatment of the preexisting condition unless, on the date you become disabled, you have been continuously insured under the group policy for 12 months and have been actively at work for one full day after the end of that 12 months.
- 90-Day Plan: Confined for any reason in a penal or correctional institution

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If your disability is caused or contributed to by mental disorders and/or substance abuse

When Benefits End

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 to you under a group LTD policy issued by The Standard
- With regards to STD benefits the date you begin working for an employer other than your employer, or become self-employed
- With regards to LTD benefits the date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- With regards to LTD benefits the date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was made
- The end of the calendar month in which your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

30 Day Plan:

Under the 30-Day Plan, you are covered for both STD and LTD insurance. If you have guestions regarding how to determine your earnings, please contact your human resources representative. Premiums for this coverage will be deducted directly from your paycheck.

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

- 1. Enter your average monthly earnings, not to exceed \$22,500 on Line 1.
- 2. Multiply Line 1 by 0.00656.

The amount shown on Line 2 is your estimated monthly payroll deduction. This premium rate includes the cost of your coverage under both the STD insurance policy and the LTD insurance policy.

90 Day Plan:

Under the 90-Day Plan, you are covered for LTD insurance only. Premiums for this coverage will be deducted directly from your paycheck.

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

1.	Enter your average monthly earnings, not to exceed \$22,500 on Line 1.	Line 1:
2.	Multiply Line 1 by 0.00443.	Line 2:

The amount shown on Line 2 is your estimated monthly payroll deduction.

Line 2:	

Line 1:

Line 2:



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial wellbeing and peace of mind. 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 and Individual Disability insurance. We provide insurance to more than 25,000 groups, covering over 6.5 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 products from The Standard, Contact your human resources department or visit us at <u>standard.com</u>.

* As of December 31, 2017, based on internal data developed by Standard Insurance Company.

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

GP399-STD/TRUST Series 90 (FL/MD/VT)

GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD, GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399, GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399