

# Long-Term Disability Employee Benefit Highlights

## WHAT IS LONG-TERM DISABILITY INSURANCE?

Long-Term Disability Insurance pays a portion of your income if you are unable to work due to a disabling injury or illness.

## DEFINITION OF A DISABILITY

You would be considered disabled and eligible for benefits because of sickness or injury if:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.

You will continue to receive benefits if:

- after benefits have been paid for 24 months, you are working in any occupation and continue to have a 20% or more loss in indexed monthly earnings due to your sickness or injury; or
- you are not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

## BENEFIT AMOUNT

This benefit pays **60%** of your monthly earnings up to a maximum of \$5000.

## ELIGIBILITY

All employees actively at work and scheduled to work **64 hours** per pay period.

## EFFECTIVE DATE OF COVERAGE

Coverage will be effective the 1st of the month following 30 days of employment.

## ELIMINATION PERIOD

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after **90 days** of disability.

## BENEFIT DURATION

Your duration of benefits is based on your age when the disability occurs.

Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, benefits would be paid for a reduced period of time.

## WAIVER OF PREMIUM

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

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## PRE-EXISTING CONDITION EXCLUSION

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage;

**AND**

- the disability begins in the first 12 months after your effective date of coverage.

## INSTANCES WHEN BENEFITS WOULD NOT BE PAID

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- conviction of a crime;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not pay a benefit for any period of disability during which you are incarcerated.

## MENTAL AND NERVOUS

The lifetime cumulative maximum benefit period for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities based on mental illness even if the disabilities are not continuous and/or are not related. Mental illness payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

## REDUCTION OF BENEFITS

**Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.** Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

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