

# GROUP DISABILITY INSURANCE

*for New Employees of the*

## UNIVERSITY OF FLORIDA

*Underwritten by:*  
**Standard Insurance Company (The Standard)**

Enrollment conducted by:



The Gabor Agency, Inc.  
3500 Financial Plaza, Suite 400 Tallahassee, Florida 32312  
Phone: 352 372-1802 Toll-free: (800) 330-6115 option 5  
Fax: (850) 894-4268  
[www.gaboragency.com/uf ltd](http://www.gaboragency.com/uf ltd)

## BRIEF DESCRIPTION OF THE GROUP DISABILITY INSURANCE

**ENROLLMENT** – If you are an active benefits eligible employee of the University of Florida, regularly working at least 20 hours per week, and a citizen or resident of the United States or Canada, you are a member and eligible to enroll in group disability insurance during the first 60 days of employment. To enroll, you must complete and remit the enrollment form at the end of this brochure.

You have 2 plan options to choose from:

- 30-Day Plan - Coverage under the 30-Day Plan is provided under the group Short Term Disability (STD) and Long Term Disability (LTD) insurance policies issued by The Standard to University of Florida.
- 90-Day Plan - Coverage under the 90-Day Plan is provided under the group Long Term Disability (LTD) insurance policy issued by The Standard to University of Florida.

If you become insured, you will receive access to the Group Insurance Certificates containing a detailed description of the insurance coverage. The information presented in this booklet 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.

Your coverage will become effective on the first day of the calendar month following the date of your application, provided the required premium contribution has been made for that month and you are actively at work. Actively at work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of active work on those days.

**CHOICE OF BENEFIT WAITING PERIODS** – A benefit waiting period means a period of continuous disability, which must be satisfied before you are eligible to receive benefits from The Standard. Benefits are not payable during the benefit waiting period.

- Under the 30-Day Plan, weekly STD benefits begin on the 31<sup>st</sup> day of disability and monthly LTD benefits begin on the 91<sup>st</sup> day of disability.
- Under the 90-Day Plan, monthly LTD benefits begin on the 91<sup>st</sup> day of disability.

“Disability “or “Disabled” under the 30-Day Plan (STD and LTD insurance) means that, during the first 26 months (during the first 24 months under the 90-Day Plan (LTD insurance)) for which disability payments are made, you are limited from performing with reasonable continuity, the material duties of your own occupation because of injury, physical disease, pregnancy or mental disorder. After 26 months of payments (24 months of payments under the 90-Day Plan (LTD insurance)), you are disabled when The Standard determines that, due to the same physical disease, injury, pregnancy or mental disorder, you are unable to perform the duties of any occupation for which you are reasonably fitted by education, training or experience, and in which you can be expected to earn at least 80% of your indexed predisability earnings within 12 months following your return to work. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license. You must be under the ongoing care of a physician in order to be considered disabled.

**MAXIMUM BENEFIT PERIOD** – If you are participating in the 30-Day Plan, a weekly STD insurance benefit is payable, provided you remain disabled, for up to 9 weeks. If you remain disabled beyond that, or if you are insured only under the 90-Day Plan (LTD insurance), and the period of disability begins before age 62, a monthly LTD insurance benefit is payable, provided you remain disabled, until you reach age 65, or to Social Security Normal Retirement Age (SSNRA), or 3 years 6 months, whichever is longest. SSNRA means your normal retirement age under the Federal Social Security Act, as amended. If a period of disability begins after age 62, monthly benefits are payable, while you remain disabled, according to the following schedule:

<u>Age when disability begins</u>	<u>Maximum Benefit Period</u>
62 .....	To SSNRA, or 3 years 6 months, whichever is longer
63 .....	To SSNRA, or 3 years, whichever is longer
64 .....	To SSNRA, or 2 years 6 months, whichever is longer
65 .....	2 years
66 .....	1 year 9 months
67 .....	1 year 6 months
68 .....	1 year 3 months
69 or older .....	1 year

**DISABILITY BENEFITS** – If you are insured under the 30-Day Plan (STD and LTD insurance), after your 30 days of disability, you will be paid a weekly STD benefit equal to 66 2/3% of your weekly predisability earnings. This weekly benefit is subject to reduction by deductible income. The maximum weekly STD benefit is \$3,462; the minimum weekly STD benefit will never be less than \$25 or 10% of your gross weekly benefit, whichever is greater. If you are insured either under the 30-Day Plan (STD and LTD insurance) or 90-Day Plan (LTD insurance), beginning on the 91st day of disability, if you remain disabled you will be eligible to receive a monthly LTD benefit equal to 66 2/3% of your monthly predisability earnings. (If you received STD benefits, these will end when LTD benefits begin.) This monthly benefit is subject to reduction by deductible income. The maximum monthly LTD benefit is \$15,000; the minimum monthly LTD benefit will never be less than \$100 or 10% of your gross monthly LTD benefit, whichever is greater.

**BENEFITS FROM OTHER INCOME** – The Standard will subtract deductible income from your gross disability payment. Deductible income is income you receive or are eligible to receive while benefits are payable. It includes, but is not limited to, the following:

- Your work earnings (your gross weekly earnings from work you perform for your employer while disabled)
- Any amount you receive or are eligible to receive because of your disability under a state disability income benefit law.
- Earnings or compensation included in your predisability earnings and which you receive or are eligible to receive while benefits are payable
- Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law
- Any amount you receive by compromise, judgment, settlement or other method as a result of a claim for any of the above, whether disputed or undisputed
- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid by your employer
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Income you receive or are eligible to receive because of your disability under another group insurance coverage
- Disability or retirement benefits under your employer's retirement plan
- Amounts due from or on behalf of a third party because of your disability

## **ADDITIONAL FEATURES**

These features are included under the group 90-Day Plan (LTD insurance) and 30-Day Plan (under the LTD insurance group policy, on the 91<sup>st</sup> day of disability, provided you are receiving monthly LTD benefits)

**ASSISTED LIVING BENEFIT** – Under the LTD insurance policy, this benefit provides an income replacement equal to 80% of your insured monthly predisability earnings up to a maximum monthly LTD benefit of \$18,000. Your Assisted Living Benefit will be paid to you at the same time your monthly disability LTD benefits are payable, provided satisfactory proof of loss has been submitted.

If you meet the requirements below, we will pay Assisted Living Benefits according to the terms of the Group Policy after we receive proof of loss satisfactory to us.

1. You are disabled and LTD benefits are payable to you.
2. While you are disabled:
  - a. You, due to loss of functional capacity as a result of physical disease or injury, become unable to safely and completely perform two or more activities of daily living without hands-on assistance or standby assistance; or
  - b. You require substantial supervision for your health or safety due to severe cognitive impairment as a result of physical disease or injury.
3. The condition in 2.a or 2.b above is expected to last 90-Days or more as certified by a physician in the appropriate specialty as determined by us.

**LIFETIME SECURITY BENEFIT** – The Lifetime Security Benefit provides lifetime income to severely disabled employees, by extending LTD benefits beyond the regular Maximum Benefit Period. This enhancement reduces worries for disabled employees during their retirement years.

**ANNUITY CONTRIBUTION BENEFIT** – You will be eligible for an Annuity Contribution Benefit if you are disabled and LTD benefits have been payable to you for 9 months.

The amount of the Annuity Contribution Benefit is 11% of your monthly predisability earnings, but not to exceed \$2,475. The Annuity Contribution Benefit is not reduced by deductible income.

**COST OF LIVING ADJUSTMENT (COLA) BENEFIT** – The Standard will make a cost of living adjustment on the first of the month following 12 full months of payable LTD benefits. Your COLA Benefit Factor is 2%. If you remain continuously disabled and are receiving monthly disability LTD benefits, your monthly benefit payments will increase by 2% on each anniversary of the first Cost of Living Adjustment, for a maximum of 5 adjustment periods.

**REHABILITATION PLAN** – Under the LTD insurance policy, while benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, The Standard may pay for return to work expenses you incur, such as job search, training, education and family care expenses.

We will pay an additional monthly disability benefit of the lesser of \$1,000 or 10% of your monthly predisability earnings, provided you are receiving monthly benefits and are participating in an approved rehabilitation plan.

To participate in a Rehabilitation Plan you must apply on The Standard's forms or in a letter to The Standard. The terms, conditions and objectives of the plan must be accepted by you and approved by The Standard in advance.

**FAMILY CARE EXPENSES** – Under the LTD insurance policy, during the first 24 months after you return to work, while you are still disabled, your work earnings may be adjusted for family care expenses paid to a licensed care provider for the care of your family which is necessary in order for you to work.

- The adjustment caps at \$250 per family member or \$500 for all family members per month.
- Family member includes
  - Your child (age 11 and younger) regardless of mental or physical handicap, or
  - Your child (age 12 and older), spouse, parent, grandparent, sibling, or other close family member residing in your home who is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on you for support and maintenance.

**WORK INCENTIVE BENEFIT** – Under the LTD insurance policy, if you return to work while disabled, your monthly payment will not be reduced during the first 24 months of payments, as long as your return to work earnings, plus gross disability payment, does not exceed 100% of your monthly predisability earnings. After the first 24 months of payments under the LTD insurance policy, while working, you will receive payments based on the percentage of income you are losing due to your disability.

**SURVIVOR BENEFIT** – If you die while monthly disability LTD insurance benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a Survivor Benefit equal to three times your unreduced monthly disability LTD benefit may be payable. (Any survivor benefit payable will first be applied to any overpayment of your claim due to The Standard.)

The Survivors Death Benefit will be paid at our option to any one or more of the following:

- a. Your surviving spouse;
- b. Your surviving unmarried children, including adopted children, under age 25;
- c. Your surviving spouse's unmarried children, including adopted children, under age 25; or
- d. Any person providing the care and support of any person listed in a., b., or c. above.

No survivor's death benefit will be paid if you are not survived by any person listed in a., b., or c. above.

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

- Under the STD insurance policy: a disability arising out of or in the course of any employment for wage or profit, if you are receiving benefits for the disability under any workers' compensation or occupational disease law
- Under the LTD insurance policy: committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- Under the LTD insurance policy: the loss of your professional or occupational license or certification

Under the STD and LTD insurance policies:

- 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)
- A pre-existing condition or the medical or surgical treatment of a pre-existing condition unless on the date you become disabled, you have been continuously insured under the group policy for the 12-month exclusion period and actively at work for at least one full day after the end of the exclusion period

A pre-existing condition is a mental or physical condition, whether or not diagnosed or misdiagnosed:

- Which was discovered or suspected as a result of any routine or other medical examination at any time during the pre-existing condition period; or
- For which you have consulted a physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the pre-existing condition period.

The pre-existing condition period is the 90-day period just before your disability insurance becomes effective.

**LIMITATIONS** – To receive STD and LTD benefits, you must be under the ongoing care of a physician in the appropriate specialty as determined by The Standard.

Weekly disability STD benefits are not payable for any period when you are:

- Working for wage or profit for any employer other than your employer, or when you are self-employed
- Eligible to receive benefits for your disability under a workers' compensation or similar law

Monthly disability LTD benefits are not payable for any period when you are confined for any reason in a penal or correctional institution

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

- To 12 months if you reside outside of the United States or Canada
- To 24 months for each period of continuous disability if your disability is caused or contributed to by mental disorders or substance abuse

**TERMINATION OF YOUR DISABILITY BENEFITS** – Weekly disability STD 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 monthly disability LTD benefits become payable to you under the LTD insurance policy sponsored by your employer
- The date you begin working for an employer other than your employer, or become self-employed
- The date you fail to provide proof of continued disability and entitlement to weekly STD insurance benefits

Monthly disability LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends (unless monthly disability LTD insurance benefits are continued by the Lifetime Security Benefit)
- The date you die
- The date benefits become payable under any other disability 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 monthly disability LTD insurance benefits

**RENEWAL PROVISION** – Your insurance will remain in force subject to payment of the required premium, even if you are on authorized leave of absence or sabbatical, until the date you cease to be an active eligible member of University of Florida, unless the policy is terminated. You may terminate this coverage at any time by notifying your Personnel Department.

## PREMIUM EXAMPLES

The monthly cost to participate in the 30-Day Plan is **\$0.85 per \$100** (STD and LTD combined premiums) of covered monthly salary. Should you prefer to participate in the 90-Day Plan, the monthly cost is **\$0.59 per \$100** (LTD premium) of covered monthly salary, collected on a bi-weekly basis.

To help you calculate your monthly premium cost, please refer to the examples below:

If you participate in the:

### **30 day Elimination Period Option (STD and LTD Combined Premiums)**

$\$20,000 \div 12 \div 100 \times \$0.85 =$  **\$14.17 Monthly Premium**  
(Annual salary) (months) (per \$100 salary rate-based)

$\$40,000 \div 12 \div 100 \times \$0.85 =$  **\$28.33 Monthly Premium**  
(Annual salary) (months) (per \$100 salary rate-based)

$\$60,000 \div 12 \div 100 \times \$0.85 =$  **\$42.50 Monthly Premium**  
(Annual salary) (months) (per \$100 salary rate-based)

Benefits are paid on a **WEEKLY** basis once you have been disabled for 30 days.

### **90 day Elimination Period Option (LTD Premiums)**

$\$20,000 \div 12 \div 100 \times \$0.59 =$  **\$9.83 Monthly Premium**  
(Annual salary) (months) (per \$100 salary rate-based)

$\$40,000 \div 12 \div 100 \times \$0.59 =$  **\$19.67 Monthly Premium**  
(Annual salary) (months) (per \$100 salary rate-based)

$\$60,000 \div 12 \div 100 \times \$0.59 =$  **\$29.50 Monthly Premium**  
(Annual salary) (months) (per \$100 salary rate-based)

Benefits are paid on a **MONTHLY** basis once you have been disabled for 90 days.

*This information is designed to answer some common questions about the group Voluntary Short Term Disability (STD) and Voluntary Long Term Disability (LTD) insurance coverage being offered by your employer to eligible employees. It is not intended to provide a detailed description of the coverage.*

**TO APPLY FOR GROUP DISABILITY INSURANCE,  
PLEASE COMPLETE THE REVERSE SIDE OF THIS PAGE**

**To Be Completed By Applicant**     Apply for Coverage     Change in Coverage     Name Change

Employer Name <b>University of Florida</b>		Group Number <b>648973</b>	Date of Employment	Job Title/Occupation		
Your Name (Last, First, Middle)						
Employee ID		Your Social Security Number		Birth Date		<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address				City	State	ZIP
Hours Worked Per Week	Annual Earnings \$ _____		Choose one: I am employed on a <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 month contract			
<p><b>Coverage</b></p> <p><b>Short Term Disability (STD) and Long Term Disability (LTD) Insurance</b>  <input type="checkbox"/> 30 Day Plan (Voluntary STD and Voluntary LTD)</p> <p><b>Long Term Disability Insurance</b>  <input type="checkbox"/> 90 Day Plan (Voluntary LTD)</p> <p>The 30 Day (STD and LTD) and 90 Day (LTD) Disability Plans have a pre-existing condition limitation. If I have received medical or surgical treatment, services or advice, undergone diagnostic procedures, including self administered procedures, taken prescribed drugs or medicines, or consulted with a physician or other licensed medical professional, for any mental or physical condition which was discovered or suspected as a result of any routine or other medical examination at any time within the 90 days prior to my effective date of coverage, these conditions will not be covered unless the disability begins more than twelve (12) consecutive months after my effective date of coverage. Review your booklet for additional information about the effective date of your coverage and the pre-existing condition exclusion.</p>						
<p><b>Signature:</b> I wish to make the choices indicated on this form. I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.</p>						
Member/Employee Signature Required _____				Date (Mo/Day/Yr) _____		

*Return completed form to your Human Resources Department.*