



Short Term Disability Income Protection Insurance Plan Highlights

University of Dayton Policy # 123098

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

Your Plan

Eligibility

Class 1: You are eligible for coverage if you are an active clerical or technical employee other than a technical employee at the Research Institute working a minimum of 1000 hours per year on a regularly scheduled basis in the United States with the employer.

Class 2: You are eligible for coverage if you are an active employee hired on or after July 1, 2000 and working a minimum of 1000 hours per year on a regularly scheduled basis, excluding class 1 employees in the United States with the employer.

Class 3: You are eligible for coverage if you are an active Bargaining Unit employee.

Guarantee Issue

Current Employees: Coverage is available to you without answering any medical questions or providing evidence of insurability.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum benefit of \$1,650 per week.

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 programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Definition of Disability

You are disabled when UnumProvident determines that:

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

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

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 0 days.

If your disability is due to a sickness, your Elimination Period is 7 calendar days.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 13 weeks.

Additional Benefits

Rehabilitation and Return to Work Assistance

UnumProvident has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$250 per week. In addition, we will make weekly payments to you for 3 weeks following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

Inpatient Hospital Benefit

Benefit payment begins immediately for employees who become hospital confined as an inpatient due to their disability

Limitations/Exclusions/ Termination of Coverage

Instances When Benefits Would Not Be Paid

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- **intentionally self-inflicted injuries;**
- **loss of a professional license, occupational license or certification;**
- **commission of a crime for which you have been convicted;**
- **any period of disability during which you are incarcerated;**
- **an occupational injury or sickness, (this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law);**
- pre-existing condition.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Please see your Plan Administrator for further information on these provisions.

UnumProvident will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Next Steps

How to Apply

For employees hired on or after 01/01/2007:

Complete the enrollment form within 31 days of eligibility

Effective Date of Coverage

Your effective date of coverage is **01/01/2007**. For employees who become eligible after this date, coverage is effective the first of the month following the date you join a benefit eligible classification.

Delayed Effective Date of Coverage

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from UnumProvident. 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.

Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unumprovident.com

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