

Plan Highlights

Voluntary Group Long Term Disability Insurance



Tennessee Board of Regents
60% to \$7,000 and 90 Day Elimination Period
\$0.2190 per \$100 of Covered Monthly Payroll

COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

ELIMINATION PERIOD

90 consecutive days of total disability.

BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of \$100, to a maximum benefit of \$7,000 per month.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

FEATURES

- ▶ Activities of Daily Living Benefit: Can be eligible for an additional Benefit of 10% of income to a maximum of \$5,000 if you have loss of two or more Activities of Daily Living or have a cognitive impairment
- ▶ Conversion Privilege: Can be eligible to convert policy to an individual LTD policy due to termination of employment
- ▶ Extended Disability Benefit: Can be eligible to receive 85% of LTD benefit for additional 5 Years after reaching your Benefit Duration if you meet requirements
- ▶ Cost of Living Adjustment Benefit: Can be eligible to increase your Net Benefit for by 3% for 5 years to offset inflation
- ▶ Own Occupation Coverage: 36 Months
- ▶ Rehabilitation Provision
- ▶ Partial Disability
- ▶ Specific Indemnity Benefit: Provides for a guaranteed number of benefit payments if claimant suffers a dismemberment from an accident resulting in an injury
- ▶ Survivor Benefit: 3 months
- ▶ Transfer of Coverage Provision
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services
- ▶ ID Theft Recovery Services

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12 (you do get credit for time covered under your prior plan). If you enroll for a plan with richer benefits, the increased benefits are subject to pre-existing condition limitation
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

RELIANCE STANDARD
LIFE INSURANCE COMPANY

www.reliancestandard.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.