Are you prepared for an unexpected disability?

Unum’s Short Term Disability Insurance helps pay the bills when you can’t work

What’s the risk?
Consider the frequency of disability. Can you afford not to be protected?

7 seconds — how often a working-age American becomes disabled for one month or more²

70%

More than 70% of American households couldn’t pay their normal living expenses if a wage earner were disabled for six months.³

Employee purchase option

<table>
<thead>
<tr>
<th>Description</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum weekly benefit</td>
<td>$2,308</td>
</tr>
<tr>
<td>Maximum weekly benefit percentage</td>
<td>70%</td>
</tr>
<tr>
<td>Elimination period</td>
<td>30/30 days</td>
</tr>
<tr>
<td>Injury/Sickness</td>
<td></td>
</tr>
<tr>
<td>Maximum benefit duration</td>
<td>22 weeks</td>
</tr>
</tbody>
</table>

Protect what you work for with disability insurance
If you become ill or injured and can’t work, Unum’s group Short Term Disability insurance can help. This plan can replace a percentage of your weekly earnings up to the plan maximum. It can help you cover expenses and balance medical bills if you can’t earn a paycheck.

If a disability kept you from earning an income, how would you pay for:
- Mortgage/rent
- Car insurance
- Groceries
- Medical bills
- Utilities
- Credit card bills

The top reason people buy this coverage:*  
- Injuries
- Back disorders
- Cancer
- Normal pregnancy
- Digestive disorders

How to apply
To learn more, watch for information from your employer.

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Long Beach Community College District
Policy # 414969

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

You are eligible for coverage if you are a permanent active employee working in the United States with the Employer at least 20 hours per week.

 Guarantee Issue

• New Hires
  o You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date.
  o If you apply for coverage more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

• Open Enrollment
  o You can elect coverage but your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Please see your Plan Administrator for your eligibility date.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to 70% of your weekly earnings, to a maximum of $2,308 per week.

If you are totally, partially or residually disabled, in order to receive a benefit, you must have a 20% or greater loss of your weekly pre-disability earnings due to the same disability.
*Example below illustrates how at least two common reductions would reduce the maximum benefit the insured would receive (benefit percent and amounts are for illustration purposes only and may not be representative of your plan):

Insured's weekly pre-disability earnings: $1,000  
Short term disability benefit percentage: x 70%  
Unreduced maximum benefit: $700  
Less Social Security disability benefit per week: -300  
Less state disability income benefit per week: -100  
**Weekly short term disability benefit:** $300  

**Your disability benefit may be reduced by benefit reductions** including amounts you receive or are entitled to receive as:

- disability income payments under any state compulsory benefit act or law;  
- a benefit under an occupational disease law or any other act or law with similar intent, other than workers’ compensation;  
- disability payments due to your disability from Social Security or similar governmental programs. **Your disability benefit may be reduced by benefit reductions** including amounts you receive:
  - under a salary continuation or accumulated sick leave plan;  
  - from a third party (after subtracting attorney’s fees); by judgment, settlement or otherwise;  
  - as disability payments under your Employer’s retirement plan.  
  - disability payments under Title 46, United States Code Section 688 (The Jones Act);  

If you are totally, partially or residually disabled, your disability benefit may be reduced by any earnings you have while disabled. During the first 12 months of payments, if your disability payments plus your disability earnings exceed 100% of your pre disability earnings we will subtract the amount over 100% from your benefit payment. Disability earnings are earnings which you receive for work performed while you are disabled and working for your Employer or from another employer for whom you became employed after your disability began.

**Definition of Disability**

You are totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

You are partially disabled when you are not totally disabled and that while actually working in your usual occupation, as a result of sickness or injury you are unable to
earn 80% or more of your indexed weekly pre-disability earnings.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

**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 30 days.

If your disability is due to a sickness, your Elimination Period is 30 days.

**Benefit Duration**

If you meet the definition of disability you may receive a benefit for 22 weeks.

Your premium payment made through payroll deduction at LBCC will be made with post-tax dollars. The benefit amount you receive will not be taxed. Any benefit amounts you receive will be reported annually by Unum.

**Post-Tax Dollars** are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.

**Limitations/Exclusions/ Termination of Coverage**

**Pre-existing Condition Exclusion**

Benefits would not be paid for disabilities caused or substantially contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition.

You have an excluded pre-existing condition if:

- you received medical treatment, care or services for a diagnosed condition, or took prescribed drugs or prescribed medicines for that diagnosed condition, in the 3 months just prior to your effective date of coverage; and
- the disability caused or substantially contributed to by the condition 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 or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a felony for which you have been convicted;
- war, declared or undeclared, or any act of war.
- occupational sickness or injury (however, Unum will cover disabilities due to occupational sicknesses or injuries for partners or sole proprietors who cannot be covered by a worker’s compensation law);
- excluded pre-existing condition.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

Termination of Coverage

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

- The date the policy or your coverage under the policy 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.

However, coverage will continue:

- while benefits are being paid;
- while you are fulfilling the requirements of your elimination period, so long as premium is being paid; or
- in accordance with the layoff and leave of absence provisions of the policy.

Please see your Plan Administrator for further information on these provisions.

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

Next Steps

To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date, you may apply at any time during the plan year or wait until open enrollment to apply; however, you will be required to provide evidence of insurability in order to qualify for coverage. This will include a review of your overall medical health including routine, planned, unplanned or ongoing medical care or consultation, and may result in a declination of coverage.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

Questions

If you should have any questions about your coverage or how to enroll, please contact Unum at 1-800-421-0344 or see your Plan Administrator.
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 CA, et al.

Underwritten by:
Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

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Please complete this form in its entirety. Blank fields will cause significant delays in processing.

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
<th>Gender</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Hours Worked Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employee First Name**  
**Employee Street Address**  
**City**  
**State**  
**Zip Code**

**Original Date of Hire**  
**Annual Salary**  
**Occupation**

**Date entered into an eligible class (ex: part time to full time) or**  
**Rehire Date or**  
**Date of promotion to an eligible class**

(If unknown, consult with your Plan Administrator to complete.)

### Rates* per $10 of weekly Benefit

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.396</td>
<td>50 – 54</td>
<td>$0.396</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.408</td>
<td>55 – 59</td>
<td>$0.528</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.372</td>
<td>60 – 64</td>
<td>$0.720</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.300</td>
<td>65 – 69</td>
<td>$0.768</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.324</td>
<td>70+</td>
<td>$0.768</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.336</td>
<td></td>
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</tr>
</tbody>
</table>

*STD rates are based on five-year increments. Rates increase as you age.

**STD Cost Calculation:** To calculate your per-paycheck cost for this coverage, complete the calculations below. *Final Cost may vary slightly due to rounding. Calculation is just an estimate of premium amount and may be subject to change.

Aging takes place on the anniversary date which is calculated by taking the Plan Year and subtracting the Birth Year.

**Example 1:** The policy anniversary date is 1/1/12. EE turns 30 on 2/14/12. On the 1/1/12 anniversary date, the EE will begin billing as age 30 even though the birthday has not happened yet.

**Example 2:** The policy anniversary date is 10/1/12. EE turns 30 on 2/14/12. The EE wouldn’t begin billing as age 30 until the anniversary date of 10/1/12.

**NOTE:** If your weekly salary exceeds $3847, use $3847 as your weekly salary in the calculation.

\[
\frac{\text{Annual Salary}}{52} \times \frac{\text{Weekly Salary}}{\text{Benefit %}} = \text{Your Weekly Benefit}
\]

\[
\frac{\text{Your Weekly Benefit}}{10} \times \text{Your Rate} = \text{Your Tenthly Cost}
\]

**Yes,** I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective.

I have also read and understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.

**No,** I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.

**Employee Signature:** ___________________________  
**Date:** ___/___/____   

**Return Forms To:** Benefits Office – G2  
**By:** ___________________________