

Long Beach Community College District



All Full Time Permanent Employees

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 22 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Consider your weekly expenses

	Food	\$
	Transportation (gas, car payments, repairs)	
6-6	Child care/elder care	
A	Mortgage/rent	
☆ /\	Utilities (electric, water, cable, phone)	
	Medical costs (co-pays, medications)	
(Insurance (health, life, car, home)	
	Total weekly expenses	\$

1 Unum internal data, 2015



Short Term Disability Insurance

How much coverage can I get?

You*

You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.

Coverage amounts

Cover 70% of your weekly income, up to a maximum benefit of \$2,308 per week. The weekly benefit may be reduced or offset by other sources of income.

*See the Legal Disclosures for more information

If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 30 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 22 week benefit duration.

Calculate your cost

Disability worksheet



Calculate your weekly benefit

Ś	÷	52 = \$

x 70% = \$____

Enter your annual earnings

Your weekly earnings (Max % of income covered)

Max weekly benefit available (if the amount exceeds the plan max of \$2,308, enter \$2,308.)

2

Calculate your cost per paycheck (Use the rate table below)

Your weekly benefit amount

Your rate (see table)

Your 10thly cost

Choose the age you will be when your coverage becomes effective.

Age	Rates
15-24	\$0.396
25-29	\$0.408
30-34	\$0.372
35-39	\$0.300
40-44	\$0.324
45-49	\$0.336
50-54	\$0.396
55-59	\$0.528
60-64	\$0.720
65+	\$0.768

Short Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Long Beach Community College District for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

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

Definition of disability

You are considered 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.

You are considered partially disabled when you are not totally disabled, but while actually working in your usual occupation, a sickness or injury keeps you from earning 80% or more of your indexed weekly pre-disability earnings.

You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"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.

Pre-existing conditions

You have an excluded pre-existing condition if:

- You received medical treatment, care, or services for a diagnosed condition, or took prescribed medication for that diagnosed condition, in the 3 months immediately 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.

Deductible sources of income

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, if applicable; 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.

Exclusions and limitations

Your plan does not cover any disabilities caused by or resulting from:

- $\cdot \ \text{Intentionally self-inflicted injuries};\\$
- · Active participation in a riot;
- · War, declared or undeclared or any act of war;
- Commission of a felony for which you have been convicted;
- Any 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);
- Excluded pre-existing conditions (see definition).

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:

- \cdot 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.

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

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details

of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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EN-1977 (7-18) **FOR EMPLOYEES**



Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, ME 04122

Short Term Disability Insurance

Enrollment Form Policy #414969

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

Employee Social	Security Number		of Birth (mm/dd/yyyy)	Hours Worked Per	Week	
		M F] / /			
Employee First N	lame	M.I. 1	_ast Name			
Employee Street	Address	City		State Zip C	ode	
Original Date of		Annual Sala	<u> </u>			
Original Date of	nire	Annual Sala	r <u>y</u>	Occupation		
		□ Exempt	☐ Non-Exempt			
	_	s (ex: part time to full t	ime) or			
☐ Rehire Date of		_				
☐ Date of promo	tion to an eligible of	class				
		f unknown, consult with you	Plan Administrator to com	plete.)		
		Rates* per \$10	of weekly Benefit			
	Age	Rate	Age	Rate		
	<25	\$0.396	50 – 54	\$0.396		
<u> </u>	25 – 29	\$0.408	55 – 59	\$0.528		
_	30 – 34	\$0.372	60 - 64	\$0.720		
<u> </u>	35 – 39	\$0.300	65 – 69	\$0.768		
<u> </u>	40 – 44	\$0.324	70+	\$0.768		
<u> </u>	45 – 49	\$0.336				
	*STD rates are base	d on five-year increment	s. Rates increase as yo	u age.		
				alculations below. *Final Cost r	may	
vary slightly due to	rounding. Calculation	is just an estimate of premi	um amount and may be s	ubject to change.		
Aging takes place	on the anniversary dat	e which is calculated by tak	ing the Plan Year and sub	tracting the Birth Year.		
Example 1: The p	olicy anniversary date	is 1/1/12. EE turns 30 on 2/		versary date, the EE will begin b	oilling	
	ough the birthday has		0/4.4/40 The FF wouldn't l	again hilling on ago 20 until the		
anniversary date of		IS 10/1/12. EE tuilis 30 011 2	2/14/12. THE EE WOULDING	begin billing as age 30 until the		
-						
NOTE: If your we	eekly salary exceeds	s \$3847, use \$3847 as ye	our weekly salary in the	calculation.		
		÷ 52 =	_ X =			
	Annual Salary	Weekly Salar	y Benefit %	Your Weekly Benefit		
		∸ 10 −	Υ -	_		
	Your Weekly Be	÷ 10 = enefit	Your Rate	Your Tenthly Cost		
		authorize my employer to erifies the accuracy of in		or wages the necessary prethis form.	∍mium	
I understand	the effective date of	my coverage will be del	ayed if I am not in active	e employment because of ar	ı	
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						
	and benefit amoun					
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.						
Empleyee O'rest			Data			
⊨mpioyee Signati	ıre:			/		
Return Forms To:	Benefits Office -	- G2	By:		-	



Short Term Disability Income Protection Insurance Plan Highlights

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

- 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

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 also be reduced by
 disability payments that your dependent spouse and children receive or are
 entitled to receive 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.

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

Elimination Period

Federal Income Taxation

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.

<u>Limitations/Exclusions/</u> 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

How to Apply

To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date, you may apply during Open Enrollment; 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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