



Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

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 long term disability claims:¹

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

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

What else is included?

Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Consider your monthly expenses

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



¹ Unum internal data, 2018. Note: Causes are listed in ranked order.

Long Term Disability Insurance

How much coverage can I get?

You*	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 25 hours per week.</p> <p>Coverage amounts Choose to cover 60% or 66.67% of your monthly income, up to the maximum amount listed below. The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.</p>
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- ! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

Elimination period (EP)

Your elimination period is 30, 60, or 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits for 5 years or up to the Social Security (SS) normal retirement age.

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2, enter the amount that is less: 1) your annual earnings or 2) the maximum covered annual earnings listed on the rate chart, based on your age and coverage percentage amount you want.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet									
1 Enter your annual earnings and calculate your maximum monthly benefit available.									
\$ _____	÷	12 =	\$ _____	x _____ % =	\$ _____				
Your annual earnings			Your monthly earnings	(The % plan that that you want)	Max monthly benefit available (if the amount exceeds the plan max listed below, enter the number below)				
2 Calculate your cost per paycheck									
\$ _____	÷	100 =	\$ _____	x	\$ _____ =	\$ _____	÷	_____ =	\$ _____
Your annual earnings				Rate for the option you choose			Number of paychecks per year		Total cost per paycheck

Plan Options/ Rates				
	Option 1	Option 2	Option 3	Option 4
Plan Design ›	60% Benefit Maximum Benefit: \$2,000 EP: 60 days BD: for 5 years	66.67% Benefit Maximum Benefit: \$5,334 EP: 90 days BD: to SSNRA	66.67% Benefit Maximum Benefit: \$5,334 EP: 60 days BD: to SSNRA	66.67% Benefit Maximum Benefit: \$5,334 EP: 30 days BD: to SSNRA
Maximum covered annual earnings ›	\$40,000	\$96,007	\$96,007	\$96,007
Rate ›	\$0.446	\$0.531	\$0.602	\$0.703

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Long 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 Pennsbury School 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.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

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

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

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 that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Recovery Income Benefit

Unum will send you the monthly payment if you have been disabled and you satisfy each of the following:

- You have satisfied the elimination period for that disability;
- You return to your regular occupation full time with the Employer on the earlier of the date your disability ends or the date your benefits cease;
- you have a 20% or more loss in your indexed monthly earnings due to the same disability; and
- You have received at 3 months of disability payments for that disability under the plan.

Recovery income protection benefit payments will end on the earliest of the following:

- The date months recovery income protection benefits have been paid; or
- The date your current earnings exceed 80% of your indexed monthly earnings.

Pre-existing conditions

You have a pre-existing condition if:

- you received medical treatment, medical advice, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and
- the disability begins in the first 12 months after your effective date of coverage

Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier's liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier's plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum monthly benefit or the prior plan's monthly benefit.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- The amount that you receive as disability income payments under the Pennsylvania Motor Vehicle Financial Responsibility Law

- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

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

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

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.

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

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocate Group, LLC. Referral to one of our advocacy partners is determined by Unum.

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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Disability Insurance Enrollment Form

Unum Insurance Company
2211 Congress Street Portland, Maine 04122



THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Pennsbury School District

Complete your personal information and choose your coverage amount

First name (please print) M. initial Last name

Social Security Number Gender (M/F) Date of birth (mm-dd-yyyy) Original hire date (mm-dd-yyyy)

Annual salary \$ Hours worked per week Occupation

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

Long Term Disability Insurance 956428-001

Choose your coverage

<p>Option 1:</p> <p>60% monthly benefit</p> <p>Maximum Benefit: \$2,000 EP: 60 days BD: for 5 years</p>	<p>Option 2:</p> <p>66.67% monthly benefit</p> <p>Maximum Benefit: \$5,334 EP: 90 days BD: to SSNRA</p>	<p>Option 3:</p> <p>66.67% monthly benefit</p> <p>Maximum Benefit: \$5,334 EP: 60 days BD: to SSNRA</p>	<p>Option 4:</p> <p>66.67% monthly benefit</p> <p>Maximum Benefit: \$5,334 EP: 30 days BD: to SSNRA</p>
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To calculate your cost per paycheck, refer to the disability worksheet under 'Calculate your costs'.

Your actual billed amount may vary slightly.

Long Term Disability Insurance — SIGN AND CERTIFY 956428-001

<p>YES — I want Long Term Disability Coverage</p> <p><input type="checkbox"/> YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.</p> <p>_____/_____/_____ Signature Date</p>	<p>NO — I do not want Long Term Disability Coverage</p> <p><input type="checkbox"/> I DO NOT want Long Term Disability Insurance.</p> <p>I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.</p> <p>_____/_____/_____ Signature Date</p>
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Required:

First name (please print) _____ M. initial _____ Last name _____

Email: _____

Note: Your email will only be used if you need to answer health questions to get this coverage. You will receive a link to answer health questions online.

Return forms to: plan administrator

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.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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FOR EMPLOYEES



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