# GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS





In the U.S., a disabling injury occurs every second.<sup>1</sup>

# UNIVERSITY OF SOUTHERN CALIFORNIA POSTDOCTORAL SCHOLAR BENEFIT PROGRAM

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Short-Term Disability insurance, visit thehartford.com/employeebenefits

#### **COVERAGE INFORMATION**

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
70%	\$1,500	On the 8 <sup>th</sup> day	On the 8 <sup>th</sup> day	52 weeks

#### **ASKED & ANSWERED**

#### WHO IS ELIGIBLE?

You are eligible if you are an active full time post-doctoral employee who works at least 30 hours per week on a regularly scheduled basis.

#### **AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

### WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

### WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

#### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer.

Typically, disability means as a result of injury or sickness you are unable to perform with reasonable continuity the essential duties necessary to pursue your usual occupation.

Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

<sup>1</sup>Injury Facts. National Safety Council. 2015 Edition. P. 37. Web. 30 June 2017.

# Prepare. Protect. Prevail. With The Hartford. ®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. 5962e NS 08/16 © 2016 The Hartford Financial Services Group, Inc. All rights reserved.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external and ex

UNIVERSITY OF SOUTHERN CALIFORNIA POSTDOCTORAL SCHOLAR BENEFIT PROGRAM NCSTD BHS\_PUBLICATION DATE: 8/5/2019 00099143 PAGE 1 OF 6

# GROUP LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS





Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).1

# UNIVERSITY OF SOUTHERN CALIFORNIA POSTDOCTORAL SCHOLAR BENEFIT PROGRAM

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit thehartford.com/employeebenefits

## **COVERAGE INFORMATION**

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
66.67%	\$5,000	The greater of \$100 or 10% of the benefit	After 365 days disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 3.5 years

### **ASKED & ANSWERED**

#### WHO IS ELIGIBLE?

You are eligible if you are an active full time post-doctoral employee who works at least 30 hours per week on a regularly scheduled basis.

#### **AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage – it is available without having to provide information about your health.<sup>3</sup>

This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet.

## WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

### WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

#### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

#### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform with reasonable continuity the essential duties necessary to pursue your usual occupation in the usual or customary way. Once you have been disabled for 24 months following the elimination period, you are unable to engage with reasonable continuity in any occupation.

Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or

UNIVERSITY OF SOUTHERN CALIFORNIA POSTDOCTORAL SCHOLAR BENEFIT PROGRAM NCLTD BHS\_PUBLICATION DATE: 8/5/2019 00099143 PAGE 3 OF 6

extra compensation.
1U.S. Social Security Administration Fact Sheet. Web. 30 June 2017 https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf 3The Long Term Disability policy contains a Pre-Existing Condition Exclusion. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.
Prepare. Protect. Prevail. With The Hartford. ® The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford CT. 5962e NS 08/16 © 2016 The Hartford Financial Services Group, Inc. All rights reserved.

UNIVERSITY OF SOUTHERN CALIFORNIA POSTDOCTORAL SCHOLAR BENEFIT PROGRAM NCLTD BHS\_PUBLICATION DATE: 8/5/2019 PAGE 4 OF 6 00099143

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <a href="http://thehartford.com/group-benefits-producer-compensation">http://thehartford.com/group-benefits-producer-compensation</a>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

# **LIMITATIONS & EXCLUSIONS**



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

# GROUP SHORT TERM DISABILITY INSURANCE LIMITATIONS AND EXCLUSIONS GENERAL EXCLUSIONS

- •You must be under the regular care of a physician to receive benefits.
- •You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - •War or act of war (declared or not)
  - •The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - ·Your being engaged in an illegal occupation
  - ·Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

#### **OFFSETS**

- •Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Other employer-based insurance coverage you may have
  - Unemployment benefits
  - •Settlements or judgments for income loss
  - •Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- •Your benefit payments will not be reduced by certain kinds of other income, such as:
- •Retirement benefits if you were already receiving them before you became disabled
  •Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing

  - Most personal disability policies
     Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy.

Insured's weekly [Pre-Disability Earnings/Basic weekly Pay] \$1.000

Short term disability benefits percentage x 60% Unreduced maximum benefit \$600

Less Social Security disability benefit per week - \$300

Less state disability income benefit per week - \$100

Total amount of short term disability benefit per week \$200

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

5962e NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

#### **GROUP LONG TERM DISABILITY INSURANCE**

LIMITATIONS AND EXCLUSIONS

**GENERAL EXCLUSIONS** 

- •You must be under the regular care of a physician to receive benefits.
- \*You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
   \*War or act of war (declared or not)
   \*The commission of, or attempt to commit a felony
- •An intentionally self-inflicted injury
  •Your being engaged in an illegal occupation
  PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:

   You have not received treatment for your condition for 3 months before the effective date of your insurance, or

  - •You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or •You have already satisfied the pre-existing condition requirement of your previous insurer

# LIMITATIONS

- •Mental Illness Limitation. If you are disabled because of Mental Illness, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.
- •Substance Abuse Limitation. If you are disabled because of alcoholism or use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.

#### **OFFSETS**

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Workers' compensation
  - •Other employer-based insurance coverage you may have
  - Unemployment benefits
  - Settlements or judgments for income loss
  - •Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- •Your benefit payments will not be reduced by certain kinds of other income, such as:
  - •Retirement benefits if you were already receiving them before you became disabled
  - \*Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy.

Insured's monthly [Pre-Disability Earnings/Basic Monthly Pay] \$3,000 Long term disability benefits percentage x 60%

UNIVERSITY OF SOUTHERN CALIFORNIA POSTDOCTORAL SCHOLAR BENEFIT PROGRAM LIMITATIONS & EXCLUSIONS PUBLICATION DATE: 8/5/2019 00099143 PAGE 5 OF 6 Unreduced maximum benefit \$1,800 Less Social Security disability benefit per month - \$900 Less state disability income benefit per month - \$300 Total amount of long term disability benefit per month \$600

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

5962d NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

#### Prepare. Protect. Prevail. With The Hartford. ®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford. CT.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.