



### Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through Northwestern University Postdoctoral Fellow Benefit Program. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Long Term Disability (LTD) Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by Northwestern University Postdoctoral Fellow Benefit Program and The Standard.

### Eligibility

To become insured, you must be:

- A regular, full-time employee of Northwestern University Postdoctoral Fellow Benefit Program, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- *Actively at work* at least 17.5 hours each week
- A citizen or resident of the United States or Canada

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one day of *active work* as an eligible employee.

### Benefit Amount

Your monthly benefit is 60 percent of your insured *predisability earnings* reduced by *deductible income*. Please contact your human resources representative for additional information regarding what is included in *predisability earnings*.

Plan Maximum Monthly Benefit: \$11,500

Plan Minimum Monthly Benefit: \$100

Benefit amounts in excess of \$10,000 require medical underwriting approval.

### Benefit Waiting Period

If your claim for *LTD benefits* is approved by The Standard, benefits become payable after you have been continuously *disabled* for 180 days. Benefits are not payable during the *benefit waiting period*.

### Pre-existing Condition Exclusion

A general description of the *pre-existing condition exclusion* is included in the Voluntary LTD Employee Brochure. If you have questions, please check with your human resources representative.

*Pre-existing Condition Period*: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

### Own Occupation Period

For the plan's definition of *disability*, as described in your brochure, the *own occupation period* is the first 24 months for which *LTD benefits* are paid.

### Any Occupation Period

The *any occupation period* begins at the end of the *own occupation period* and continues until the end of the *maximum benefit period*.

### Maximum Benefit Period

If you become *disabled* before age 62, *LTD benefits* may continue during *disability* until you reach the Social Security Normal Retirement Age (SSNRA). If you become *disabled* at age 62 or older, the benefit duration is determined by your age when *disability* begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA or 3 years 6 months, whichever is longer
63	To SSNRA or 3 years, whichever is longer
64	To SSNRA or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

### When Benefits End

*LTD benefits* end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to benefits

**Rates**

The cost of this insurance is shared by you and your employer, with each paying 50 percent of the cost. If you have questions regarding how to determine your earnings, please contact your human resources representative.

Age (as of January 1)	Rate %
<30	0.076
30-34	0.153
35-39	0.285
40-44	0.416
45-49	0.614
50-54	0.913
55-59	1.175
60-64	1.158
65-69	0.970
70-74	1.602
75+	2.307

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average monthly income, not to exceed \$19,167, on Line 1. Line 1: \_\_\_\_\_
2. Select your rate from the rate table and divide this by 100. Line 2: \_\_\_\_\_
3. Multiply Line 1 by the amount shown on Line 2. Line 3: \_\_\_\_\_
4. Divide Line 3 by 2. The amount shown on Line 4 is your estimated monthly payroll deduction. Line 4: \_\_\_\_\_

**Group Insurance Certificate**

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.