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| Description: Description: http://gacollege411.org/sharedImages/school_logos/GACollege411/Valdosta_State_University/VSU_logo.gif | Income Protection From The Hartford |
| VOLUNTARY LONG TERM DISABILITY BENEFITS |
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| **Eligibility:** | Active permanent full-time employees working a minimum of 30 hours weekly |
| **Eligibility Waiting Period:** | You are eligible on your date of hire |
| **When Coverage Begins:** | Coverage is effective on the later of: (a) the first of the month following or coinciding with your eligibility date, if you have enrolled by that date; (b) the first of the month following or coinciding with your enrollment date, if you have enrolled within 30 days from your eligibility date; or (c) the first of the month following or coinciding with the date The Hartford approves your application if evidence of insurability is required.If you did not enroll during your initial eligibility period and you wish to enroll at a later time, unless you experience a qualified Family Status Change, you must: 1) wait until an annual enrollment period to enroll; and 2) you will be required to provide Evidence of Insurability and be approved by The Hartford. Coverage applied for during the annual enrollment period is effective on the later of: (a) the first day of the next calendar year; or (b) the first of the month following or coinciding with the date The Hartford approves your application if evidence of insurability is required.If you are absent from work due to a physical or mental condition on the date your insurance coverage would otherwise become effective, coverage will be deferred until the date you have returned to work as an active full-time employee for one full day. |
| **Elimination Period / When LTD Benefits Begins:** | You may choose an elimination period of **90 days** or **150 days.** Benefits will begin to accrue on the day after you complete the Elimination Period. You may be totally or partially disabled during the Elimination Period. Periods of recovery during the Elimination Period will not interrupt the Elimination Period if the number of days you return to work as an Active Employee is less than one-half (1/2) the number of days of your elimination period. Any days within such Period of Recovery will not count toward the Elimination Period. |
|  | If at the end of the Elimination Period, You are prevented from performing one or more of the Essential Duties of Your Occupation, but Your Current Monthly Earnings are equal to or greater than 80% of Your Pre-disability Earnings, Your Elimination Period will be extended for a total period of 12 months from the original date of Disability, or until such time as Your Current Monthly Earnings are less than 80% of Your Pre-disability Earnings, whichever occurs first. For the purposes of extending Your Elimination Period, Your Current Monthly Earnings will not include the pay You could have received for another job or a modified job if such job was offered to You by Your Employer, or another employer, and You refused the offer. |
| **Benefit Percentage / Maximum & Minimum Monthly Benefit:** | **60%** of your Monthly Rate of Basic Earnings is the maximum the plan pays. **70%** is the maximum you can receive if you add this LTD benefit to Other Income Benefits (disability and retirement benefits you are eligible for due to your disability, including Social Security benefits to you and your family). The maximum monthly benefit amount is **$10,000**. The minimum monthly benefit is the greater of $100 or 10% of the benefit before reduction of Other Income Benefits. |
| **Maximum Benefit Duration:** | As long as you remain disabled, Long Term Disability benefit payments will continue according to the following schedule: |
|  | **Age at Disability (years)** | Prior to age 63 | 63 | 64 | 65 | 66 | 67 | 68 | 69+ |
|  | **Duration of LTD Payments (months)** | To normal retirement age\* or 48 months, if greater | 42 | 36 | 30 | 27 | 24 | 21 | 18 |
|  | \*Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. |
| **Disability or Disabled:** | Disability is defined in The Hartford’s contract with your employer. Typically Disability means that due to an injury, sickness, pregnancy or other medical condition covered by the insurance plan, during the Elimination Period you cannot perform one or more of the essential duties of your occupation, and for the **24 months** following the Elimination Period you cannot perform one or more of the essential duties of your occupation, and as a result, your current monthly earnings are less than 80% of your Indexed Pre-disability Earnings. Once you have been disabled for **24 months** beyond the end of the elimination period, you must be prevented from performing one or more of the essential duties of any occupation.  |
|  | **Your Occupation** means the job duties that you regularly perform and is Your Occupation as it is recognized in the general workplace. It is not limited to the specific position you held with your employer. It may be a similar activity that could be performed with your employer or any other employer in your local economy.  |
|  | **Any Occupation** means any occupation for which You are qualified by education, training or experience, and that has an earnings potential greater than the lesser of: (a) the product of Your Indexed Pre-disability Earnings and 60%; or (b) the Maximum Monthly Benefit of $10,000. |
| **Survivors Benefits:** | If you die while you are receiving benefit payments, your spouse/domestic partner or unmarried children under the age of 19 may be eligible for a lump sum Survivor Benefit equal to three (3) times the gross Monthly Benefit. |
| **Return-To-Work Incentive Benefit:** | During the first 12 months following a disabled employee’s return to work, work earnings are not deductible from the LTD benefit unless the LTD benefit (including any Rehab Benefit and/or Family Care Expenses) and work earnings exceed 100% of the employee’s Indexed Pre-disability Earnings. Then only the excess will be used as an offset against the LTD benefit. |
| **Family Care Expense Benefit:** | While participating in an approved rehab program, incurred dependent expenses are treated as a deduction from work earnings for purposes of calculating the monthly benefit payable. Maximum expense credit for each eligible family member is $350 per month during the first 12 months of Rehab Employment; $175 per month thereafter. Maximum of $2500 per calendar year.  |
| **Benefit Cost:**  | Your premium rate will be based on the Elimination Period you elect and the Retirement Plan in which you are currently participating.**Rates Effective January 1, 2013**90 Day Elimination Period : TRS = $.40 / $100 ORP = $.26 / $100150 Day Elimination Period : TRS = $.20 / $100 ORP = $.18 / $100 |
| **Long-Term Disability Exclusions:** This Plan does not cover any Disability which results from or is caused by or contributed to by: war or act of war (declared or not), insurrection or rebellion; commission or attempt to commit a felony; any case where your being engaged in an illegal occupation was a contributing cause to your disability; active participation in a riot; or intentionally self-inflicted injuries or attempted suicide. Benefits are not payable if you are not under the regular care of a doctor. |
| **Limitations for Disabilities Due to Particular Conditions:** You can receive benefit payments for Long Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime. Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit |
| **Pre-existing Condition Limitation:** Your plan has a pre-existing condition limitation. No benefits are payable under this Plan for any Disability due to a condition for which you received any medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the 90 days before your effective date under this policy unless your Disability elimination period starts after you have been an Active Employee under this LTD Plan for 12 continuous months or treatment free for 90 days after continuously being covered under this Plan. |
| **Benefit Amount Offsets:** Your Long-Term Disability benefit amount will be reduced by other income benefits you or your family receive or are eligible to receive, 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), and Other Income Benefits which will also include any disability benefits under the Teachers' Retirement System (TRS) or Employer's Retirement System (ERS). |
| Your Long-Term Disability benefit payments will not be reduced by any portion of retirement benefits that you (or your family) receive that are funded by your after-tax contributions, your savings or investments, IRAs or Keoghs, profit sharing, personal disability policies, Social Security Increases, or any retirement benefits you were receiving prior to your date of Disability, nor any portion of disability or retirement benefits that you receive from the Optional Retirement System (ORP). |
| This Benefit Highlights Sheet is an overview of the Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply. |