



Valdosta State University Long-Term Disability Benefit Highlights

Eligibility:	Active permanent full-time employees working a minimum of 20 hours weekly, who have met the eligibility waiting period																		
Eligibility Waiting Period / When Coverage Begins	<p>You are eligible on your date of hire if you have enrolled on or before that date.</p> <p>If you enroll within 30 days after your date of hire, your coverage will be effective on the date you enroll.</p> <p>If you enroll after this initial 30 day period, you must provide proof of good health and your coverage will be effective on the later of the first of the year following the Annual Enrollment Period or the date your application is approved by Hartford.</p> <p>If you are absent from work due to a physical or mental condition on the date your insurance or an increase in coverage would otherwise become effective, coverage (or an increase in coverage) will be deferred until the date you have returned to work as an active full-time employee for one full day.</p>																		
Elimination Period / When LTD Benefits Begins	Employee chooses an elimination period of 90 days or 150 days . Benefits begin the later of the elimination period or the end of any salary continuation period, if salary continuation is elected. You may be totally or partially disabled during the elimination period.																		
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:																		
	<table border="1"> <thead> <tr> <th>Age at Disability</th> <th>Prior to age 63</th> <th>63</th> <th>64</th> <th>65</th> <th>66</th> <th>67</th> <th>68</th> <th>69+</th> </tr> </thead> <tbody> <tr> <td>Duration of LTD Payments (months)</td> <td>To normal retirement age* or 48 months, if greater</td> <td>42</td> <td>36</td> <td>30</td> <td>27</td> <td>24</td> <td>21</td> <td>18</td> </tr> </tbody> </table> <p>*Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act.</p>	Age at Disability	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
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Duration of LTD Payments (months)	To normal retirement age* or 48 months, if greater	42	36	30	27	24	21	18											
Monthly Rate of Basic Earnings:	Means your regular monthly rate of pay from the Employer just prior to the date you become disabled, excluding commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.																		
Definition of Disability:	<p>Disability is defined in The Hartford's* contract with your employer. Typically, disability means that due to injury, sickness, pregnancy or other medical condition covered by the insurance, 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 80% or less than of your pre-disability earnings.</p> <p>Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 80% or less than of your pre-disability earnings.</p>																		
Benefit Cost:	<p>Your premium rate will be based on the Elimination Period you elect and the Retirement Plan in which you are currently participating.</p> <p>Rates Effective January 1, 2012</p> <p>90 Day Elimination Period : TRS = \$.40 / \$100 ORP = \$.26 / \$100</p> <p>150 Day Elimination Period : TRS = \$.20 / \$100 ORP = \$.18 / \$100</p>																		

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

Important Details: The following is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a Certificate of Insurance will be available to explain your coverage in detail.

Additional Benefits: If you are disabled and receiving a benefit under this policy, the following additional benefits may apply. For more information, see your LTD Certificate of Insurance.

- Family Care Credit Benefit – This benefit can be used for any dependent family member, not just children, to help with expenses for their care if you are disabled and participating in an approved rehabilitation program.
- Survivor Income Benefit – This benefit is paid to your dependents to help financially ease the transition period if you die.
- Workplace Modification Benefit – This benefit assists your employer with expenses for worksite adaptations that can help you return to work if you become disabled.

Exclusions: You cannot receive Long-Term Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

Mental Illness, Alcoholism and Substance Abuse:

- 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 Conditions: Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition in the 90 days just prior to the effective date of your policy, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for 90 consecutive days since the effective date of your insurance, or
- You have been insured under this coverage for 12 consecutive months prior to your date of disability.

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
- The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases
- Disability or retirement benefits that you receive from ORP (the Optional Retirement Plan).

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.