

Voluntary Short-term Disability Insurance Overview



Prepared for the employees of The University of West Georgia

Voluntary Short-term Disability Insurance Coverage – paid by you

Eligibility – Active, full-time employees working a minimum of 30 hours per week.

Weekly Benefit – This plan pays a benefit of 40%, 50% or 60% of your weekly covered earnings — to a maximum of \$1,500 per week. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the “Effects of Other Income Benefits” section.

Definition of Disability – Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Covered Earnings – Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

Elimination Period – You must be continuously disabled for 14 days from either accident or sickness.

Cost – The cost of this insurance program is paid by you. The cost of this coverage per \$10 of Weekly Benefit is:

Option 1 - 11 Week Maximum Benefit Duration

| | |
|---------------|--------|
| Under age 30: | \$0.30 |
| Age 30 – 34: | \$0.30 |
| Age 35 – 39: | \$0.30 |
| Age 40 – 44: | \$0.30 |
| Age 45 – 49: | \$0.36 |
| Age 50 – 54: | \$0.44 |
| Age 55 – 59: | \$0.55 |
| Age 60 – 64: | \$0.69 |
| Age 65 – 69: | \$0.80 |
| Age 70+: | \$0.88 |

Option 2 - 20 Week Maximum Benefit Duration

| | |
|---------------|--------|
| Under age 30: | \$0.36 |
| Age 30 – 34: | \$0.36 |
| Age 35 – 39: | \$0.36 |
| Age 40 – 44: | \$0.36 |
| Age 45 – 49: | \$0.45 |
| Age 50 – 54: | \$0.55 |
| Age 55 – 59: | \$0.63 |
| Age 60 – 64: | \$0.85 |
| Age 65 – 69: | \$0.98 |
| Age 70+: | \$1.08 |

Costs are subject to change.

Forty-two percent of Americans live paycheck-to-paycheck.

CareerBuilder, 2011 Survey

60 percent of Americans do not have a “rainy day” fund to cover three months of unanticipated financial emergencies.

FINRA Foundation State-by-state Financial Capability Survey, 2011



Effects of Other Income Benefits – The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under any local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Income sources that **WILL NOT** reduce your benefits under this plan are:
 - Benefits paid by personal, individual disability income policies.
 - Individual deferred compensation agreements.
 - Employee savings plans, including thrift plans, stock options or stock bonuses.
 - Individual retirement funds, such as IRA or 401(k) plans.
 - Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

Additional Plan Details

Earnings While Disabled

Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.

Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period, or until you no longer qualify for benefits, whichever occurs first.

Termination of Disability Benefits

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 12 months for outpatient treatment: Alcoholism, drug addiction or abuse.

Your benefits will terminate when your disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than

80% of your covered earnings, (refer to your plan’s definition of disability), or (2) the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.

Pre-existing Conditions

Benefits are payable for 4 weeks for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been under this plan for 12 consecutive months.



Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; cosmetic surgery or medically unnecessary surgical procedures; an injury or sickness for which you are entitled to benefits from Workers' Compensation or occupational disease law; an injury or sickness that is work-related; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

When Coverage Takes Effect

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you. If you're not actively at

work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

Programs Included at No Additional Cost

Cigna Healthy Rewards® Program

Program provides you and your covered family member's discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

Cigna's Will Preparation Website

Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents. Visit www.Cignawillcenter.com or call: 800.901.7534.

Cigna's Identity Theft Program

Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. VDT 961209 on Policy Form VDT 961209, issued in Georgia to The University of West Georgia. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2012

