Utah State University

COVERAGE INFORMATION
You are enrolled for the following long-term disability benefit: 66.67% of your earnings to a maximum monthly benefit of $10,000. Your minimum monthly benefit will be $100.

ASKED & ANSWERED

WHO IS ELIGIBLE?
You are eligible if you are a budgeted employee who has an appointment of 50% time or greater that is expected to exceed 3 months in length or a salaried employee whose name appears in the annual budget document submitted to and approved by the University Board of Trustees.

AM I GUARANTEED COVERAGE?
This insurance is guaranteed issue coverage – it is available without having to provide information about your health. If you are a late entrant, evidence of insurability is required for the full coverage amount.

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 one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less than of your pre-disability earnings. Once you have been disabled for 24 months following the elimination period, 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 60% or less than of your pre-disability earnings. Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

HOW DO I PAY FOR THIS INSURANCE?
Your employer pays 100% of the premium for your (employee) coverage.

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.

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.


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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 certificate as actually issued. Only the insurance certificate issued to the certificate holder (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 certificate, the terms of the insurance certificate apply.
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 LONG TERM DISABILITY INSURANCE

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 90 days before the effective date of your insurance, or
- You have not received treatment for your condition for 90 days after the effective date of your insurance, or
- You have been insured under this coverage for 365 days 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.
- **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.

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


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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.