



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 Fisher Island Community Association, Inc. 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 Fisher Island Community Association, Inc. and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time employee with 1 year of active employment of Fisher Island Community Association, Inc., excluding Managers, temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- *Actively at work* at least 30 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 full day of *active work* as an eligible employee.

Benefit Amount

Your monthly benefit is 60 percent of the first \$10,000 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: \$6,000

Plan Minimum Monthly Benefit: \$100

Benefit Waiting Period

If your claim for *LTD benefits* is approved by The Standard, benefits become payable after you have been continuously *disabled* for 90 days and remain continuously *disabled*. 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 age 65 or to Social Security Normal Retirement Age (SSNRA), or 3 years 6 months. If you become *disabled* at age 62 or older, the benefit duration is determined by your age when *disability* begins:

Age	Maximum Benefit Period
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

If you have questions regarding how to determine your earnings, please contact your human resources representative.

Age (as of January 1)	Rate %
<30	0.270
30-34	0.460
35-39	0.820
40-44	1.220
45-49	1.840
50-54	3.030
55-59	3.700
60-64	4.290
65-69	4.320
70-74	6.400
75+	7.960

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

1. Enter your average monthly income, not to exceed \$10,000 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: _____

The amount shown on Line 3 is your estimated monthly payroll deduction.

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.