



CIGNA Group Insurance  
Life • Accident • Disability

<p>Utah Valley State College</p>	<h1>Long Term Disability Benefits Highlights</h1>																										
<p><b>Coverage Effective Date:</b></p>	<p>7/1/2006</p>																										
<p><b>Who pays for the plan:</b></p>	<p>This plan is 100% paid for by Utah Valley State College</p>																										
<p><b>Elimination Period:</b></p>	<p>150 days.</p>																										
<p><b>Benefit Percentage / Maximum &amp; Minimum Monthly Benefit:</b></p>	<p>The plan replaces 66.67% of your monthly income loss to a maximum of \$10,000 per month. If Benefits are approved, they will never be less than \$75 after offsetting for other income benefits, such as Social Security, Worker's Compensation, etc. However, if there is an overpayment due, this benefit may be reduced to recover the overpayment.</p>																										
<p><b>Cost of Living Benefit:</b></p>	<p>After 12 monthly benefits are payable, the lesser of 3% or ½ the change in the Consumer Price Index adjusted annually each January 1.</p>																										
<p><b>Benefit Duration:</b></p>	<p>As long as you remain disabled, LTD benefit payments will continue according to the following schedule:</p> <table border="1" data-bbox="708 737 1528 856"> <tr> <td data-bbox="708 737 894 772">Age of Disability</td> <td data-bbox="894 737 1133 772">Prior to age 63</td> <td data-bbox="1133 737 1183 772">63</td> <td data-bbox="1183 737 1234 772">64</td> <td data-bbox="1234 737 1284 772">65</td> <td data-bbox="1284 737 1334 772">66</td> <td data-bbox="1334 737 1385 772">67</td> <td data-bbox="1385 737 1435 772">68</td> <td data-bbox="1435 737 1485 772">69+</td> </tr> <tr> <td data-bbox="708 772 894 856">Duration of Payments in months</td> <td data-bbox="894 772 1133 856">To normal retirement age* or 42 months if greater</td> <td data-bbox="1133 772 1183 856">36</td> <td data-bbox="1183 772 1234 856">30</td> <td data-bbox="1234 772 1284 856">24</td> <td data-bbox="1284 772 1334 856">21</td> <td data-bbox="1334 772 1385 856">18</td> <td data-bbox="1385 772 1435 856">15</td> <td data-bbox="1435 772 1485 856">12</td> </tr> </table> <p>*Normal Retirement Age means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.</p>									Age of Disability	Prior to age 63	63	64	65	66	67	68	69+	Duration of Payments in months	To normal retirement age* or 42 months if greater	36	30	24	21	18	15	12
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<p><b>Definition of Disability:</b></p>	<p><b>Disabled</b> 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 more than 80% or more of your indexed earnings from working your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the materials duties of any occupation for which you are (or may reasonably become) qualified by education, training, or experience, and you are unable to earn 60% or more of your indexed earnings.</p>																										
<p><b>Pension Contribution Benefit:</b></p>	<p>If you are an eligible Professor or Administrator and are receiving a monthly benefit under this plan, a Pension Contribution Benefit will be payable to the individual annuity policy established under Section 403(b) of the Internal Revenue Code by the Employer for the benefit of the Employee. The Pension Contribution Benefit amount will be 14.2% of your monthly covered earnings.</p>																										
<p><b>Pre-Existing Conditions:</b></p>	<p>Pre-existing conditions are those for which you have received medical treatment or for which a reasonable person would have consulted a physician during the 3 months immediately prior to the most recent effective date of insurance.</p> <p>This plan does <i>not</i> pay benefits for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for 12 consecutive months</p>																										
<p><b>Exclusions and Limitations:</b></p>	<p>24 month limitation, unless hospital confined for disabilities caused by or contributed to by any one or more of the following conditions: Alcoholism; Anxiety disorders; Delusional (paranoid) or depressive disorders; Drug addiction or abuse; Eating disorders; Mental Illness; Somatoform disorders (including psychosomatic illnesses).</p> <p>Additionally, this plan does not pay benefits for a disability which results, directly or indirectly, from 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; 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</p>																										

This information is a brief description of the important features of this plan. It is not a contract. Terms and conditions of the coverage are set forth in group policy LK961088 issued in Utah and subject to its laws. The availability of this offer may change. In the unlikely event of a discrepancy between this information, the Certificate of Insurance, and the group insurance policy, the terms and conditions described in the insurance policy will prevail.