



.....**Short Term Disability Income Protection  
Insurance Plan Highlights for 2008**

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**The George Washington University  
Policy # 205262**

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

**Your Plan**

**Eligibility**

You are eligible for coverage if you are a Full Time Employee working 35 hours per week, or a Full Time Faculty Member who is appointed for at least one of the regular or visiting research ranks listed in the faculty code, devotes full service to University duties, and receives full salary through the University working at least 20 hours per week, in active employment in the United States with the Employer.

**Guarantee Issue**

**Employees hired on or after 01/01/2008:** You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Please see your Plan Administrator for your eligibility date.

**Weekly Benefit Amount**

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of \$3,000 per week.

**Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.** Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

**Definition of Disability**

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

You must be under the regular care of a physician in order to be considered disabled.

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If you have a Cesarean section, you will be considered disabled for a minimum period of 8 weeks beginning on the date of your Cesarean section, unless you return to work prior to the end of the 8 weeks.

### ***Elimination Period***

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 30 days.

If your disability is due to a sickness, your Elimination Period is 30 days.

### ***Benefit Duration***

If you meet the definition of disability you may receive a benefit for 22 weeks.

### ***Federal Income Taxation***

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. Whether you pay 100% of the premium or you and your Employer share in the cost, if premium for the plan year is paid with **post-tax** dollars, your benefits **will not** be taxed. If premium for the plan year is paid with **pre-tax** dollars, your benefits **will** be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, then a portion of your benefits will be taxed.

### ***Limitations/Exclusions/ Termination of Coverage***

#### ***Pre-existing Condition Exclusion***

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- the disability begins in the 12 months after your effective date of coverage.

#### ***Instances When Benefits Would Not Be Paid***

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted;
- any period of disability during which you are incarcerated;
- an **occupational injury or sickness**, *(this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law)*;
- pre-existing condition.

#### ***Termination of Coverage***

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;

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- The date your eligible group is no longer covered;
  - The last day of the period for which you made any required contributions;
  - The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

### **Next Steps**

#### ***How to Apply***

**For employees hired on or after 01/01/2008:** To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date you will be required to provide evidence of insurability in order to qualify for coverage. This will include a review of your overall medical health including routine, planned, unplanned or ongoing medical care or consultation, and may result in a declination of coverage.

#### ***Effective Date of Coverage***

Please see your Plan Administrator for your effective date.

#### ***Delayed Effective Date of Coverage***

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### ***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

*Underwritten by:*

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