



## **Your Plan**

### ***Eligibility***

You are eligible for LTD coverage if you are an active Classified Employee working a minimum of 20 hours per week.

### ***Benefit Amount***

66 2/3% of your monthly earnings to a maximum of \$3,000 per month

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; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.

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

### ***Elimination Period***

LTD benefits would begin after 90 consecutive days of disability or at the end of your accumulated sick leave, whichever is later.

### ***Benefit Duration***

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If you have less than 5 years of service in STRS and your disability occurs prior to age 60, benefits would be paid until age 65. If your disability occurs at or after age 60, benefits would be paid for a reduced period of time. If you have 5 or more years of service in STRS, benefits would be paid for one year.

## **Additional Benefits**

### ***Conversion***

If you are covered under your group's LTD plan for 12 consecutive months and you choose to leave you may convert your LTD coverage to coverage under a group trust contract. There are certain times that you may not convert your coverage. Please see your certificate booklet for details.

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**Ohlone Community College District  
Long Term Disability Income Protection Insurance  
Plan Highlights (continued)  
Policy No. 354009**

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**Worldwide  
Emergency Travel  
Assistance Services**

A 24-hour network of emergency medical and legal resources offers valuable protection for you and your family when traveling more than 100 miles from home. With just one call, you have access to a global network of highly qualified professionals trained to manage any travel emergency. (Note that spouses traveling on business are not eligible.)

**Survivor Benefit**

UnumProvident will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving benefit payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made.

**Two Year Survivor  
Income Benefit**

UnumProvident will pay your eligible survivor a monthly benefit for two years from the date of your death if, on the date of your death, your disability had continued for 12 or more consecutive months, and you were receiving benefit payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made.

**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 first 12 months after your effective date of coverage.

**Instances When Benefits  
Would Not Be Paid**

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- pre-existing conditions (see definition).

**Mental and Nervous**

LTD benefits would be paid for 24 months per lifetime for disabilities caused by mental illness that meet the definition of disability. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

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 CA, et al.

Underwritten by:

**Unum Life Insurance Company of America** 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)

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