

LONG TERM DISABILITY

Reliance Standard Life Insurance Company Enrollment and Statement of Health

Name of Employer The University of Tennessee		Location/Division 01		Bill Group 000001
Policy # and Class # LTD134277 / 01	Policy # and Class #	Policy # and Class #	Policy # and Class #	Policy # and Class #

Application Type: Initial Eligibility/New Hire Late Applicant Other _____

Increase Approved Annual Enrollment

Change in Status: Nature of Change(s): _____

Date of Change: _____

If marriage, domestic partnership, divorce, dissolution of a partnership or birth of a child, please provide copy of document.

Employee/Member Information – Always Complete

Submit completed Enrollment and Statement of Health form to:
EOApplications@rsl.com or

Reliance Standard
P.O. Box 7818
Philadelphia, PA 19101-7818

We do not accept faxed forms.

Name		Social Security Number/Employee ID		
Gender	Date of Birth	Age	State of Birth	Date of Hire
Address			City	State
Phone Number	Occupation	Annual Compensation	Hours Worked Per Week	
Email Address				

Are you actively performing all the duties of your occupation or profession? Yes No

If "No," explain: _____

Coverage Elected and Amounts

Coverage	Enroll or Decline ¹	Current Amount	Increase or Decrease	Total Amount Applied For	Monthly Premium
Voluntary LTD: Employee²	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline			<input type="checkbox"/> 66.67% of Earnings to \$8,000 max.	See Premium Table

¹Earnings" as used above refers to "Covered Earnings" as defined in the applicable Policy.

²Enroll" authorizes employer to payroll deduct premiums.

³Statement of Health may be required.

Premium Calculation Table

Monthly Earnings*: \$ _____

Multiply by rate: x .00149

Equals Monthly Premium: \$ _____

*If your monthly salary exceeds \$11,999, use \$11,999 multiplied by .00149.

Read, Sign and Date Below

I understand and agree that:

- The information provided on this Enrollment and Statement of Health form is true and correct to the best of my knowledge.
- The insurance requested will become effective in accordance with the individual effective date information in the Policy; any amount subject to evidence of insurability will not become effective until approved by Reliance Standard and Reliance Standard has the right to refuse my request. Coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though an enrollment form has been completed. An effective date is subject to eligibility requirements, satisfaction of service waiting period (if applicable) and payment of first premium when due. An effective date may be deferred for an employee not actively at work and enrolled dependents confined to a hospital or at home.
- Benefits are subject to terms and conditions of the Policy.
- For age-banded rate plans, premiums increase as an employee moves from one age band to the next.
- If payroll deduction of premiums begins prior to Reliance Standard's processing of the enrollment form, it does not mean coverage is in effect; premiums paid for coverage not issued will be returned.

I further understand and agree that if I am applying after the expiration of my initial eligibility period, all medical tests and costs for attending physician reports may be without expense to Reliance Standard Life Insurance Company and I may be responsible for paying the expenses, if any.

I acknowledge receipt of "Important Information Regarding Applications for Insurance" and "Notice Regarding Information Practices".

Please Note: During an approved enrollment, guaranteed issue amounts of insurance will not require a Statement of Health form provided the Enrollment form is complete, signed and received by your employer during your enrollment period and: a) you are not a late applicant with respect to insurance for yourself; or b) during your present service with your employer or an affiliate, you have not, with respect to insurance with Reliance Standard or an affiliate: had an application withdrawn; been previously declined; had coverage postponed; or voluntarily terminated; or c) the enrollment period is not one with specific guaranteed issue/health acceptability rules.

X _____ Employee's/Member's Signature (required at all times)	_____ Date
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Important Information Regarding Applications for Insurance

The information provided on the Enrollment and Statement of Health form will be used in determining the insurability of a person proposed for insurance. Responsible parties completing and submitting a Statement of Health form are required to be made aware of the following statements concerning the consequences of insurance fraud. The lack of an applicable statement shall not constitute a defense against penalties.

ALABAMA, ARKANSAS and LOUISIANA — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **COLORADO** — It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **FLORIDA** — Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **KENTUCKY** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **MAINE** — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MARYLAND** — Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **MASSACHUSETTS** — Any person who knowingly presents a false or fraudulent claims for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NEW JERSEY** — Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NEW MEXICO** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **NEW YORK** (health insurance only) — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **OHIO** — Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **PENNSYLVANIA** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties. **RHODE ISLAND** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **TENNESSEE, VIRGINIA, and WASHINGTON** — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **WASHINGTON, DC** — WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KEEP THIS INFORMATION PAGE FOR YOUR RECORDS.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Home Office: Schaumburg, Illinois
Administrative Office: Philadelphia, Pennsylvania

LONG TERM DISABILITY INSURANCE

Why Long Term Disability



Benefits begin after you have satisfied your plan's Elimination Period.



Common Causes of Disability

- Musculoskeletal conditions
- Circulatory conditions
- Cancer
- Nervous system disorders
- Injuries



If you are disabled, monthly payments will pay you a portion of your income up to a maximum benefit determined by your plan selection. That money can be used for everyday expenses like, mortgage or rent, childcare or groceries.

Long Term Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work for an extended period of time.

Disabilities are more common than you may realize, and people can be unable to work for many different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. Long Term Disability insurance protects your ability to earn an income if you were disabled by a covered disability.

BENEFITS	
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace 66.67% of your Total Monthly Earnings, up to \$8,000 each month.
When Benefits Begin	Benefits begin as soon as 120 days from the date of your disability
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Pre-Existing Conditions Limitation	3/12 (you do get credit for time covered under your prior plan). If you enroll for a plan with richer benefits, the increased benefits are subject to pre existing condition limitation
Example Cost (Assuming \$60,000 Salary)	\$3,333 Benefit - \$7.45 Per Month

PLAN HIGHLIGHTS

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

1. Enter your Annual Earnings. 1. \$ _____
2. Divide your annual earnings by 12 (monthly earnings). Monthly covered earnings cannot exceed \$11,999 2. \$ _____
3. Multiply the amount on Line 2 by \$0.00149 to get your monthly payroll deduction. 3. \$ _____

Example Calculation for Enrollee:

1. Enter your Annual Earnings. 1. \$ 50,000
2. Divide your annual earnings by 12 (monthly earnings). Monthly covered earnings cannot exceed \$11,999. 2. \$4,167 (Monthly Earnings)
3. Multiply the amount on Line 2 by \$0.00149 to get your monthly payroll deduction. 3. \$ \$6.21

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

FEATURES

- Activities of Daily Living Benefit: Can be eligible for an additional Benefit of 10% of income to a maximum of \$5,000 if you have loss of two or more Activities of Daily Living or have a cognitive impairment
- Conversion Privilege: Can be eligible to convert policy to an individual LTD policy due to termination of employment
- Extended Disability Benefit: Can be eligible to receive 85% of LTD benefit for additional 5 Years after reaching your Benefit Duration if you meet requirements
- Cost of Living Adjustment Benefit: Can be eligible to increase your Net Benefit for by 3% for 5 years to offset inflation
- Rehabilitation Provision
- Partial Disability
- Specific Indemnity Benefit: Provides for a guaranteed number of benefit payments if claimant suffers a dismemberment from an accident resulting in an injury
- Survivor Benefit: 3 months

FEATURES (cont.)

- Transfer of Coverage Provision
- Work Incentive & Child Care Provisions
- Worksite Modification Benefit

VALUE-ADDED SERVICES

- Travel Assistance Services
- ID Theft Recovery Services

LIMITATIONS

- Pre-Existing Condition Limitation: 3/12 (you do get credit for time covered under your prior plan). If you enroll for a plan with richer benefits, the increased benefits are subject to pre-existing condition limitation
- Mental & Nervous Limitation: 24 months outpatient
- Substance Abuse Limitation: 24 months
- Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

FOR MORE
INFORMATION ON
YOUR LTD POLICY
SCAN THE QR CODE

HILDRETH

Creative Insurance Solutions & Administration



This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.