Trustmark INSURANCE COMPANY

University of Kentucky

Trustmark's Short-Term Disability Income Insurance Plan

Designed to maximize flexibility and simplicity, this Disability Income plan is easy to understand and even easier to enroll.

Who is Eligible?

Regular UK employees with assignments of at least .5 FTE (18.75 hours per week), age 17-67, and actively at work on the effective date. Faculty are not eligible.

Benefits

Covered Conditions

- Sickness
- Non-occupational injury
- Pregnancy
- Complications of pregnancy

Built-in Benefits that Measure Up

- Pays you when you can't work
- Benefits paid to match your payroll frequency
- Portable coverage you can keep if you retire or change jobs
- Coverage remains in force as long as premiums are paid
- Premiums do not increase as you get older
- Waiver of pre-existing condition limitation on takeovers
- Waiver of Premium

Limitations and Exclusions

Generally, Disability Benefits are not paid for losses that are caused by or occur as the result of your:

- Involvement in any period of armed conflict, even if it is not declared;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare-paying passenger;
- Participating or attempting to participate in an illegal activity;
- Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- Addiction to alcohol or drugs;
- Having a pre-existing condition as described and limited in the plan Certificate;
- Having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered; and
- Having a work-related Injury.

Plan Design

	Benefit Period	Elimination Period Day Accident / Day Sickness
PLAN A:	6 MO	14/14
PLAN B:	6 MO	30/30

- **Benefit Period** is the maximum length of time the benefit will be paid for a period of disability
- **Elimination Period** is the number of days of continuous disability, due to accident or sickness, that must pass before benefits are payable

Consider these facts...

- 42% of all employees live paycheck to paycheck
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- 48% of all home mortgage foreclosures are caused by disability.
  U.S. Government Housing and Home Finance Agency
- Every 1.6 seconds someone in this country suffers an accidental injury.
  National Safety Council Injury Facts®, 2003 edition.
- Someone who is 35 years old has a 50% chance of disability for 90 days during their career.
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Pre-Existing Conditions

If you become disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months after the plan's effective date. Preexisting condition means a sickness or physical condition for which you were treated, received medical advice or had taken medicine within 12 months before the effective date.

International Coverage (Geographical limitations)

You are fully covered if you become totally disabled while traveling in geographical areas within 40 miles of the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica. If you become totally disabled while you are outside the covered geographical areas, and you are disabled longer than your elimination period, your maximum benefit period while outside the covered geographical areas will be limited to 60 days. After the 60-day period, benefits will not be paid until you return to a covered geographical area.

This overview provides a brief description of coverage and is not a contract. Refer to plan DI902 and Riders WP for exact terms and provisions. Benefits, definitions, exclusions and limitations may vary by state. Underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

Benefit & Premium Worksheet for Short-Term Disability Insurance

Joe Smith, 38 Years Old, Selects Plan B

1. Annual Base Salary ____________ $ 25,000.00
   Do not include extra compensation.
2. Monthly Base Salary (#1 ÷ 12) ____________ $ 2,083.33
3. **Monthly Benefit Amount (#2 × 60%)** ____________ **$ 1,200.00**
   Round Down to Nearest 100
4. Divide #3 by 100 ____________ 12
5. Insert Your Modal Premium Rate
   For **Age and Plan Selected (A or B)**
   From The Table On Right: ____________ $ 1.34333
   12 Paychecks per Year = Monthly
   26 Paychecks per Year = Bi-Weekly
   24 Paychecks per Year = Semi-Monthly
6. Multiply #5 by #4 ____________ $ 16.11996
7. Round #6 Up To The Nearest Penny ____________ $ 16.12

AGE	MONTHLY RATE PER $100 OF MONTHLY BENEFIT	
	Plan A 14 Day Elimination	Plan B 30 Day Elimination
17-49	$2.25333	$1.34333
50-59	$2.86000	$1.86333
60-67	$3.90000	$2.64333

AGE	BI-WEEKLY RATE PER $100 OF MONTHLY BENEFIT	
	Plan A 14 Day Elimination	Plan B 30 Day Elimination
17-49	$1.04000	$0.62000
50-59	$1.32000	$0.86000
60-67	$1.80000	$1.22000

AGE	SEMI-MONTHLY RATE PER $100 OF MONTHLY BENEFIT	
	Plan A 14 Day Elimination	Plan B 30 Day Elimination
17-49	$1.12667	$0.67167
50-59	$1.43000	$0.93167
60-67	$1.95000	$1.32167

In the example above, 38 year old John Smith selects Plan B and pays a Modal Premium of $16.12 monthly, $7.44 bi-weekly, or $8.06 semi-monthly for a $1,200 per month benefit.

Samples for Short-Term Disability Insurance

1) Complete Application (Portion Illustrated Below), 2) Retain Notification For Your Records and 3) Complete Replacement Form

TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, IL 60045

Application for: ✓ Disability Coverage ☐ Increase to Existing Policy/Certificate # ________

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.

SECTION A. APPLICANT INFORMATION

Employer: UK, KCTCS, or CKMS | Employee I.D. #. | Annual Salary: $ 25,000
Location: COLLEGE | Department: ABC01 | Email Address jsmith@ukyedu.com
Social Security No. 123-45-6789 | Date of Hire: 04/25/1998 | Home Phone No. (800) 234-5678
Employee: JOE SMITH | Birth Date: 01/01/1970 | Sex: ✓ M ☐ F | Deduction Mode: ☐ 52 ☐ 26 ☐ 24 ☐ 20 ✓ 12 ☐ 11 ☐ 10 ☐ ____
Home Address: (Street) (City) (State) (Zip)

For **"Deduction Mode"** check
•"12" if you are paid Monthly
•"26 if paid Bi-weekly
•"24" if you are paid Semi-Monthly.

SECTION B. Disability Income Insurance. The employee is the only person eligible for Disability Income coverage.

1. Job Title: TEACHER Occupational Class: 3A
   Are you actively at work? ☑Yes ☐No Hours scheduled per week: 40 Monthly Salary $2,083.33
2. a. Do you have any other Disability Income Insurance in force or applied for, excluding any employer paid plans?
   ☑Yes ☐No If yes, complete box below.

Name of Company	Monthly Amount	Benefit Period	Elimination Period
CONTINENTAL AMERICAN INS.	$1,200	6 MO.	14 DAYS

   b. Is this application to replace or cause change to any of the above? ☑Yes ☐No
   If yes, complete box below and submit any required replacement forms with this application.

Name of Company	Policy Number	Termination Date of existing coverage
CONTINENTAL AMERICAN INS.	W1234	7/1/2008

3. **DISABILITY COVERAGE APPLIED FOR:** ☑Disability Insurance **Rider:** ☐Loss of Work
   Monthly Benefit: $1,200 Benefit Period: 6 MO.
   Elimination Period: 30 DAYS Modal Premium: $16.12 MONTHLY

   The coverage applied for does not cover Disability that starts during the first 12 months from the coverage effective date if the Disability is due to a Preexisting condition. Preexisting Condition: Means a sickness or physical condition for which you were treated, received medical advice or had taken medicine within 12 months before the coverage effective date.

MODIFIED GUARANTEED ISSUE (Complete as required in addition to questions 1, 2, and 3)

4. a. In the past 90 days have You missed more than 5 days of work, other than for maternity leave or paid vacation?
   ☐Yes ☐No
   b. In the past 3 years have You been charged with driving under the influence of alcohol or any narcotic? ☐Yes ☐No
   c. In the past 12 months have You consulted a medical practitioner, received treatment, including medication or been hospitalized for any of the following:
   diabetes for which insulin has been prescribed ☐Yes ☐No
   back disorder ☐Yes ☐No
   knee disorder ☐Yes ☐No
   If yes to any of the above: Height ________ Weight ________

Only Answer #4 If You Are Applying For Over $3,500

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Notice of Insurance Information Practices

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Trustmark INSURANCE COMPANY

NOTICE TO APPLICANT REGARDING REPLACEMENT OF HEALTH INSURANCE

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