

ELIGIBILITY AND EFFECTIVE DATES

Who is eligible for this insurance?

The following people are eligible: All active benefit eligible employees who are Actively at Work for the Policyholder who are expected to work at least 20 hours per week and to continue in the employment for a term of at least 4½ months or appointed for at least 50% of a standard full-time appointment excluding those individuals who are covered under another group disability program provided by the Medical Practice Plan (MSRDP/PRS) Benefits.

The *Waiting Period* is shown in the *Schedule of Benefits*.

00001 UTS

When does Your Contributory insurance become effective?

Your Contributory coverage will become effective on the latest of the following dates, provided *You* are *Actively at Work* on that date:

1. If there is no *Waiting Period*, the date you are eligible for coverage, if *You* enroll for coverage on or before that date;
2. If *You* sign the *Enrollment Form* after the end of the *Waiting Period*, but within 31 days after that day, *Your* coverage will become effective on the first of the month that falls on or next follows the date *You* sign the *Enrollment Form*.
3. If *You* do not sign the *Enrollment Form* within this 31-day period, *You* will be considered a late entrant and must wait until the next *Annual Enrollment* to apply for coverage, unless *You* qualify because of a *Change in Family Status*.
 - a. Initial requests for coverage or requests for changes to existing coverage made during the *Annual Enrollment* period will become effective on the Policy anniversary date.
 - b. Coverage because of a *Change in Family Status* will become effective on the date *You* sign the *Enrollment Form*.

You must be *Actively at Work* for coverage under the Policy to become effective. If, because of *Injury* or *Sickness*, *You* are not *Actively at Work* on the date the insurance would otherwise take effect, it will take effect on the day *You* return to *Active Work*.

Contributory means *You* pay all or a portion of the premium for this insurance coverage.

Enrollment Form means the application *You* complete to apply for coverage under the Policy.

00003 UTS

Change in Family Status

If *You* experience a qualified *Change in Family Status*, *You* may enroll for *Contributory* coverage, apply for additional coverage, or request changes to *Your* current *Contributory* benefit program(s) without providing *Evidence of Insurability*, provided the benefit change is consistent with the *Change in Family Status*. *You* must submit the appropriate *Enrollment Form* within 31 days of the *Change in Family Status*.

00004 UTS

Change in Family Status means changes in the status of *Your* family, including but not limited to:

1. *You* get married;
2. *You* have a dependent child, or *You* adopt or become the legal guardian of a dependent child;
3. *Your Spouse* dies or *You* become divorced;
4. *Your* dependent child becomes emancipated or dies;
5. *Your Spouse* is no longer employed, resulting in a loss of group insurance, or;
6. *You* have a change in classification which results in *You* changing from part-time to full-time, or full-time to part-time.

00004-A

What happens if You take a leave of absence?

You have two options if You take a leave of absence:

1. You may continue Your coverage for the period of the leave of absence provided Your premium is paid; or
2. You may terminate Your coverage effective the date Your leave of absence begins.

If You continue Your coverage and return to work on the first work day following the end of Your leave of absence, Your coverage will continue.

If You do not return to work on the first work day following the date Your leave of absence ends, Your coverage will terminate on the date Your leave of absence ended.

If You terminate Your coverage when Your leave of absence begins or before the end of the approved leave of absence period, You must re-enroll when You return to work after a leave of absence. *Evidence of Insurability* is required if You do not re-enroll within 31 days of returning to work after a leave of absence.

00000 UTS

When is Evidence of Insurability required?

Evidence of Insurability is required if:

1. You are a late entrant, which means You enroll for insurance more than 31 days after the date You are eligible for insurance; or
2. You voluntarily canceled Your insurance and are reapplying.

You may obtain an *Evidence of Insurability Form* from the Policyholder.

00005

Changes to Your coverage

A change in Your coverage may occur if there is a Policy change. If You are eligible for additional coverage due to a Policy change, the additional coverage will be effective on the date the Policy change is effective, as requested by the Policyholder and agreed upon by Us.

In order for Your additional coverage to begin, You must be in *Actively at Work*. Additional coverage is subject to payment of premium.

Additional coverage includes increases in Your *Monthly Benefit* amount and other benefit provisions that may impact when or for how long benefits are payable. Additional coverage is subject to the *Pre-Existing Condition Exclusion*.

Any decrease in coverage will take effect immediately. If the *Date of Disability* was prior to the decrease, any claim resulting from that *Disability* will be paid at the amount in effect at the time the *Disability* was incurred.

00006

Evidence of Insurability means a statement of Your medical history which We will use to determine if You are approved for coverage. *Evidence of Insurability* will be provided at Our expense.

Evidence of Insurability Form means a form provided or approved by Us on which you provide a statement of your medical history.

00007

What is an Annual Enrollment period?

Unless otherwise specified, *Annual Enrollment Period* means the period of time prior to the Policy anniversary date. Your *Annual Enrollment Period* is shown on the *Schedule of Benefits*.

Eligible Employees may enroll in the Plan, apply for additional coverage, or request changes to their current Voluntary Benefit program(s) only during the *Annual Enrollment*, unless they qualify because of a *Change in Family Status*. Employees hired after an *Annual Enrollment* period may enroll within 31 days following their eligibility date. If a new Employee does not elect Voluntary coverage within that time period, he must wait for the next the *Annual Enrollment* to enroll unless they qualify because of a *Change in Family Status*.

Initial requests for coverage or requests for changes to existing coverage made during the *Annual Enrollment* period will become effective on the Policy anniversary date.

00000 UTS

Who pays for Your coverage?

You pay the entire cost of *Your* coverage.

00008

Do You have to pay premium while You receive benefits?

We will waive premium for *You* during a period of *Disability* for which the *LTD Monthly Benefit* is payable under the Policy. Premium payment is required during *Your Elimination Period* or any other period when the *LTD Monthly Benefit* is not payable under the Policy.

00009

What happens if We are replacing an existing Policy? (Continuity of Coverage)

Effect on Actively at Work requirement

If *You* were insured under the *Prior Policy* on the day before the Policy Effective Date, *You* may be covered by the Policy even if *You* do not satisfy the *Actively at Work* requirement as stated in the *When does insurance become effective?* provision and *You* would otherwise be eligible to become insured under the Policy, We will provide limited coverage under this Plan. Coverage under this provision will begin on the Policy effective date and will continue until the earliest of:

1. The end of the month following the date *You* become *Actively at Work*;
2. The end of any period of continuance or extension provided under the *Prior Policy*; or
3. The date coverage would otherwise end, according to the provisions of the Policy.

Your coverage under this provision is subject to payment of premium.

Effect on Benefits

If *You* do not satisfy the *Actively at Work* requirement, *You* may still be eligible for benefits under the Policy as follows:

The benefits payable under the Policy will be the benefits which would have been payable under the terms of the *Prior Policy* if it had remained in force; and the benefits payable under the *Policy* will be reduced by any benefits payable under the *Prior Policy* for the same *Disability* for which the prior carrier is liable.

The *Prior Policy* is the group disability insurance policy issued to the Policyholder by Hartford Life Insurance Company whose coverage terminated immediately prior to the Policy Effective Date.

Effect on Pre-existing Conditions

If *You* have a *Disability* due to a *Pre-Existing Condition* after the *Prior Policy* has been replaced by this Plan, Benefits may be payable if:

1. *You* were insured under the *Prior Policy* at the time the Policyholder changed coverage from the *Prior Policy* to the Policy; and
2. *You* have been continuously insured under this Plan from the effective date of this Plan until the date *Your Disability* began.

In order for benefits to be paid, *You* must satisfy the *Pre-Existing Condition* exclusion under:

1. this Plan; or
2. the *Prior Policy*, if benefits would have been paid had the *Prior Policy* remained in force.

If *You* satisfy the *Pre-Existing Condition* exclusion of this Plan, We will determine *Your* payments according to this Plan's provision.

If *You* do not satisfy the *Pre-Existing Condition* exclusion of this Plan, but *You* do satisfy the *Pre-Existing Condition* provision under the *Prior Policy*:

1. *Your Monthly Benefit* will be the lesser of:
 - a. The *Monthly Benefit* that would have been payable under the terms of the *Prior Policy* if it had remained in force; or
 - b. The *Monthly Benefit* under this Plan.
2. Benefits will end on the earlier of:
 - a. The date benefits end under the Policy, as described under the Maximum Period Payable; or
 - b. The date benefits would have ended under the *Prior Policy* if it had remained in force.

If *You* do not satisfy the *Pre-Existing Condition* exclusion under either this Plan or the *Prior Policy*, *We* will not make any payments.

We will require proof that *You* were insured under the *Prior Policy*.
00010

Eligibility after You Terminate Employment

If *Your* coverage ends due to termination of employment, *You* must meet all the requirements of a new *Employee* if *You* are rehired at a later date.

Exception: If *Your* coverage ends due to termination of employment and you return to *Active Work* in an eligible class within 6 months days, we will not:

1. apply a new *Eligibility Waiting Period*;
2. apply a new *Pre-existing Condition Exclusion*;
3. require *Evidence of Insurability*.

00000 UTS