

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Who is eligible for this insurance?

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 are eligible.

The *Waiting Period* is shown in the *Schedule of Benefits*.
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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* during the *Waiting Period*, the date *You* are eligible for coverage;
3. 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*;
4. 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.

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.
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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*.
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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.

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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.

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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.

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.

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

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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.

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If You are not Actively at Work, when does coverage become effective?

If You are absent from *Active Work* on the date Your coverage would otherwise become effective; and Your absence is caused by an injury, illness or layoff, Your effective date for any initial coverage or increased coverage will be deferred until the first day You return to *Active Work*. However, You will be considered *Actively at Work* on any day that is not Your regularly scheduled work day (including but not limited to a weekend, vacation, or holiday) if You were *Actively at Work* on the immediately preceding scheduled work day and You were:

1. not *Hospital Confined*; or
2. disabled due to an *Injury or Sickness*.

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Who pays for Your coverage?

You pay the entire cost of Your coverage.

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What happens if We are replacing an existing policy?

Benefits are payable for a *Disability* caused by, contributed to, or resulting from a *Pre-existing Condition*. The *Gross STD Weekly Benefit* is equal to 60% of *Your Weekly Earnings* up to a maximum *Gross STD Weekly Benefit* of \$693 and reduced by the Deductible Sources of Income or *Disability Earnings*. The benefit is payable for up to 4 weeks.

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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*.

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