



**Unified District #232
Policy # 133694**

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

Eligibility

You are eligible for coverage if you are an active employee working a minimum of 18.75 hours per week.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 65% of your weekly earnings, to a maximum of \$1,250 per week.

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; 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.

Unum will provide coverage for you if:

- you are not in active employment because of a sickness or injury; and
- you were covered by the prior policy.

Your payment will be limited by the amount that would have been paid by the prior carrier. Unum will reduce your payment by any amount for which your prior carrier is liable.

Definition of Disability

You are disabled when Unum determines that due to your sickness or injury:

- you are unable to perform the material and substantial duties of your regular occupation; and
- you are not working in any occupation.

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

If you have a Cesarean section, you will be considered disabled for a minimum period of 8 weeks beginning on the date of your Cesarean section, unless you return to work prior to the end of the 8 weeks.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury or due to a sickness that occurs while you are covered under the plan, your Elimination Period is 30 days or on the date your accumulated sick leave payments end, whichever is later.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 180 days.

Additional Benefits

Rehabilitation and Return to Work Assistance

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services; resume preparation
- job seeking skills training; or
- education and retraining expenses for a new occupation.

Limitations/Exclusions

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 12 months just prior to your effective date of coverage; and
- the disability begins in the 12 months after your effective date of coverage.

Instances When Benefits Would Not Be Paid

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted;
- any period of disability during which you are incarcerated;
- an occupational injury or sickness,
- pre-existing condition.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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, et al.

Underwritten by:
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