

**Sample Short Term Disability weekly benefit calculation:**

Annual base salary of \$60,000, Option A Benefit:

\$55,714 (maximum annual base pay under Option A x 70% ÷ 52 = \$750)

**When calculating the weekly benefit:**

**Option A** — if your annual base pay is greater than \$55,714, use \$55,714 as your annual base pay.

**Option B** — if your annual base pay is greater than \$111,430, use \$111,430 as your annual base pay.

**Option C** — if your annual base pay is greater than \$148,571, use \$148,571 as your annual base pay.

**Sample Short Term Disability premium calculation:**

$(\$55,714 \div \$100) \times \$0.71 \div 24 = \$16.48$ , your pay period deduction

$(\text{Annual salary} \div \$100) \times \$0.71 \div 24 = \text{your pay period deduction}$

**When calculating the weekly benefit:**

**Option A** — if your annual salary is greater than \$55,714, use \$55,714 as your annual salary.

**Option B** — if your annual salary is greater than \$111,430, use \$111,430 as your annual salary.

**Option C** — if your annual salary is greater than \$148,571, use \$148,571 as your annual salary.

Unum Short Term Disability insurance Effective January 1, 2015			
	Option A	Option B	Option C
Maximum covered annual base pay	Up to \$55,714	Up to \$111,430	Up to \$148,571
Maximum weekly benefit (70% of maximum covered annual base pay)	\$750*	\$1,500*	\$2,000*
Weekly benefit calculation	The lesser of: Maximum covered annual base pay x 70% ÷ 52 OR the maximum weekly benefit for the elected option		
Premium (per \$100 of annual base pay)	\$0.71	\$0.71	\$0.71
Premium calculation for 26 pay cycles**	$(\text{Maximum covered annual base pay} \div 100) \times \$0.71 \div 26$		

This information is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy forms C.FP-1 et al, or contact your Unum representative. Unum complies with all state civil union and domestic partner laws when applicable.

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**For The University of Arizona**

A weekly Disability, Life and Accidental Death and Dismemberment program.

**THE UNIVERSITY OF ARIZONA** is pleased to offer Short Term Disability, Life and Accidental Death and Dismemberment Insurance to benefits-eligible employees.

The Short Term Disability plan is structured to complement your Long Term Disability plan. By electing Short Term Disability, you will also receive basic Life and Accidental Death and Dismemberment coverage.

**The general provisions of the plan are as follows:**

- a. A waiting period of 30 days will apply. Benefits begin on the thirty-first consecutive day of disability. Exception: If hospitalized as an inpatient for at least 24 hours during this 30-day waiting period, benefits begin as of the date of hospitalization upon proof of hospitalization. If you are disabled as a result of outpatient surgery, benefits begin on the date your surgery occurs.
- b. New employees and newly eligible employees must enroll within 30 days of the date of hire/eligibility.
- c. The effective date of coverage is the first day of the pay period following a completed enrollment. If you are on approved leave of absence and return to work, your coverage is reinstated effective the first day of the pay period following your return to work.
- d. Benefits are not paid for any bodily injury or illness (1) covered by any workers' compensation or occupational disease law, (2) while you are not under a doctor's regular care, or (3) within six months after your effective date of insurance for illness first manifested or injury sustained prior to such effective date, except for a disability that continued beyond a period of 90 consecutive days ending on or after such effective date, during which no treatment was received and no expense was incurred for such sickness or injury.
- e. Your coverage will cease on the sooner of: (1) the date the plan ceases; (2) the date the plan ceases for the class of employees to which you belong; (3) the last day of the pay period during which you are no longer a member of the eligible class; (4) the last day of the pay period for which your last contribution is made, if you are required to pay a part of the cost of the plan; (5) the last day of the pay period during which your active employment with the policyholder ceases, unless you

are on an approved leave of absence (active employment will not be considered as ceased during any period for which accident and sickness disability benefits are paid); or (6) the date you are retired.

- f. If you cease to be a member because of a legislative break, school break or vacation in which you are not scheduled to work, but you remain in an active position, your insurance will be continued during this period.

**SUMMARY OF BENEFITS**

**Short Term Disability**

Weekly benefit is up to 26 weeks for an accident, 26 weeks for a sickness. You may elect the following coverage levels:

- 70% of base salary, except such amount will in no event exceed \$750 per week;
- 70% of base salary, except such amount will in no event exceed \$1,500 per week; or
- 70% of base salary, except such amount will in no event exceed \$2,000 per week.

Base salary means basic wages or salary not including commissions, bonuses, overtime, or other additional remuneration received from The University of Arizona.

The benefits shown in the Summary of Benefits will be paid to you if, while covered, you become disabled. You will be considered disabled if you are not able to work at your regular job because of an injury or illness.

Benefits incurred for pregnancy will be payable on the same basis as any other illness, subject to policy provision. (*See other side for chart.*)

**Limitations and exclusions**

Benefits will not be paid for any disability: which starts while you are not working on a regularly scheduled basis as referenced in the contract; due to an injury arising from any employment; due to illness covered by workers' compensation; or which began prior to the effective date of a person's coverage (this also applies to any increase in coverage and pregnancy, but does not apply to complications of pregnancy which occur after the effective date of a person's coverage). This exclusion will not apply after the earlier of: If you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 6 months after your effective date of coverage unless you have been treatment free for 3 consecutive months after your effective date of coverage. The pre-existing condition does not apply to maternity care and treatment, or complications of pregnancy, unless the complication

began prior to the effective date of your coverage. This plan will not cover an increase in your coverage made at annual enrollment period or change in status if you have a pre-existing condition.

**Life and Accidental Death & Dismemberment**

<b>The principal amount</b> of your life insurance is	<b>\$5,000</b>
<b>The principal amount</b> of your death and dismemberment by accidental means is	<b>\$30,000</b>
<b>Death by accidental means:</b>	<b>Principal amount</b>
<b>Dismemberment by accidental means:</b>	<b>Principal amount</b>
Loss of both hands, both feet, or sight of both eyes, one hand and one foot, one hand and sight of one eye, speech and hearing.	<b>Principal amount</b>
Loss of one foot, sight of one sight, speech and hearing	<b>One-half the principal amount</b>
Thumb and index finger of same hand	<b>One quarter of the full amount</b>

**Death and dismemberment by accidental means:**

We will pay this benefit for your death or dismemberment caused by accidental means directly and independently of all other causes and occurring within 365 days after the accident if the accident occurs while you are insured.

Dismemberment benefits are payable to you. Accidental death benefits are payable to your beneficiary(ies). Should you have a dismemberment benefit paid to you prior to an accidental death, the benefit your beneficiary(ies) may receive is the remaining amount.

**Life Exclusion**

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage.

**AD&D limitations and exclusions**

Your plan does not cover any accidental losses caused by, contributed to by, or resulting from: suicide, self destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while sane, or self-inflicted injury while insane; active participation in a riot; an attempt to commit or commission of a crime; the use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your physician (this exclusion will not apply to you if the chemical substance is ethanol); disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders; being intoxicated; bacterial infection (this exclusion does not apply to you when the bacterial infection is due directly to an accidental cut or wound); war, declared or undeclared, or any act of war.