Michigan Technological University  
Policy # 934772

Please read carefully the following description of your Short Term Disability Income Protection insurance plan.

**Your Plan**

**Eligibility**

You are eligible for coverage if you are an active employee working a minimum of 30 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 70% of your weekly earnings, to a maximum of $3,000 per week.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.

**Definition of Disability**

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

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 that occurs while you are covered under the plan, your Elimination Period is 14 days.

If your disability is due to a sickness, your Elimination Period is 14 days.

**Benefit Duration**

If you meet the definition of disability you may receive a benefit for 26 weeks.
**Limitations/Exclusions/Termination 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, *(this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law).*

**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 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:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

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