USAble

Voluntary Short Term Disability
Product Manual

Includes:
Product Overviews
Field Reference Manual
Specimen Policy
Forms

GIS
GROUP INSURANCE
SERVICES

Voluntary Short Term Disability

Did you know…

- 1 in 5 workers will be out of work for at least a year due to an illness or accident before age 65? [1]
- Nearly 90% of disabling accidents and illnesses are not work related? [2]
- Disability is the leading cause of personal bankruptcies? [3]

[1] Life and Health Insurance Foundation for Education. November 2005.
[2] National Safety Council. Injury Facts 2008 Ed.
[3] The Council of Disability Insurers. The Long Term Disability Claims Review. 2005.

USAble Life has been helping employees protect their income with disability income for close to 30 years. Voluntary Short Term Disability (VSTD) coverage provides partial income replacement on a voluntary basis in the event you suffer an injury or illness for which you are under the regular care of a physician, and for which results in your inability to perform one or more of the material duties of your regular occupation with a loss of earnings of 20% or more. If you lose the ability to earn a paycheck, VSTD will give you peace of mind that you will be able to continue to meet your financial commitments and give your family financial stability. Through the ease of payroll deduction, you can now pay for this affordable protection.

Highlights of Coverage

Coverage	Covers you for non-occupational injuries.
Benefit Payments	Weekly benefits are paid directly to you.
Benefit Amounts	• Up to 70% of your covered weekly earnings, not to exceed a weekly maximum of $750. • $100 Minimum Election. • Benefits available in $10 increments.
Elimination Period	Benefits are available as soon as day one for accidents and day eight for sickness.
Weekly Disability	With a combination of work and weekly disability benefit payments, you can receive up to 100% of your pre-disability income: • If you are disabled and not working or working and earning less than 20% of your covered weekly earnings, your weekly disability benefit will be the eligible amount elected less any eligible offsets, not including any income you receive from any form of employment. • If you are disabled and working, earning between 20% and 80% of your covered weekly earnings, your weekly disability benefit will be the eligible amount elected. Add to this any eligible offsets including any income you receive from any form of employment. If this amount exceeds 100%, we will subtract this amount from your eligible elected amount and pay the difference.
Reductions	If you are still actively at work on a full-time basis, VSTD benefits reduce 33 1/3% when you reach age 65 and will terminate at age 70 or your retirement, whichever occurs first.
Waiver of Premium	If you are totally disabled for 90 consecutive days, future premium payments that fall due will be waived as long as you are receiving benefits.

USAble Life
Live life. You're covered.℠

Definitions	**Date of Disability** means the first day that you are under the regular care of a physician and meet the definition of disability as defined below. **Disability or Disabled** means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing one or more of the material duties of your regular occupation with reasonable accommodations, and as a result of which you are earning less than 80% of your covered weekly earnings.
Pre-existing Conditions Exclusion	Benefits will not be paid if you disability begins in the first 12 months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition. **Pre-Existing Condition** means any condition for which you have done any of the following at any time during the 12 months just prior to your effective date of coverage: • received medical treatment or consultation; • taken or were prescribed drugs or medicine; or • received care of services, including diagnostic measures, whether or not that condition is diagnosed at all or misdiagnosed during that period of time.
Excluded Disabilities	We will not pay benefits for any disability caused by: • war or any act of war, or while serving in the armed forces of any country or international authority; • attempted suicide or intentionally self-inflicted injuries, while sane or insane; • your active participation in a riot or insurrection; • your voluntary commission of, or attempting to commit, an assault or a felony; or participating in an illegal occupation; • injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law; • your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician; • injury occuring while intoxicated; • alcoholism or drug addiction; • elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or • your acting as an organ donor. No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

Employee Eligibility Requirements

Employees must:

- Be actively at work, at least 20 hours per week for your employer; and
- Be under age 70 on the effective date of coverage; and
- Have satisfied the waiting period set by your employer, of not less than 30 days.

Note: No director or officer of the employer will be considered to be an employee unless he meets the above conditions. Retirees, non-employee directors and part-time or seasonal employees are not eligible for coverage. If you are not actively at work on the date your insurance, or any increase in insurance is scheduled to take effect, it will be effective on the date you return to work.

When your application is approved, your employer will be furnished a certificate of coverage for distribution, which will further explain your benefits. If you do not receive your certificate, please contact our Customer Service Department at (800) 370-5856.

This benefit summary provides a very brief description of USAble Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USAble Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

Service You Can Count On

- We provide easy filing for claimants. Claims can be submitted by email, mail or fax.
- Fast claim payments – 90% of filed STD claims are paid within 3-5 business days.
- We stay in contact with you, your employer and your physician to determine if your return-to-work status has changed.
- For 2009, Customer Satisfaction for our Claims service exceeded 95%.

At USAble Life, we instill quality into everything we do to better serve you. Since being established in 1980, we have committed ourselves to improving our customers' lives by uniting excellent customer relations with a vast array of products and product expertise.

Flexible products, high-quality customer relations and fast, reliable claims service. That's what you get with USAble Life - you're covered.

USAble Life
Live life. You're covered.℠

PO Box 1650
Little Rock, AR 72203
(800) 648-0271 • (501) 375-7200
www.usablelife.com

Voluntary Product Information
VOLUNTARY BENEFITS

Voluntary Portable Term Life

- Two lives minimum participation requirement $10,000 up to $300,000 available.
- Same amounts available on spouse (spouse may purchase more than employee).
- Dependent children coverage available at $5,000 and $10,000 levels.
- Portability option.
- Accidental death & dismemberment: $10,000 up to $300,000 coverage available (Spouse and Child benefits also available).
- Guaranteed issue available for groups with six (6) or more employees and at least 25% participation (minimum of six enrolled).

Voluntary Cancer Plan

- Minimum of three applicants and $50 monthly premiums.
- Three levels of inpatient and outpatient benefits.
- Coverage for wellness benefit: Up to $75 per year, per insured for specific preventative diagnostic tests.
- Covers family lodging and transportation, Hospice, bone marrow donor, radiation treatment, and chemotherapy.
- Age does not increase premium levels.

Voluntary Short Term Disability

- Participation requirement is 5 enrolled or 15% of eligible employees, whichever is greater.
- **Guarantee issue:** No underwriting required.
- Pre-existing limitation 12/12.
- With census can provide personalized illustration.
- Protect up to 70% of weekly paycheck.
- Benefit periods available: 13, 26, or 52 weeks. Benefit begins: 1st day of accident and 8th day of sickness, 8th day of accident and 8th day of sickness, 15th day of accident and 15th day of sickness or 30th day of accident and 30th day of sickness.
- Pregnancies payable as any other illness.

Voluntary Long Term Disability

- Limited plan benefits available down to ten (10) lives. For groups of 10 or more enrolled with 15% participation, benefit to age 65 available.
- **Guarantee issue**: No underwriting required.
- Pre-existing limitation 12/6/24.
- Protect up to 60% of paycheck (max. $5,000/month).
- 90 day and 180 day elimination periods available.
- Benefits up to age 65 available for accident or sickness.

Voluntary Dental Plan

- Minimum participation is only two (2) enrolled employees.
- Benefit: Prime Plan - 100/80/50 (full Major Services) and Choice Plan - 100/80/50 (limited Major Services).
- Deductible: $100 per person lifetime
- Annual maximum: $1,200 calendar year, $1,000 calendar year.
- Orthodontics: $1,000 lifetime benefit available for dependent children under age 19.
- No network restrictions. Employee can choose their own dentist.
- Dentemax network may be used to reduce out of pocket expenses.
- EPIC Hearing Service Plan

Voluntary Vision Plan

- Minimum participation is only five (5) enrolled employees.
- Plan Options: 12/12/12 and 12/12/24
- Exam Copay Options: $0 and $20
- Broad Provider Network
- Provides coverage for Exam, Eyeglass Lenses, Contact Lenses and Frames.
- No census required unless there are out-of-state employees.

Limited Medical

- Minimum group size is five (5) enrolled employees or 10% of eligible employees whichever is greater.
- Group must have a minimum of 5 W-2 employees to be a viable company. (not required to participate)
- 2-year rate guarantee with 15% participation
- Target groups are employers with part-time or seasonal employees.
- Perfect for hotels, restaurants, retail, employment agencies, etc.
- 6 standard plans based on monthly or hourly premiums.
- Customizable plans available
- No cost to employers
- Online enrollment available to groups with 100 or more eligible.
- Requires submission 6 weeks prior to effective date.
- Employer can select from payroll deduction or direct bill to employees home.
- **GAP Plans available for use with BCBST Comprehensive Medical Plans.**

Accident

- Available with 3 or more applicants
- Benefits payable covering losses as a result of an accidental death or dismemberment
- Coverage includes a lump sum payment in addition to hospital confinement, physical therapy & family lodging
- Coverage available for employee and family members

Critical Illness

- Available with 3 or more applicants
- Lump sum payments for specified critical illnesses including heart attack and stroke
- Policy face amount available in $5,000 increments up to $100,000
- Coverage available for employee and family members

Long Term Care

- Groups 500 or more eligible, participating employees, coverage modified guaranteed issue, one medical question to determine eligibility.
- Groups between 50 - 500 eligible, participating employees, coverage can be written on a simplified issue basis, four medical questions.
- Groups between 2 - 50 eligible employees fully underwritten on an individual basis.
- Enrollment support provided for meeting of 30 or more employees.

Need Ancillary Product Help?

Central TN Specialty Sales Consultant	Darwin Holt	615-386-8518 (O)/615-476-0508 (C)
East TN Specialty Sales Consultant	Ray Hayes	423-854-6011 (O)/423-612-1000 (C)
West TN Specialty Sales Consultant	Hal Stansbury	901-544-2316 (O)/901-297-3273 (C)

Email Address: **GISProposalRequests @GISBenefits.com**

GIS
GROUP INSURANCE SERVICES
Making sure your benefits measure up

Group Insurance Services, Inc. • 1 Cameron Hill Circle • Chattanooga, Tennessee 37402-2555
(03/10)

GROUP PRODUCT GUIDE

USABLE LIFE

- Who We Are -

LICENSED

USAble Life is currently admitted in 48 states and the District of Columbia.

RATED

The Company is rated A (Excellent) by the A.M. Best Company and A (Strong) by Standard and Poor's.

HOME OFFICE

Our Home Office is located at 320 West Capitol Avenue, Little Rock, Arkansas 72203. The following toll-free phone numbers are available for the convenience of our policyholders:

USAble Life Direct Number:	1-800-648-0271
Customer Service Call Center	1-800-370-5856 or 501-378-5856
	E-Mail Address: CustServ@usablelife.com
USAble Local Number:	1-501-375-7200

USAble Life's Customer Service Call Center is available to answer employer and employee administrative questions between the hours of 8:00 a.m. to 4:30 p.m., Central Time.

WEBSITE

USAble Life's website can be accessed at www.usablelife.com. We invite you to visit the website for more information about the company. There is also a section for frequently asked Questions and Answers (FAQ's).

GENERAL INFORMATION

Employee Eligibility

All full-time employees who work the minimum number of hours, as stated on the group master application, are eligible for benefits. In the event that an employee is not actively at work on the day coverage or an increase in coverage should begin, the benefits or increase will begin on the date he returns to active full-time employment. Part-time employees may be covered with prior approval by USAble Life.

Enrollment

Once the employer decides to offer benefits to the employees, he must complete the group application, and choose an effective date and enrollment period. The employer must then:

- Distribute enrollment material to employees; and
- Collect and return enrollment & evidence of insurability forms to USAble Life; and
- Payroll deduct appropriate premiums (if applicable)

The effective date of the group's coverage should be the first of the month.

Billing True Group Products

Self-Billing: USAble Life offers Self-Billing for the Group Policyholder. Upon completion of the initial enrollment, the group will submit a group application and complete employee census, including name, date of birth, class and salary, if applicable, and all enrollment materials. Enrollment forms will be retained by the Policyholder unless otherwise instructed. USAble Life will prepare the initial premium statement and forward it, along with an administration kit to the group administrator or affiliate. The administration kit includes administrative instructions and a supply of forms. If initial premium statements are to be forwarded to the broker, it must be indicated with the initial enrollment.

Self-Billing allows for two different billing options:

- A summary premium invoice by line of business; or
- E-billing

Self-Billing requires the benefit administrator to maintain all records regarding employee enrollment, the original enrollment applications and any subsequent changes. USAble Life will require a copy of the original enrollment application and any subsequent changes if a claim is filed.

List Billing: USAble Life offers List Billing for the Group Policyholder. Upon completion of the initial enrollment, the group will submit a group application and an individual application for each participating employee. Enrollment forms will be retained by USAble Life. USAble Life will prepare the initial premium statement and forward it, along with an administration kit to the group administrator or affiliate. The administration kit includes administrative instructions and a supply of forms. If initial premium statements are to be forwarded to the broker, it must be indicated with the initial enrollment. Groups which are list billed by the insurer will reflect premium increases due to the insured's birth date on the first of the month following the birthday. Reductions, if applicable, will occur on the

insured's birth date. It is not required but encouraged that the group keep a copy of enrollment forms and changes in the employee file.

Contribution

Employer Contribution - If the employer chooses to pay the entire cost of benefits, 100% of all eligible employees must enroll in the plan. This is known as a "Non-Contributory" plan.
Employee Contribution - If the employee contributes to the cost of benefits, at least 75% of the eligible employees must enroll. This is known as a "Contributory" plan.
(This does not apply to Supplemental Life or Voluntary payroll deducted products).

Conformity with State Statutes

The policy will comply with the statutory requirements of the state in which the policy is issued.

Schedule of Insurance

Classes may be determined according to job classification, annual salary, or a flat amount for all employees. Life and Accidental Death & Dismemberment (AD&D) benefits are subject to age reductions and termination at retirement, in most cases. Some schedules may be determined discriminatory under federal regulations. If the employer has questions, it is recommended that he seek the advice of legal counsel. No class may have a benefit of more than 2 1/2 times the next lower class without Home Office approval.

Evidence of Insurability

The completion of a medical evidence of insurability form is required for:

1. amounts of insurance in excess of the guarantee issue amount for that group; or
2. late enrollees under a contributory plan; or
3. enrollees under a supplemental life program which does not meet minimum participation requirements.

W-2 Issuance

USAble Life will maintain records for FICA and federal income taxes. Employers have the option of receiving a report to prepare W-2's or USAble Life can provide completed W-2 forms. In order for USAble Life to provide W-2 forms the employer must complete and sign a W-2 Agreement form.

Form 5500 Schedule A

The Employment Retirement Income Security Act of 1974 (ERISA) requires all employers to report certain data about their employees pension and /or welfare plans to the Internal Revenue Service and the United States Department of Labor. USAble Life will provide information to complete Schedule "A" of form 5500 to the Employer within 120 days after the end of the plan year period. All required forms, schedules and attachments must be filed by the last day of the 7th calendar month after the end of the plan year.

Renewals

Renewal rates for true group products are calculated at the end of the first policy period and annually thereafter, based on current enrollment and utilization data. The employer receives notification of renewal rates within 45 to 60 days prior to the policy anniversary date. Voluntary benefits are designed to be a “shelf” product with standard rates being charged to all eligible groups. However, USAble reserves the right to revise rates when necessary on individual cases.

VOLUNTARY INCOME PROTECTION (VIP)

Voluntary Income Protection (VIP/VSTD) is short term disability insurance which is available to individuals whose employer has sponsored the plan and has provided for premium payments to be made by payroll deduction. Weekly Benefits help replace lost income in the event of the insured's total disability, including pregnancy or complications of pregnancy. A group contract is issued to the sponsoring employer.

The Voluntary Income Protection program can be written on a payroll deduction basis. Acceptance for VIP coverage is guaranteed up to a maximum of $750 per week. Applicants do not have to complete a health questionnaire during the initial enrollment period for current employees and for eligible new employees.

Benefit

The Voluntary Income Protection benefit provides weekly benefit payments to help replace lost income should an insured employee become totally disabled due to a non-occupational accident or sickness, including pregnancy or complications of pregnancy. This program allows the employee to select a weekly benefit amount ranging from $100 to $750, in $10.00 increments, to suit his or her personal needs. The weekly benefit amount cannot exceed 70% of his basic weekly earnings.

The ***employer*** chooses one of six benefit options which will be made available to all eligible employees. Only one plan may be offered. Employees will not have a choice within a particular group of which plan will be payroll deducted. For example, if the 1-8-13 plan is chosen, all employees will be offered coverage for 1-8-13.

Plans available are as follows:

Accident	Sickness	Maximum Duration
1st day	8th day	13 weeks
1st day	8th day	26 weeks
1st day	8th day	52 weeks
8th day	8th day	13 weeks
8th day	8th day	26 weeks
8th day	8th day	52 weeks
15th day	15th day	13 weeks
15th day	15th day	26 weeks
15th day	15th day	52 weeks

Municipal, Public, Medical and Restricted industries are not eligible for less than 15 day elimination periods, or 52 week benefit durations.

Eligibility

VIP is available to employees who:

- Are currently employed;
- Work full time (at least 20 hours/week);

VOLUNTARY INCOME PROTECTION (VIP)

Eligibility (cont'd)

- Are Under age 70; and
- Satisfy the waiting period set by the employer, but not less than 30 days.

Retirees, non-employee directors, part-time or seasonal employees are not eligible for coverage.

Enrollment

Once the employer decides to offer the benefit to the employees, he must complete an Employer Application, and choose an effective date and enrollment period. The employer must then:

- Distribute enrollment material to all eligible employees
- Collect and return employee applications

Enrollment Steps:

1. The employee and/or the spouse decide what benefits they want, complete the application in full (including the medical questionnaire), and return it within the enrollment period.
2. The group will submit all enrollment materials to USAble Life. During the 30 days following the initial enrollment period, USAble Life will notify the group of approved employees and dependents and the amount to payroll deduct.

Billing Methods

List Billed: A list bill will be provided each month by USAble Life. The initial premium statement for a list billed group will be prepared by USAble Life and forwarded, along with an administration kit, to the group administrator. Groups which are list billed by the insurer will reflect premium increases if an employee attains an that qualifies him/her to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be the next anniversary date corresponding with or next following the attainment of the age. The month before the change is effective we will send you a roster listing each employee whose premium is changing with both the old and new changed premiums.

EBilling Solutions: If EBilling is preferred USAble Life will send an email notification each month when the group's statement is ready to view and finalize. Ebilling will enable the group to access, make changes and authorize payments of their bills.

A comprehensive online manual is available for your use as well as an Ebilling Solutions demonstration.

VOLUNTARY INCOME PROTECTION (VIP)

POLICY PROVISIONS

Continuity of Coverage

If a group has a voluntary VIP plan in force and selects replacement coverage, it should be indicated in the appropriate place on the group application*. The case will automatically be issued with continuity of coverage and the group will be charged replacement rates. No prior approval by underwriting is necessary. Please refer to the rate page for replacement rates.
The benefit will not exceed the prior carrier's maximum benefit.

**Pennsylvania: Continuity of coverage is required when prior coverage is being replaced*

Effective Date

In no event will coverage become effective prior to the group effective date.
Coverage and increases in coverage will become effective on the first of the month following completion of waiting period, the group effective date, or date of increase provided the employee is actively at work on that date and has completed any waiting period. If the employee is not actively at work on that date, coverage or any increase in coverage will become effective upon the employee's return to active employment.

General Exclusions *(may vary by State of issue)*

We will not pay benefits for total disability caused by or related to:

1. Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;
2. War or any act of war, declared or undeclared, or while serving in the armed forces of any country or international authority;
3. The employee's participation in a riot or insurrection, or commission of an assault or a felony, or while engaged in an illegal occupation;
4. Attempted suicide or intentionally self-inflicted injury;
5. Injury occurring while intoxicated;
6. Voluntary inhalation of gas or fumes;
7. The employee's voluntary ingesting or injection of any drug, narcotic or sedative unless administered on the advice of and taken in such doses as prescribed by a physician;
8. Alcoholism or drug addiction;
9. Mental, nervous or emotional disorder without organic origin;
10. Elective or cosmetic surgery. This does not apply to surgery for repair of damage to the natural body caused only by injury.
11. A loss due to a pre-existing condition specifically named or described as excluded in any part of the policy or certificate.

VOLUNTARY INCOME PROTECTION (VIP)

POLICY PROVISIONS, continued

Limitations & Exclusions

Pre-existing Conditions: A 12/12 pre-existing condition limitation applies (3/12 in PA). A pre-existing condition means a sickness or injury for which treatment had been received within 12 months prior to the effective date. Any disability caused or contributed to by a pre-existing condition within the first 12 months of the effective date will not be covered.

If a claim is submitted within the first year of coverage, medical information will be requested and reviewed prior to any payments being made.

Partial Disability

A partial disability benefit provides the insured employee an opportunity through a combination of earnings and benefits to receive up to 100% of his pre-disability income. Eligibility for this benefit requires partial disability to begin within 31 days of the date total disability ceases. The employee must be earning less than 80% of his pre-disability income at the time the partial disability employment begins. The Total Disability and Partial Disability benefits paid for any one period of disability cannot exceed the maximum number of weeks shown in the Schedule of Insurance.

Important Note: If a group has an employer paid STD program, salary continuation, or sick plan, the combination of the voluntary STD plan benefit and the inforce plan may not exceed 70% of *basic weekly income.* ***(Varies by state)***

Basic Weekly Income means the weekly compensation the employee earns from his normal occupation from the employer. It does not include earnings from overtime pay, bonuses, or any other form of extra pay. However, if an employee's compensation is based in whole or in part on commissions, *basic weekly income* will include the weekly average paid in commissions during the preceding 12 month period.

If an employee receives a salary increase during the year which makes him eligible for an increased benefit, he may elect the increased benefit at that time subject to completion and approval of satisfactory evidence of insurability will apply.

Premium Continuation

If an employee is not actively at work due to a disability that has continued for 90 consecutive days, future premium payments will be waived as long as benefits are payable

Reductions and Terminations

Active participants' benefits reduce 33 1/3% at age 65 and terminate at age 70 or retirement, whichever occurs first.

VOLUNTARY INCOME PROTECTION (VIP)

W-2 Issuance

USAble Life will maintain records for FICA and federal income taxes. Employers have the option of receiving a report to prepare W-2's or USAble Life can provide completed W-2 forms. In order for USAble Life to provide W-2 forms the employer must complete and sign a W-2 Agreement form.

IMPORTANT NOTE: Voluntary Income Protection may not be available in all states. Please contact your marketing representative for availability in your state.

Restricted Industries*

Please see the SIC Industry Classification Index (VIP), on page 53, for restricted and ineligible industries. Restricted industries may only have a maximum duration of 26 weeks and may not have less than a 15 day elimination period.

USAble Life

320 W. Capitol • P. O. Box 1650 • Little Rock, AR 72203-1650
(501) 375-7200 • (800) 648-0271

GROUP SHORT TERM DISABILITY POLICY

POLICYHOLDER:
ABC Corporation

GROUP POLICY NUMBER:
10001111

EFFECTIVE DATE:
January 1, 2001

PREMIUM DUE DATE:
First Day of Each Month

RENEWAL DATE:
January 1, 2002 and Each Succeeding January 1

STATE OF DELIVERY:
Arkansas

USAble Life (referred to as "we," "our," and "us") agrees to pay benefits according to the terms, provisions and limitations of this policy.

This policy is issued in consideration of the Policyholder's application, a copy of which is attached, and payment of the first premium.

This policy becomes effective at 12:01 a.m. on the Date and in the State shown above for an initial period of one year. On each renewal date, the policy will be continued for an additional term of one year by payment of the premiums when due. The policy is subject to termination according to its terms.

The following pages, including any riders, endorsements or amendments are part of this policy.

This policy is issued in and governed by the laws of the State in which it is delivered.

Signed for USAble Life at Little Rock, Arkansas, on the effective date.

James B. Howe
President

Nonparticipating
Renewable
GROUP SHORT TERM DISABILITY POLICY

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Schedule of Insurance

Policy Number	Policyholder	Effective Date
1111	The Company's Name	January 1, 2001

AMOUNT OF INSURANCE
The employee can select a weekly benefit in $10 increments not to exceed 70% of his basic weekly earnings. Minimum benefit available is $100. Maximum benefit available is $750.

If the employee is eligible for state-mandated temporary disability benefits, or any employer-paid disability income plan, the combination of his state mandated benefit or other disability benefit and his STD weekly benefit may not exceed 70% of his basic weekly earnings. If there is a reduction or misstatement of salary that results in the employee being ineligible for the weekly benefit selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

REDUCTIONS, TERMINATIONS AND SPECIAL PROVISIONS

Voluntary Short Term Disability:

Benefits reduce 33 1/3% at age 65 and terminate at age 70 or retirement, whichever occurs first.

Benefits Begin: Accident – 1st day
Sickness – 8th day
Maximum Benefit Period – 26 weeks

Waiting Period: 30 days

Definitions

ACCIDENT or INJURY
Accidental bodily injury which occurs while the insured person is covered under this policy and is independent of all other causes.

ACTIVE WORK or ACTIVELY AT WORK
The employee reports for work at his usual place of employment and is able to perform all the duties of his regular occupation for the entire normal work day.

CONCURRENT DISABILITY
If total disability results from more than one cause at the same time, it will be considered the same disability, and the insured will be entitled to only one monthly disability benefit.

CONTRIBUTORY INSURANCE
Insurance for which the employee must apply and agree to make the required premium contributions.

EMPLOYER
The policyholder of this contract.

EMPLOYEE
A person who is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the employer, or any subsidiary or affiliate covered under this policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the above conditions.

GENDER
The use of the male pronoun also includes the female.

HOME OFFICE
The principal office of USAble Life in Little Rock, Arkansas.

INSURED or INSURED PERSON
The employee whose insurance has become and remains effective under all the conditions and provisions of this policy.

PHYSICIAN
A person who is acting within the scope of his or her license; and is either:

1. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is
2. legally qualified as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

It does not include the insured person receiving treatment or his spouse, daughter, son, step-child, father, mother, step-parent, sister, brother, step-sister, step-brother, grandchild, grandparent, father-in-law, mother-in-law, or spouses, as applicable, of any of these.

PLAN
This group master policy and the certificates of insurance provided for your insured employees.

SICKNESS
A disease or illness, including pregnancy.

TOTAL DISABILITY or TOTALLY DISABLED
An employee is totally disabled if:

1. he is completely unable to perform all of the material duties of his regular occupation at his customary place of work, and
2. he is not actively working in a gainful occupation for which he is fitted by education, training and experience, and
3. he is under the regular care of a physician.

WAITING PERIOD
The period of time specified in the Group Application that must pass before an employee is eligible to enroll in this insurance program.

WE, OUR, or US
These terms refer to USAble Life.

WEEKLY EARNINGS
An employee's normal weekly rate of pay, excluding any overtime pay, bonuses or any other extra pay. If the employee's pay is from commissions, his weekly earnings will be based on the average commissions for the prior 12 months.

Eligibility and Effective Date

EMPLOYEE ELIGIBILITY

Employees who work on a full-time basis for the employer are eligible to apply for insurance after completion of the required waiting period, provided they are in a class of employees who are included. Employees will be considered to work on a full-time basis if they customarily work at least 20 hours per week.

The employee's eligibility date will be the latest of the following:

1. the effective date of this policy;
2. the end of the specified waiting period;
3. the date this policy is changed to include the employee's class; or
4. the date the employee becomes a member of a class eligible for insurance.

If an employee was insured under this policy, and his insurance terminated due to termination of employment or eligibility, and he again becomes an eligible employee within 12 months, there is no waiting period.

EFFECTIVE DATE OF EMPLOYEE INSURANCE

An employee must use forms provided by us when applying for insurance.

1. The employee's insurance will be effective at 12:01 a.m. on the first day of the policy month following his eligibility date if he makes application within 31 days after the date he first became eligible.

2. An employee must furnish evidence of insurability at his expense if:
   a. he does not apply for insurance within 31 days after the date he first became eligible;
   b. he has previously terminated his insurance while in an eligible class; or
   c. he is applying for an increase in his insurance amount.

   If the employee is required to submit evidence of insurability, his effective date will be the first day of the policy month following the date the employee's application is approved by us.

If an employee is not actively at work on the date his insurance or any increase in insurance is scheduled to take effect, it will take effect on the day he returns to active work. If the employee's insurance is scheduled to take effect on a non-working day, his active work status will be based on the last working day before the scheduled effective date of his insurance.

Employee Short Term Disability Insurance

WEEKLY BENEFIT

We will pay the weekly benefit selected by the employee as shown on his application, not to exceed 70% of his weekly earnings, if the insured employee becomes totally disabled while insured and is under the regular care of a physician due to sickness or injury. Payment will be at the rate of 1/7 of the weekly benefit per day. We will begin payment on the day shown in the Schedule of Insurance. The weekly payments will continue as long as the insured employee remains totally disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

Disabilities due to accidental injuries: To be considered an "accident" under the Short Term Disability benefit, the accident must occur while the employee is insured under this benefit, and the disability must begin within 30 days of the date of the accident. If the disability begins after 30 days, it will be considered a sickness.

Successive periods of total disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by the same or related causes; and
2. are not separated by the insured employee's return to full-time, active work for at least the number of days equal to two of his normal work weeks.

PARTIAL DISABILITY BENEFIT

When proof is received that an insured is partially disabled from a sickness or injury following a period of total disability for which benefits were payable, provided the maximum number of weeks shown in the Schedule of Insurance has not already been paid; we will pay a partial disability benefit if the insured:

1. is partially disabled within 31 days of the date his total disability benefits cease; and
2. gives to us upon request, and at the insured's expense, proof of continued:
   a. partial disability; and
   b. regular attendance of a physician.

"Partial disability" or "partially disabled" means as a result of the sickness or injury which caused total disability, the insured is:

1. able to perform one or more, but not all, of the material and substantial duties of his own or any other occupation on a full-time or a part-time basis; or
2. able to perform all of the material and substantial duties of his own or any other occupation on a part-time basis.

To qualify for a partial disability benefit the insured must be earning less than 80% of his pre-disability earnings at the time partial disability employment begins.

The Partial Disability benefit we will pay is the lesser of:

1. the weekly benefit selected; or
2. 100% of pre-disability earnings less partial disability earnings.

Benefit Maximum: The Total Disability and Partial Disability benefits paid for any one period of disability cannot exceed the maximum number of weeks shown in the Schedule of Insurance.

WAIVER OF PREMIUM

If total disability for which benefits are payable has continued for 90 consecutive days, future premium payments that fall due will be waived as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If coverage is to be continued, premium payments must be resumed following a period during which they were waived.

Employee Short Term Disability Insurance (continued)

LIMITATIONS

We will not pay benefits for total disability caused by or related to:

1. injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which the insured employee is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;
2. injury or sickness resulting from war or any act of war, declared or undeclared, or while serving in the armed forces of any country or international authority;
3. the employee's participation in a riot or insurrection, or commission of an assault or a felony, or while engaged in an illegal occupation;
4. attempted suicide or intentionally self-inflicted injury;
5. injury occurring while intoxicated;
6. voluntary inhalation of gas or fumes;
7. the employee's voluntary ingesting or injection of any drug, narcotic, or sedative unless administered on the advice of and taken in such doses as are prescribed by a physician;
8. alcoholism or drug addiction;
9. mental, nervous or emotional disorder;
10. elective or cosmetic surgery. This does not apply to surgery for repair of damage to the natural body caused only by injury.
11. A loss due to a pre-existing condition specifically named or described as excluded in any part of the policy or certificate is never covered.

"Intoxicated" means that the insured person was under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.

"Participation" in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

"Riot" shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

"War" means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.

PRE-EXISTING CONDITION EXCLUSION

Benefits will not be paid for any period of disability arising from a pre-existing condition which begins during the first year an employee is insured by the plan or which begins during the first year following the date of an increase in coverage.

"Pre-existing condition" means a diagnosed sickness or injury for which the insured received treatment within twelve (12) months prior to the insured's effective date. The term "pre-existing condition" will also include any condition which is related to any such injury or sickness.

"Treatment" means consultation, care, or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Termination of Insurance

TERMINATION OF EMPLOYEE INSURANCE

The employee's insurance will terminate at 12:00 midnight on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the date this policy terminates, or the date a specified benefit terminates;
3. the date he ceases to be a member of a class eligible for insurance; or
4. the date he ceases to be actively at work.

However, an employee's insurance may be continued for the period shown below, until the employer notifies us of the date that insurance is to be terminated. The employer must act so as not to discriminate unfairly among employees in similar situations.

1. If the employee stops active work due to layoff or leave of absence, his insurance may be continued for up to 3 months.
2. If the employee stops active work due to total disability, his insurance may be continued up to 12 months while he remains totally disabled.

Premiums for continuation of coverage must be paid by or through the employer. Coverage will also terminate on the date determined by 1 through 3 above.

Claims Provisions

NOTICE OF LOSS

Written notice of claim must be given to us at our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so, but not later than one (1) year from the time notice is required. The notice should identify the insured person and the nature of the loss. When we receive written notice of claim, we will furnish proof of loss forms within 15 days.

PROOF OF LOSS

For any loss covered by this policy, written proof of loss must be given to us within 90 days after the date of loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof was otherwise required.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have a physician of our choice examine the insured person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. (Mississippi does not allow autopsy.) We will pay the cost of the exam and autopsy.

PAYMENT OF CLAIMS

When we receive proof of disability, benefits payable under this policy will be paid weekly during any period for which we are liable. Any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof. Short Term Disability benefits will be paid to the insured employee.

Unpaid Benefits upon Employee's Death: Any benefits unpaid at the time of the employee's death will be paid to one of the following classes of survivors: (1) his spouse; (2) his surviving children in equal shares; (3) his mother and/or father; (4) his brother and/or sister; or (5) his estate.

ASSIGNMENT

An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date the insured employee made it. The assignment will not affect any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

CLAIM REVIEW

If a claim is denied, the employee will be given written notice of:

1. the reason for the denial; and
2. the policy provision that relates to the denial; and
3. his right to ask for a review of his claim; and
4. any additional information that might allow us to change our decision.

USAble Life shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of USAble Life with respect to all such matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an employee's eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

USAble Life is deemed to have the exclusive right and authority to resolve all such questions in the exercise of USAble Life's sole discretion.

The employee may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for his use.

APPEALS PROCEDURE

Prior to filing any lawsuit and within 60 days after denial of a claim, the insured employee or his beneficiary should appeal any denial of benefits under the policy by making a written request for review of the denial, directed to "Appeals Coordinator," at our Home Office in Little Rock, Arkansas.

LEGAL ACTIONS

The insured employee or his beneficiary may not bring suit to recover until 60 days after written proof of loss is furnished. No suit may be brought more than three years (5 years in Kansas and Tennessee) after the date a loss covered under the policy occurs.

General Provisions

ENTIRE CONTRACT
The entire contract of insurance is made up of this policy and the application of the policyholder which is attached. The individual applications also become a part of this contract. In the absence of fraud, all statements made by the policyholder or by persons insured are representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES
Except for nonpayment of premium and non-eligibility for coverage, this policy will not be contested after it has been in force for two years. Statements an insured employee makes about his insurability will not be used to void insurance or deny a claim unless:

1. the statements are contained in a written document signed by the insured employee; and
2. the loss on which the claim is based occurs within two (2) years after the effective date of the coverage.

INDIVIDUAL CERTIFICATES
We will provide each policyholder with certificates or booklets which summarize important provisions of this policy. It is the policyholder's duty to deliver these to each insured employee. The certificates or booklets will describe the amount of benefits, to whom they will be paid, and how to convert coverage. Certificates or booklets are not part of this policy. If the terms of a certificate and this policy differ, this policy will govern.

CHANGES TO POLICY
This policy may be amended with our consent and the consent of the policyholder. No amendment will affect any loss incurred prior to the amendment's effective date. No change or waiver of any provision of this policy is valid unless made in writing. It must be signed by our President, a Vice President, Secretary or Assistant Secretary and be requested or accepted by the policyholder. The change must be endorsed on or attached to this policy. No agent may change or waive any provision of this policy.

PREMIUM PAYMENTS
All premiums are payable at our Home Office. The policyholder must make the first premium payment on or before the date the insurance is scheduled to take effect. Future premiums are due and payable on the premium due date.

GRACE PERIOD
Any premium for this insurance which is not paid on or before the date it becomes due is in default. After the first premium payment, the policyholder will be allowed a 31 day grace period. During the 31 day grace period, there is no interest charge and the insurance will remain in force. The policyholder is liable, however, for the payment of any premium while coverage remained in force.

PREMIUM CHANGES
The premiums charged for insurance under this policy may be changed with 31 days notice (45 days in Louisiana):

1. on any premium due date, after the policy has been in force for twelve months; or
2. if the policy's terms have been changed.

NON-PARTICIPATION
This policy is non-participating. That means we do not refund any portion of the underwriting profits from this policy.

RECORDS AND REPORTS

The policyholder will keep records and furnish information to us upon request regarding:

1. insured employees;
2. changes in the amounts of insurance; and
3. termination of insurance.

CLERICAL ERRORS

A clerical error will not affect the amount of insurance to which the insured employee is entitled. Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would terminate under the termination provisions of this policy. A retroactive adjustment of premium, for up to 12 months, will be made if clerical error is found.

MISSTATEMENT OF AGE OR SALARY

We will make adjustments if the insured employee's age or salary was misstated in the application. The amount of insurance shown in the Schedule of Insurance will be adjusted to the amount the premiums paid would have bought at the correct age. If there is a misstatement of salary that results in the employee being ineligible for the weekly benefit selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

TERMINATION OF GROUP POLICY

This policy will terminate at the end of the grace period if the premium due is not paid within the grace period. The policyholder may terminate this policy by advance written notice delivered to us at least 31 days prior to the termination date. But, this policy will not terminate during any period for which premium has been paid. The policyholder will be liable to us for all premiums due and unpaid for the full period for which this policy is in force. If the insurance has extended into the grace period, prior to termination, the policyholder will be charged a pro-rated premium.

We may terminate this policy on any premium due date by giving the policyholder written notice at least 60 days in advance. We may not terminate this policy prior to the first anniversary date of the effective date of this policy except for non-payment of premium or failure to meet continued underwriting standards.

WORKERS' COMPENSATION INSURANCE

This policy is not in lieu of and does not affect or fulfill any requirement for coverage under any Workers' Compensation insurance laws.

CONFORMITY WITH STATUTES

On the effective date if any provision does not comply with the laws of the state it is issued in, this policy is deemed amended to meet the minimum requirements of the law.

INSURANCE FRAUD

Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud and prosecuted.

We may terminate the coverage of any insured person if that person has filed a fraudulent claim or statement with us.

We may terminate the group policy if the policyholder or his administrator has filed or assisted with the filing of a fraudulent claim with us.

Continuity of Coverage
Upon Transfer of Insurance Carriers Rider

This rider is made part of the policy issued by USAble Life to which it is attached. It takes effect and expires at the same time as the policy.

In order to prevent loss of coverage for an employee because of a transfer of insurance carriers, this policy will provide coverage for certain employees as follows.

Disability Due To A Pre-Existing Condition

Benefits may be payable for a total disability due to a pre-existing condition for an employee who:

1. was insured by the prior carrier at the time of transfer; and
2. was in active employment and insured under this policy on its effective date.

The benefits will be determined according to this policy's benefit schedule if the employee satisfies the pre-existing conditions exclusion under:

1. this policy; or
2. the prior carrier's policy, giving consideration towards continuous time insured under both policies.

The benefit will be determined according to this policy's benefit schedule, but will not exceed the prior carrier's maximum benefit. No benefit will be paid if the employee cannot satisfy the pre-existing condition exclusion of this policy or the prior carrier's policy.

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the date of issue.

James B. Hayne

President

USAble Life
P.O. Box 1650
Little Rock, Arkansas 72203

GROUP INSURANCE APPLICATION

Type or Print In Black Ink

For Home Office use only
Group #:

SECTION I. GROUP INFORMATION

1. Legal Name of Policyholder | 2. Taxpayer ID#

3. Type of Company: ☐ Corporation ☐ LLC ☐ PC ☐ S-Corp ☐ Sole Proprietor ☐ Partnership ☐ Government

4. Mailing Address of Policyholder | City | State | Zip+4

5. Street Address of Policyholder (if different from above) | City | State | Zip+4

6. Contact Information at Company:
Benefits Contact Person: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Web Address: _____
Billing Contact Person: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Web Address: _____

7. Name of Subsidiary or Affiliate Companies to be Covered | 8. Nature of Business | 9. SIC Code

10. Do you have any employees located in states other than the Policyholder's main address? If yes, please list states below. ☐ Yes ☐ No

11. Number of eligible Employees

12. Billing Method:
☐ Self Administration ☐ Billed by Blue Plan
☐ Benefit Focus ☐ List Bill

13. Changes in Benefits will Become Effective on:
☐ First day of the following month ☐ The next anniversary date ☐ The date of change

14. Do you allow Domestic Partner Coverage under the existing Blue Cross Blue Shield Medical Plan? ☐ Yes ☐ No

15. Eligibility Waiting Period *(Should an employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.)*

☐ First of Policy Month following: (a) ☐ completion of _____days of continuous active work, or (b) ☐ hire date
☐ Day following: (a) ☐ completion of _____days of continuous active work, or (b) ☐ hire date

Does Waiting Period apply to employees rehired within 12 months of their termination date? ☐ Yes ☐ No

16. Eligibility Waiting Period Applies to:
☐ Future Employees only ☐ Present & Future Employees

17. Minimum hours worked per week to be eligible:
Basic benefits: _____ Voluntary benefits: _____

18. Annual Enrollment date for Voluntary Coverage: _____

19. Class Definitions (if more than one class, definitions must be specific)
(The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

Class	Description of Class	Waiting Period, if Different
1		
2		
3		
4		

Employees working less than the minimum hours per week are not eligible for coverage unless otherwise noted in class description above and approved by us. If more than four classes, use a separate sheet.

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
☐ Basic Life				
☐ Basic AD&D*				
☐ Supplemental Life*				
☐ Supplemental AD&D*				
☐ Dependent Life* (Option 1)				
☐ Dependent Life* (Option 2)				
☐ Voluntary Life				
☐ Voluntary AD&D				

**Cannot be purchased as stand alone coverage.*

Multiple of salary benefits will be rounded to the ☐ nearest ☐ lower ☐ higher $_____, if not already a multiple

Legal Name of Policyholder	Taxpayer ID#

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONTINUED

Basic Life and/or AD&D

Class	Flat Amount ■	Multiple of Salary ■	(Complete if Multiple of Salary)	
			Min Amount of Coverage	Max Amount of Coverage
1				
2				
3				
4				

Supplemental Life and/or AD&D

Class	Flat Amount ■	Multiple of Salary ■	Elected in Increments of ■	(Complete if Multiple of Salary or Increments)	
				Min Amount of Coverage	Max Amount of Coverage
1					
2					
3					
4					

Voluntary Life and/or AD&D

☐ Employee and Spouse coverage elected in $10,000 increments: $10,000 min $_____ Max

☐ Employee coverage elected as multiple of salary schedule: _____ times annual salary $_____ Maximum. Spouse coverage 50% of employee amount.

Are Voluntary Life rates smoker distinct rates: ☐ Yes ☐ No Children - $5,000 and $10,000 only

Dependent Life

Class	Option 1			Option 2 (if available)		
	Spouse Amount	Child Amount	Reduced Infant Amount	Spouse Amount	Child Amount	Reduced Infant Amount
1						
2						
3						
4						

Infant Ages: ☐ from live birth to 6 months ☐ from 15 days to 6 months

Child Ages: ☐ 6 months to 25 years ☐ 6 months to age _____

AD&D Riders		Reductions & Termination Benefit reduction due to age will be effective on the employee's birthday*				
			Reduction at Age of Employee			
			65	70	75	80
Standard Riders*	☒					
Special Education	☐	☐	66 2/3%	33 1/3%	N/A	N/A
Paralysis	☐	☐	65%	50%	N/A	N/A
Common Carrier	☐	☐	65%	50%	25%	N/A
Felonious Assault	☐	☐				
Child Care Center	☐	**Employee benefits terminate at retirement, unless termination age is noted. Termination age _____. Spouse benefits terminate at employee's retirement or spouse age 65, whichever is earlier. All reductions apply to the pre-age 65 amount.*				
Spouse Training	☐					
HIV	☐					
	☐					

**AD&D Standard Riders:* Seat Belt/Air Bag, Coma, Repatriation, Exposure and Disappearance

Portability:

☐ Voluntary Life ☐ Basic Life (Underwriting approval and rate adjustment required)

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
☐	☐	Basic Life		
☐	☐	Supplemental Life		
☐	☐	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

SECTION III. SHORT TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
☐ Basic/Core STD				
☐ Buy Up STD*				
☐ Voluntary STD (VIP)				

**Cannot be purchased as stand alone coverage.*

Legal Name of Policyholder	Taxpayer ID#

SECTION III. SHORT TERM DISABILITY CONTINUED

Basic Short Term Disability

Class	Core/Buy Up	■ Flat Amount	■ Percent of Salary	Max. benefit	Benefit Plan*
1	☐ Core				
	☐ Buy Up				
2	☐ Core				
	☐ Buy Up				
3	☐ Core				
	☐ Buy Up				
4	☐ Core				
	☐ Buy Up				

**Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration.*

Voluntary STD Income Protection (VIP)

Amount of insurance selected by the employee in increments of $10 not to exceed _____% of weekly earnings.
Minimum: $100 Maximum: ☐ $750 ☐ _____
Benefit Plan*: _____ Industry Class: _____
Reduction & Termination: Benefit reduction due to age will be effective on the anniversary following the insured's birthday. Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.
Are premiums sheltered under a Section 125 Cafeteria plan? ☐ Yes ☐ No
**Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration*
Replacement: Is VIP a Replacement from Another Carrier? ☐ Yes ☐ No
Previous Carrier _____ Termination Date _____
If prior coverage, include a copy of the prior carrier's plan.

SECTION IV. LONG TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
☐ Basic LTD				
☐ Buy Up LTD*				
☐ Voluntary LTD				

**Cannot be purchased as stand alone coverage.*

Basic and Buy Up Features

Class	Elimination Period	Own Occupation Monthly Period	Salary Includes		SS Integration		Benefit Calculation	
			Bonuses	Commissions	Primary Only	Primary/ Family	Direct	70% all Sources
1			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes
2			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes
3			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes
4			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes

Class	Basic		Buy Up	
	% of Salary	Monthly Max	% of Salary	Monthly Max
1				
2				
3				
4				

Maximum Benefit Period	Class			
	1	2	3	4
Reducing Benefit Duration	☐	☐	☐	☐
SS Normal Retirement Age (SSNRA)	☐	☐	☐	☐
2 Year benefit (ADEA)	☐	☐	☐	☐
3 Year benefit (ADEA)	☐	☐	☐	☐
5 Year benefit (ADEA)	☐	☐	☐	☐

Minimum Monthly Benefit

☐ Flat amount $ _____; or ☐ Flat amount of $ _____ or 10%, whichever is greater

Optional LTD Riders

☐ Education Benefit ☐ Medical and COBRA Premium $ _____ ☐ Cost of Living Adjustment
☐ Activities of Daily Living ☐ Accidental Dismemberment _____# of Adjustments _____%

Legal Name of Policyholder	Taxpayer ID#

SECTION IV. LONG TERM DISABILITY CONTINUED

Disability Definition: ☐ Earnings & Occupation Test ☐ Occupation Test Only
☐ Earnings, Occupation, and Contagious Disease (Only available for Medical Groups)

Pre-Existing Condition Exclusion
☐ 3/3/12 ☐ 3/6/12 ☐ 12/6/24 ☐ 6/12 ☐ 6/6/12 ☐ 12/12 ☐ _____

Voluntary Long Term Disability (VLTD)
Industry Class: _____ Elimination Period: ☐ 90 Days ☐ 180 Days

Maximum Benefit Period:
☐ 2 years Sickness or Accident ☐ 5 years Sickness or Accident ☐ SSNRA Sickness or Accident

a. Amount of Insurance: Selected by the employee in increments of $100 not to exceed 60% of monthly salary.
b. Pre-existing Condition Exclusion: 12/6/24 (unless state law requires otherwise)
c. The Minimum Monthly Benefit is $ 50.00 or 10% of the Monthly Disability Benefit, whichever is less (unless state law requires otherwise)
d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • Waiver of Premium • 24 Month Special Conditions Limitation • Primary and Family Social Security Integration
e. Are premiums sheltered under a Section 125 Cafeteria plan? ☐ Yes ☐ No

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
☐	☐	LTD		
☐	☐	VLTD		

If prior coverage, include a copy of the prior carrier's plan.

W-2 Service Options for LTD:

☐ Option 1: Withhold federal income taxes and the employee's portion of FICA. Prepare and file W-2 Forms.

☐ Option 2: Withhold federal income taxes and the employee's portion of FICA. Policyholder waives W-2 Forms services.

A detailed description of the W-2 services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.

SECTION V. AUTHORIZATION

REMARKS OR SPECIAL PROVISIONS:

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through USAble Life and agrees to comply with all terms and provisions of the Group Policy(ies) issued in response to this application.

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law.

_____ Dated at (City, State)

_____ Date

_____ Signature of Policyholder and Title

_____ Signature of Marketing Representative

_____ Signature of Marketing Manager

_____ Signature of Broker, if applicable

USAble Life
P.O. Box 1650 · Little Rock, Arkansas 72203

VOLUNTARY STD INCOME PROTECTION (VIP) ENROLLMENT FORM

(PLEASE PRINT)

❑ New Enrollee	❑ Change	❑ Decline coverage	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)			Social Security No.	
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual		
Occupation (Be Exact)		Dept/Location		
Hours Worked Weekly		Date Employed Full-time		

PLAN INFORMATION: Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI). If you are a late applicant or if you are applying for an increase in coverage, you will be required to submit Evidence of Insurability.

SECTION II. VOLUNTARY STD INCOME PROTECTION (VIP)

Evidence of Insurability may be required when applying for this coverage.

I hereby apply for a Weekly Benefit of: $_____ Premium (*to be completed by employer*): $ _____

(Instructions: If you are changing your benefit amount, list the new amount of coverage)

Your weekly benefit may not exceed the benefit percentage stated in the policy.

Are you actively at work on the date of this application? ☐ Yes ☐ No

Do you presently have other disability coverage? ☐ Yes ☐ No If yes, give monthly amount $ _____

Do you intend to replace existing coverage with this policy? ☐ Yes ☐ No

PRE-EXISTING CONDITIONS

- Pre-existing Condition Exclusion: During the first year of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage.

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For coverage I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

_____
Employee's Signature

_____
Date

Date Received - Home Office

USAble Life

Attention: Claims Department
P.O. Box 1650
Little Rock, Arkansas 72203-1650
Telephone (800) 370-5856 Fax (501) 235-8417

Statement of Claim
Short Term Disability
Income Benefits

For H.O. Use Only	
Eff	
PTD	
Benefits	

Instructions

1. **Please type or print in blue or black ink.**
2. **Please make sure all questions on Employee's Statement are completed in full.**
3. **Authorization must be signed and currently dated.**
4. **Employer's & Physician's Statements on Page 2 (reverse side) must be completed.**
5. **Fax or mail the completed form to USAble Life.**

EMPLOYEE'S STATEMENT

Full Name (Last, First)	Social Security Number	Sex ☐ Male ☐ Female
Street Address	Date of Birth	Occupation
City, State, Zip	Telephone Numbers Home / Work	
Claim is for ☐ Accident ☐ Sickness ☐ Pregnancy	Nature of Accident or Sickness	

Date of 1st Treatment	Physician or Hospital First Treated By	First Full Day of Disability

If accident, how did the accident occur? _____

Accident Date _____ Time _____ ☐ A. M. ☐ P.M. Place _____

Names and addresses of all doctors consulted for **this** condition (Use separate sheet if necessary):

Physician	Date Treated/Consulted	Address, City, State and Zip Code

Have you ever had this or similar condition before? ☐ Yes ☐ No If yes, give particulars: Date _____

Describe _____

Names and addresses of all doctors seen for **any** condition in the past five years (Use separate sheet if necessary):

Physician	Date Treated/Consulted	Address, City, State and Zip Code	Condition

Authorization to Obtain Information

In signing below, I represent that the statements and answers given are true, complete and correctly recorded. I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, health maintenance organization, the Medical Information Bureau (MIB), government entity (federal, state, or local), reinsurer, or other organization, institution or person that has information, records or knowledge of me or my health, past or present, to furnish such information to USAble Life (the "Company"), or its agents. I understand that the Company may disclose the information to MIB, other insurance carriers, reinsurers, claim management/investigation firms, agents, employees and others who have a legitimate business interest in obtaining the information in connection with underwriting or claim processing. A photostatic copy of this Authorization shall be as valid as the original. I acknowledge I have a right to a copy of this authorization upon request.

FRAUD WARNING: Except as noted in separate Fraud Notice, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

_____ _____

Date Employee's Signature

Please have your Employer and Attending Physician complete page 2 (reverse side).

ATTENDING PHYSICIAN'S STATEMENT (APS)

***** Neither the Employee nor the Employer should complete or alter any part of the APS. *****

Patient's Full Name	Date of Birth
Diagnosis & Concurrent Conditions 1. 2.	ICD Codes 1. 2.

Disability is due to

☐ Accident ☐ Sickness ☐ Pregnancy

If accident, provide how, when and where accident occurred _____

_____

_____

If Pregnancy, _____ ☐ Actual ☐ Estimated
Delivery Date

Type of Delivery ☐ Vaginal ☐ C-section

_____

Date Symptoms First Appeared _____

Date Patient First Consulted You _____

Dates & Surgical Procedures (if any) _____

_____

_____

If hospitalized, ☐ Inpatient ☐ Outpatient

Date Admitted_____ Date Discharged _____

Full Name of Hospital _____

Address _____

City, State, Zip Code _____

_____

Telephone # of Hospital _____

Did disability arise from patient's employment?

☐ Yes ☐ No

_____

How long was or will patient be unable to work due to disability?

From _____ Through _____

Can return to work on _____

Please list all treatment dates during the month in which the disability began _____

_____

Date of next doctor's appointment _____

List Restrictions and Limitations_____

_____

_____

_____

Has patient ever had same or similar condition?

☐ No ☐ Yes Date _____

Describe any circumstances causing disability to be prolonged:

Physician's Signature	Date
Physician's Name (Please Print/Type)	Degree
Address	Telephone
City State Zip Code	Fax

FRAUD WARNING: Except as noted in separate Fraud Notice, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

EMPLOYER'S STATEMENT

Group Policy Number	Employee Social Security No.	Date of Hire	Coverage Effective Date	Weekly STD Benefit $
Last Day Worked Date _____ # of Hours _____	Date Returned to Work ☐ Full-Time _____ ☐ Part-Time_____	Base Salary $ _____ ☐ Hourly ☐ Monthly ☐ Weekly ☐ Annually	Employee Regularly Works _____ Hours Per Week Employee Regularly Works Weekends? ☐ Yes ☐ No	

Has a Workers' Compensation claim been filed or is a claim expected to be filed for this disability? ☐ Yes ☐ No

Employee received: Salary continuation through _____ Vacation pay through _____ Sick pay through _____

Employer Name		Tax ID #
Signature	Title	Date
Name (Please print or Type)	Telephone	Fax
Street Address City	State	Zip Code

FRAUD NOTICE

For your protection, the laws of some states may require us to furnish you with the following notice:

Except as otherwise noted below, it is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Arizona
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida
Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Pennsylvania
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Retain for your records.