



*Products Underwritten by: Union Security Insurance Company*

**ASSURANT**  
Employee  
Benefits

## **VOLUNTARY LONG-TERM DISABILITY INSURANCE**

### ***FOR THE EMPLOYEES OF MIAMI DADE COLLEGE***

If you were disabled due to an

- Accident
- Illness
- Pregnancy

Would you still need a paycheck?

How would you pay the expenses  
that continue?

- Rent
- Groceries
- Insurance
- Car Payments

*Sign up today and let Assurant Employee Benefits  
help protect your most valuable asset – your paycheck!*

**PLANS CONTAIN LIMITATIONS AND EXCLUSIONS**





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**VOLUNTARY LONG-TERM DISABILITY INSURANCE**

**SUMMARY OF BENEFITS**

**FOR THE EMPLOYEES OF MIAMI DADE COLLEGE**

This summary provides a brief description of the long-term disability benefits available to all eligible employees. This is not a Certificate of Coverage. Nothing contained herein will guarantee, waive or alter any terms of any subsequently issued policy or plan. The provisions of such actually issued policy or plan will be based on the insurance applied for by your employer and agreed upon by Union Security Insurance Company. Further, depending on the governing jurisdiction, the actual text of provisions and availability of either the product or product feature(s) may differ from what is presented in this summary of benefits.

**ELIGIBILITY**

You are eligible for coverage if you are a full-time active employee, you are working at least the minimum number of hours required under the plan, and you have satisfied any applicable waiting periods. When you first become eligible for coverage, you can enroll for coverage within 60 days of the date you become eligible, subject to any plan benefit maximums. If you do not apply within the 60-day period, evidence of insurability will be required to enroll for any amount of coverage.

**BENEFIT AMOUNT**

You may participate in the policy or plan under any one of the benefit levels outlined in the Rate Schedule, provided the monthly disability benefit level you selected does not exceed 66 2/3% of your regular monthly salary from your employer. If, at any time, the monthly benefit you have chosen exceeds 66 2/3% of your monthly salary, your benefit amount will be reduced to the highest benefit level for which you are eligible.



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**ELIMINATION PERIOD**

If you elect or apply for long-term disability coverage, you may select from the following elimination period options:

1. 14 days for injury, 14 days for sickness
2. 30 days for injury, 30 days for sickness
3. 60 days for injury, 60 days for sickness

**DURATION OF PAYMENTS**

If you elect or apply for long-term disability coverage, you may select from the following duration of payment options:

- Option 1. Long-term disability benefits are payable for up to 5 years for injury and for sickness during a continuous period of disability.
- Option 2. Long-term disability benefits are payable for both injury and sickness until Social Security Normal Retirement Age during a continuous period of disability.

**DEDUCTIBLE SOURCES OF INCOME**

For the first 12 months of benefit payments, the amount of benefit you receive, or are eligible to receive, from Workers' Compensation, an occupational disease law or any other act or law of similar intent will be subtracted from your gross disability benefit. After 12 months of benefit payments, the amount of benefit you receive, or are eligible to receive, from Social Security, Workers' Compensation, or other sources will be subtracted from your gross disability benefit.

The minimum monthly benefit amount payable under the policy is 25% of the gross monthly benefit regardless of the amount of income you receive from other sources.

**PRE-EXISTING CONDITIONS**

No benefits are payable for disabilities that commence within 12 months of your effective date that are caused by, contributed by, or resulting from a pre-existing condition. A pre-existing condition means a condition for which you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition in the 3 months just prior to your effective date.



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Increases or additional coverage are also subject to the pre-existing condition limitation, as of the effective date of the increase or additional coverage.

**DISABILITIES WITH A LIMITED PAY PERIOD**

Disabilities due to mental illness, drug abuse and alcoholism have a limited pay period up to 24 months.

**DEFINITION OF DISABILITY**

**TOTAL DISABILITY**

Benefits for Total Disability are paid if you are disabled and not working, or have returned to work and, due to your disability, are earning less than 20% of pre-disability earnings.

**PARTIAL DISABILITY**

Partial Disability benefits are paid if you are working, but due to your disability, are earning at least 20% and less than or equal to 80% of pre-disability earnings.

Depending on the benefit duration, income replacement for up to the first 12 months of a partial disability, in the form of benefits under this plan, return-to-work earnings, and income from other sources, can equal up to 100% of pre-disability earnings. If the total from all of these sources exceeds 100% of pre-disability earnings, the benefit will be reduced by the amount in excess of 100%. Thereafter, benefits for partially disabled employees are reduced by 50% of return to work earnings.

**TOTAL AND PARTIAL DISABILITIES**

Depending on the benefit duration, you will continue to receive payments beyond 24 months of Disability if you are:

1. working in any occupation and continue to have a 20% or more loss in monthly earnings due to your sickness or injury;
2. not working, and due to your sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.



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When determining eligibility for Total or Partial Disability benefits if school is not in session, your work capacity is measured by determining whether you would be able to perform your work if school were in session.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

**SURVIVOR BENEFIT**

A lump-sum benefit equal to three times your gross monthly benefit will be paid to your eligible survivor upon your death, if you were receiving, or were entitled to receive, payments under the policy or plan for 180 or more consecutive days.

**WAIVER OF PREMIUM**

While you are receiving disability payments under this policy, your monthly premium will be waived.

**EVIDENCE OF INSURABILITY**

- Proof of good health will be required from all individuals if:
  1. you are a late applicant, which means you apply for coverage more than 60 days after the date you are eligible for coverage; or
  2. you voluntarily cancel coverage and are re-applying; or
  3. you are increasing your coverage.
  
- You can increase your coverage amount by one benefit level increment at each policy anniversary date without evidence of insurability as long as the increased amount does not exceed the maximum issue amount or 66 2/3% of your monthly pre-disability salary.
  
- Increases or additional coverage will be subject to the pre-existing condition limitation.



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**EXCLUSIONS AND LIMITATIONS**

The policy does not cover any disabilities caused by, contributed to by or resulting from your: (a) participation in or attempting to commit a felony or working at an illegal occupation; (b) intentionally self-inflicted injuries; (c) committing or attempting to commit suicide, regardless of mental capacity; (d) being legally intoxicated, under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor; (e) active participation in a riot; (f) pre-existing condition, as defined; (g) commission of a crime for which you have been convicted under federal or state law; (h) elective surgery; (i) participation in or contracting with the armed forces (including Coast Guard) of any country or international authority; (j) riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or while testing any vehicle on any racecourse or speedway; (k) participating in any sporting event for pay or prize money; or (l) operating, learning to operate, serving as a crew member on, or jumping from or falling from any aircraft, including those which are not motor-driven.

In addition, the policy will not cover a disability due to war, declared or undeclared, or participation in any act of war; or for any period of disability during which you are incarcerated.



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*Products Underwritten by: Union Security Insurance Company*

**For information and service, please contact:**

The Falco Companies  
Customer Service  
350 Crown Oak Centre Drive  
Longwood, Florida 32750

Toll-free: (800) 831-1660  
Fax: (407) 260-0127

**For claims service, please contact:**

Claims Office  
One Riverfront Plaza  
Westbrook, Maine 04092-9700

Toll-free: (866) 376-9478  
Fax: (207) 591-3776

**For all other customer service inquiries, please contact:**

Customer Service Center

Toll-free: (800) 877-2701  
E-mail: [customersvc@asibpi.com](mailto:customersvc@asibpi.com)

This Summary of Benefits is not complete without the Product Overview Brochure (form series USIC-GRPDI-EE) or (form series USIC-GRPDI-FDH) and the Rate Schedule(s) (form series USIC-GRPDI-RSA, USIC-GRPDI-RSB and USIC-GRPDI-RSC), including state variations where used.

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# ASSURANT Employee Benefits

## MIAMI DADE COLLEGE

### PLAN 1

#### 14 Days Injury/14 Days Sickness

**Benefit Duration: 5 Years for Injury and Sickness with reducing schedule for employees disabled after Age 60**  
*Long-Term Disability*

#### Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

**Benefit Duration: 5 Years for Injury and for Sickness with reducing schedule for employees disabled after Age 60**

#### Rates for benefits beginning on the 15th day injury/15th day sickness

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$5,400	\$300	\$8.01
\$7,560	\$420	\$11.21
\$10,800	\$600	\$16.02
\$13,500	\$750	\$20.03
\$18,000	\$1,000	\$26.70
\$22,500	\$1,250	\$33.38
\$27,000	\$1,500	\$40.05
\$28,800	\$1,600	\$42.72
\$30,600	\$1,700	\$45.39
\$32,400	\$1,800	\$48.06
\$34,200	\$1,900	\$50.73
\$36,000	\$2,000	\$53.40
\$37,800	\$2,100	\$56.07
\$39,600	\$2,200	\$58.74
\$41,400	\$2,300	\$61.41
\$43,200	\$2,400	\$64.08
\$45,000	\$2,500	\$66.75
\$46,800	\$2,600	\$69.42
\$48,600	\$2,700	\$72.09
\$50,400	\$2,800	\$74.76
\$52,200	\$2,900	\$77.43

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$54,000	\$3,000	\$80.10
\$55,800	\$3,100	\$82.77
\$57,600	\$3,200	\$85.44
\$59,400	\$3,300	\$88.11
\$61,200	\$3,400	\$90.78
\$63,000	\$3,500	\$93.45
\$64,800	\$3,600	\$96.12
\$66,600	\$3,700	\$98.79
\$68,400	\$3,800	\$101.46
\$70,200	\$3,900	\$104.13
\$72,000	\$4,000	\$106.80
\$73,800	\$4,100	\$109.47
\$75,600	\$4,200	\$112.14
\$77,400	\$4,300	\$114.81
\$79,200	\$4,400	\$117.48
\$81,000	\$4,500	\$120.15
\$82,800	\$4,600	\$122.82
\$84,600	\$4,700	\$125.49
\$86,400	\$4,800	\$128.16
\$88,200	\$4,900	\$130.83
\$90,000	\$5,000	\$133.50

**The minimum monthly benefit election is \$300 and the maximum monthly benefit election is \$5,000.**



**ASSURANT**  
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Benefits

**MIAMI DADE COLLEGE**

**PLAN 2**

**30 Days Injury/30 Days Sickness**

**Benefit Duration: 5 Years for Injury and Sickness with reducing schedule for employees disabled after Age 60**  
*Long-Term Disability*

**Schedule of Benefits and Rates:**

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

**Benefit Duration:** 5 Years for Injury and for Sickness with reducing schedule for employees disabled after Age 60

**Rates for benefits beginning on the 31st day injury/31st day sickness**

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$5,400	\$300	\$7.11
\$7,560	\$420	\$9.95
\$10,800	\$600	\$14.22
\$13,500	\$750	\$17.78
\$18,000	\$1,000	\$23.70
\$22,500	\$1,250	\$29.63
\$27,000	\$1,500	\$35.55
\$28,800	\$1,600	\$37.92
\$30,600	\$1,700	\$40.29
\$32,400	\$1,800	\$42.66
\$34,200	\$1,900	\$45.03
\$36,000	\$2,000	\$47.40
\$37,800	\$2,100	\$49.77
\$39,600	\$2,200	\$52.14
\$41,400	\$2,300	\$54.51
\$43,200	\$2,400	\$56.88
\$45,000	\$2,500	\$59.25
\$46,800	\$2,600	\$61.62
\$48,600	\$2,700	\$63.99
\$50,400	\$2,800	\$66.36
\$52,200	\$2,900	\$68.73

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$54,000	\$3,000	\$71.10
\$55,800	\$3,100	\$73.47
\$57,600	\$3,200	\$75.84
\$59,400	\$3,300	\$78.21
\$61,200	\$3,400	\$80.58
\$63,000	\$3,500	\$82.95
\$64,800	\$3,600	\$85.32
\$66,600	\$3,700	\$87.69
\$68,400	\$3,800	\$90.06
\$70,200	\$3,900	\$92.43
\$72,000	\$4,000	\$94.80
\$73,800	\$4,100	\$97.17
\$75,600	\$4,200	\$99.54
\$77,400	\$4,300	\$101.91
\$79,200	\$4,400	\$104.28
\$81,000	\$4,500	\$106.65
\$82,800	\$4,600	\$109.02
\$84,600	\$4,700	\$111.39
\$86,400	\$4,800	\$113.76
\$88,200	\$4,900	\$116.13
\$90,000	\$5,000	\$118.50

**The minimum monthly benefit election is \$300 and the maximum monthly benefit election is \$5,000.**



# ASSURANT Employee Benefits

## MIAMI DADE COLLEGE

### PLAN 3

#### 60 Days Injury/60 Days Sickness

**Benefit Duration: 5 Years for Injury and Sickness with reducing schedule for employees disabled after Age 60  
Long-Term Disability**

#### Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

**Benefit Duration: 5 Years for Injury and for Sickness with reducing schedule for employees disabled after Age 60**

#### Rates for benefits beginning on the 61st day injury/61st day sickness

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$5,400	\$300	\$6.00
\$7,560	\$420	\$8.40
\$10,800	\$600	\$12.00
\$13,500	\$750	\$15.00
\$18,000	\$1,000	\$20.00
\$22,500	\$1,250	\$25.00
\$27,000	\$1,500	\$30.00
\$28,800	\$1,600	\$32.00
\$30,600	\$1,700	\$34.00
\$32,400	\$1,800	\$36.00
\$34,200	\$1,900	\$38.00
\$36,000	\$2,000	\$40.00
\$37,800	\$2,100	\$42.00
\$39,600	\$2,200	\$44.00
\$41,400	\$2,300	\$46.00
\$43,200	\$2,400	\$48.00
\$45,000	\$2,500	\$50.00
\$46,800	\$2,600	\$52.00
\$48,600	\$2,700	\$54.00
\$50,400	\$2,800	\$56.00
\$52,200	\$2,900	\$58.00

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$54,000	\$3,000	\$60.00
\$55,800	\$3,100	\$62.00
\$57,600	\$3,200	\$64.00
\$59,400	\$3,300	\$66.00
\$61,200	\$3,400	\$68.00
\$63,000	\$3,500	\$70.00
\$64,800	\$3,600	\$72.00
\$66,600	\$3,700	\$74.00
\$68,400	\$3,800	\$76.00
\$70,200	\$3,900	\$78.00
\$72,000	\$4,000	\$80.00
\$73,800	\$4,100	\$82.00
\$75,600	\$4,200	\$84.00
\$77,400	\$4,300	\$86.00
\$79,200	\$4,400	\$88.00
\$81,000	\$4,500	\$90.00
\$82,800	\$4,600	\$92.00
\$84,600	\$4,700	\$94.00
\$86,400	\$4,800	\$96.00
\$88,200	\$4,900	\$98.00
\$90,000	\$5,000	\$100.00

**The minimum monthly benefit election is \$300 and the maximum monthly benefit election is \$5,000.**



**ASSURANT**  
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Benefits

**MIAMI DADE COLLEGE**

**PLAN 4**

**14 Days Injury/14 Days Sickness**

**Benefit Duration: Social Security Normal Retirement Age for Injury and for Sickness**

*Long-Term Disability*

**Schedule of Benefits and Rates:**

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

**Benefit Duration:** Social Security Normal Retirement Age for Injury and for Sickness

**Rates for benefits beginning on the 15th day injury/15th day sickness**

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$5,400	\$300	\$11.19
\$7,560	\$420	\$15.67
\$10,800	\$600	\$22.38
\$13,500	\$750	\$27.98
\$18,000	\$1,000	\$37.30
\$22,500	\$1,250	\$46.63
\$27,000	\$1,500	\$55.95
\$28,800	\$1,600	\$59.68
\$30,600	\$1,700	\$63.41
\$32,400	\$1,800	\$67.14
\$34,200	\$1,900	\$70.87
\$36,000	\$2,000	\$74.60
\$37,800	\$2,100	\$78.33
\$39,600	\$2,200	\$82.06
\$41,400	\$2,300	\$85.79
\$43,200	\$2,400	\$89.52
\$45,000	\$2,500	\$93.25
\$46,800	\$2,600	\$96.98
\$48,600	\$2,700	\$100.71
\$50,400	\$2,800	\$104.44
\$52,200	\$2,900	\$108.17

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$54,000	\$3,000	\$111.90
\$55,800	\$3,100	\$115.63
\$57,600	\$3,200	\$119.36
\$59,400	\$3,300	\$123.09
\$61,200	\$3,400	\$126.82
\$63,000	\$3,500	\$130.55
\$64,800	\$3,600	\$134.28
\$66,600	\$3,700	\$138.01
\$68,400	\$3,800	\$141.74
\$70,200	\$3,900	\$145.47
\$72,000	\$4,000	\$149.20
\$73,800	\$4,100	\$152.93
\$75,600	\$4,200	\$156.66
\$77,400	\$4,300	\$160.39
\$79,200	\$4,400	\$164.12
\$81,000	\$4,500	\$167.85
\$82,800	\$4,600	\$171.58
\$84,600	\$4,700	\$175.31
\$86,400	\$4,800	\$179.04
\$88,200	\$4,900	\$182.77
\$90,000	\$5,000	\$186.50

**The minimum monthly benefit election is \$300 and the maximum monthly benefit election is \$5,000.**



# ASSURANT Employee Benefits

## MIAMI DADE COLLEGE

### PLAN 5

#### 30 Days Injury/30 Days Sickness

#### Benefit Duration: Social Security Normal Retirement Age for Injury and for Sickness

#### Long-Term Disability

#### Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

**Benefit Duration:** Social Security Normal Retirement Age for Injury and for Sickness

#### Rates for benefits beginning on the 31st day injury/31st day sickness

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$5,400	\$300	\$10.26
\$7,560	\$420	\$14.36
\$10,800	\$600	\$20.52
\$13,500	\$750	\$25.65
\$18,000	\$1,000	\$34.20
\$22,500	\$1,250	\$42.75
\$27,000	\$1,500	\$51.30
\$28,800	\$1,600	\$54.72
\$30,600	\$1,700	\$58.14
\$32,400	\$1,800	\$61.56
\$34,200	\$1,900	\$64.98
\$36,000	\$2,000	\$68.40
\$37,800	\$2,100	\$71.82
\$39,600	\$2,200	\$75.24
\$41,400	\$2,300	\$78.66
\$43,200	\$2,400	\$82.08
\$45,000	\$2,500	\$85.50
\$46,800	\$2,600	\$88.92
\$48,600	\$2,700	\$92.34
\$50,400	\$2,800	\$95.76
\$52,200	\$2,900	\$99.18

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$54,000	\$3,000	\$102.60
\$55,800	\$3,100	\$106.02
\$57,600	\$3,200	\$109.44
\$59,400	\$3,300	\$112.86
\$61,200	\$3,400	\$116.28
\$63,000	\$3,500	\$119.70
\$64,800	\$3,600	\$123.12
\$66,600	\$3,700	\$126.54
\$68,400	\$3,800	\$129.96
\$70,200	\$3,900	\$133.38
\$72,000	\$4,000	\$136.80
\$73,800	\$4,100	\$140.22
\$75,600	\$4,200	\$143.64
\$77,400	\$4,300	\$147.06
\$79,200	\$4,400	\$150.48
\$81,000	\$4,500	\$153.90
\$82,800	\$4,600	\$157.32
\$84,600	\$4,700	\$160.74
\$86,400	\$4,800	\$164.16
\$88,200	\$4,900	\$167.58
\$90,000	\$5,000	\$171.00

**The minimum monthly benefit election is \$300 and the maximum monthly benefit election is \$5,000.**



**ASSURANT**  
Employee  
Benefits

**MIAMI DADE COLLEGE**

**PLAN 6**

**Benefit Duration: Social Security Normal Retirement Age for Injury and for Sickness**

**60 Days Injury/60 Days Sickness**

*Long-Term Disability*

**Schedule of Benefits and Rates:**

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly salary at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly salary, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

**Benefit Duration:** Social Security Normal Retirement Age for Injury and for Sickness

**Rates for benefits beginning on the 61st day injury/61st day sickness**

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$5,400	\$300	\$9.15
\$7,560	\$420	\$12.81
\$10,800	\$600	\$18.30
\$13,500	\$750	\$22.88
\$18,000	\$1,000	\$30.50
\$22,500	\$1,250	\$38.13
\$27,000	\$1,500	\$45.75
\$28,800	\$1,600	\$48.80
\$30,600	\$1,700	\$51.85
\$32,400	\$1,800	\$54.90
\$34,200	\$1,900	\$57.95
\$36,000	\$2,000	\$61.00
\$37,800	\$2,100	\$64.05
\$39,600	\$2,200	\$67.10
\$41,400	\$2,300	\$70.15
\$43,200	\$2,400	\$73.20
\$45,000	\$2,500	\$76.25
\$46,800	\$2,600	\$79.30
\$48,600	\$2,700	\$82.35
\$50,400	\$2,800	\$85.40
\$52,200	\$2,900	\$88.45

Minimum Gross Annual Salary	Monthly Benefit Election	Monthly Premium
\$54,000	\$3,000	\$91.50
\$55,800	\$3,100	\$94.55
\$57,600	\$3,200	\$97.60
\$59,400	\$3,300	\$100.65
\$61,200	\$3,400	\$103.70
\$63,000	\$3,500	\$106.75
\$64,800	\$3,600	\$109.80
\$66,600	\$3,700	\$112.85
\$68,400	\$3,800	\$115.90
\$70,200	\$3,900	\$118.95
\$72,000	\$4,000	\$122.00
\$73,800	\$4,100	\$125.05
\$75,600	\$4,200	\$128.10
\$77,400	\$4,300	\$131.15
\$79,200	\$4,400	\$134.20
\$81,000	\$4,500	\$137.25
\$82,800	\$4,600	\$140.30
\$84,600	\$4,700	\$143.35
\$86,400	\$4,800	\$146.40
\$88,200	\$4,900	\$149.45
\$90,000	\$5,000	\$152.50

**The minimum monthly benefit election is \$300 and the maximum monthly benefit election is \$5,000.**

**ASSURANT EMPLOYEE BENEFITS**  
**UNION SECURITY INSURANCE COMPANY (the "Company")**  
 Administrative Office: One Riverfront Plaza, Westbrook, ME 04092-9700  
**EMPLOYEE ENROLLMENT FORM FOR GROUP DISABILITY**

**This Area for Agent or Plan Administrator Use Only.**

Group Number:	Requested effective date of coverage: The first day of _____, _____ Month Year
Agent Printed Name:	License Number:

**To enroll, please type or print in dark ink and return to your Agent or Employer. Keep a copy for your records. Any changes must be initiated by the Applicant.**

Last Name	First Name	Middle Initial	Birth Date (MM/DD/YY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No.
Home Address Number/Street		City	State	Zip	
Home Phone Number ( )	Employer Name <b>Miami Dade College</b>		Your Work Location/Site		
Date of Hire	Occupation	Annual Income \$	Your scheduled work hours per week		
Will the coverage applied for with this enrollment application:					
a. <i>replace</i> any existing disability income?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. <i>be in addition</i> to any existing disability income?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**All applicants review the following guidelines and complete this section to request coverage.**

<ul style="list-style-type: none"> <li>▪ Amounts must be elected according to the Rate Schedule provided.</li> <li>▪ Depending on the amount of coverage you elect, you may be required to complete the Health Questions.</li> <li>▪ Consult your agent for details concerning maximum amounts of insurance and Evidence of Insurability requirements.</li> </ul>				
Coverage	(N)ew (I)ncr (D)ecr (C)ancel	Monthly Benefit Amount	If (I) Or (D), My Prior Coverage Was	Monthly Premium / Rate
Long-Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No				
Elimination Period _____				
Max. Period of Payment _____				
Number of Salary Deductions/Year _____				

I authorize the Payroll Department to deduct the required premium from my salary for the insurance coverage for which I am applying. These authorized deductions may be made at intervals mutually agreed upon by my employer and the Company, and are to be paid to the Company when due. I understand I am responsible for paying any premium due for which the Payroll Department cannot make a regularly scheduled deduction. I understand that in order to revoke this authorization, I must notify my Payroll Department in writing to cancel the premium deductions and abide by any rules specified by the employer's benefit plan and/or by law.

The insurance applied for shall be in force as of the date described in the certificate provided the Company approves my application without any modifications as to the plan amount or premium. If the application is approved with any such modification, the insurance shall not take effect until the certificate has been delivered to and accepted by me and furthermore shall not take effect if there has been a change in the health of any person to be insured as stated since the date of application.

All of the information on this application is complete, correct and true to the best of my knowledge and belief.

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

Dated at: \_\_\_\_\_ City State On: \_\_\_\_\_ Month Day Year

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee