



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

- Injury
- Sickness
- Pregnancy

How would you pay the expenses that continue?

- Rent
- Groceries
- Insurance
- Car Payments

Would you still need a paycheck?

*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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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 (**Plan 1 and Plan 4**)
2. 30 days for injury, 30 days for sickness (**Plan 2 and Plan 5**)
3. 60 days for injury, 60 days for sickness (**Plan 3 and Plan 6**)

DURATION OF PAYMENTS

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

During a continuous period of disability. . .

Plans 1, 2 and 3:

- For disabilities due to **Injury** or **Sickness** that begin prior to age 60, long-term disability benefits are payable for up to 60 months. For disabilities due to **Injury** or **Sickness** that begin on or after age 60, a reducing benefit schedule will apply.

Plans 4, 5 and 6:

- For disabilities due to **Injury** or **Sickness** that begin prior to age 60, long-term disability benefits are payable for up to Social Security Normal Retirement Age*. For disabilities that begin on or after age 60, a reducing benefit schedule will apply.

*Social Security Normal Retirement Age ranges from age 65 to age 67, depending on the year in which you were born.

For additional information about the Duration of Payments provision, please contact your agent.



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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.

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.



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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.

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.



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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.

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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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: ascustomerservice@assurant.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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