



New Mexico State University

Please read carefully the following description of your Fort Dearborn Life Insurance Company (FDL) Long Term Disability Income Protection insurance plan (LTD).

Your Plan

Eligibility

You are eligible for LTD coverage if you are a full-time employee employed by New Mexico State University for at least one year. Your eligibility date is the date you have satisfied your one year requirement as a full-time employee. Full-time means working a minimum of 30 hours per week. Coverage begins on the first of the month following the completion of your eligibility period.

Guarantee Issue

Employees hired on or after 07/01/2005: At the time of your employment, you will be required to enroll in or waive coverage, and you may change your original election at any time until your eligibility date. Coverage, if elected, will become effective without answering any medical questions or providing evidence of insurability. If you enroll after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide regarding your health history.

Please see your New Mexico State University Benefits Office for your eligibility date.

Benefit Amount

Monthly LTD Benefit:

- 60% of your monthly earnings
- To a maximum of \$5,000

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment to Other Income Benefits you receive.

Your disability benefit may be reduced by Other Income Benefits and any earnings you have while disabled. Other Income Benefits may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; certain elected retirement plans; salary continuation or sick leave plans; other group disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Minimum Monthly Benefit: \$100 or 10% of gross monthly benefit, whichever is greater

Definition of Disability

You are disabled when FDL determines that:

- you are unable to perform all of the material and substantial duties of your occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- During the elimination period and the next 24 months of disability, you are unable to perform all of the material and substantial duties of your occupation.
- After benefits have been paid for 24 months, you are disabled when FDL determines that due to the same sickness or injury, you are unable to perform with reasonable continuity all of the material and substantial duties of your own or any other occupation for which you are or become reasonably fitted by training, education, experience, age and physical and mental capacity.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after 135 consecutive days of disability, as described in the definition above.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs.

<u>Age at Disability</u>	<u>Maximum Period of Payment</u>
Less than age 60	To age 65, but not less than 5 years
Age 60 through 64	5 Years
Age 65 through 68	To age 70, but not less than 1 year
Age 69 and over	1 Year

Additional Benefits**Rehabilitation**

Rehabilitation is the process of FDL's claims examiner and rehabilitation counselor working together with you to plan, adapt, and put into use, options and services to meet your return to work needs.

When we consider it to be appropriate, a Rehabilitation program may include but is not limited to:

1. vocational testing;
 2. vocational training;
 3. alternative treatment plans such as:
 - a. support groups;
 - b. physical therapy;
 - c. occupational therapy;
 - d. speech therapy;
 4. work-place modification to the extent not otherwise provided; and/or
 5. job placement.
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Rehabilitation (cont'd)

You are encouraged participate in a Rehabilitation program if requested and a qualified physician agrees that the rehabilitation program is appropriate to your medical limitations.

Waiver of Premium

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

Survivor Benefit

FDL will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving a monthly disability benefit under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made.

***Limitations/Exclusions/
Termination of Coverage******Pre-existing Condition
Exclusion***

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

***Instances When Benefits
Would Not Be Paid***

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- conviction of a crime under state or federal law;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

***Limitation for Mental Illness,
Alcoholism, Drug Addiction***

Disabilities due to mental illness, alcoholism or drug addiction have a limited payment period of 24 months. Mental illness, alcoholism or drug addiction benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions; or
- At midnight on the 15th day of the month if you terminate employment between the 1st and the 15th of the month, except as provided under the covered layoff or leave of absence provision; or
- At midnight on the last day of the month if you terminate employment between the 16th and the last day of the month, except as provided under the covered layoff or leave of absence provision.

FDL will provide coverage for a payable claim for a loss which occurred while you were covered under the policy or plan.

Next Steps***How to Apply***

For employees hired on or after 07/01/2005: At the time of your employment, you will be required to enroll in or waive coverage, and you may change your original election at any time until your eligibility date. After that date you will be required to provide evidence of insurability in order to qualify for coverage.

Delayed Effective Date of Coverage

The effective date of your insurance will be delayed if you are not in active employment because of a disability on your effective date of coverage. Your insurance will start on the first day of the month which follows the date that you return to active employment.

Questions

If you should have any questions about your coverage or how to enroll, please contact your New Mexico State University Benefits Office.

This plan highlight is a summary provided to help you understand your insurance coverage from Fort Dearborn Life. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.
