

Group Buy-up Long Term Disability Insurance

For Employees of Employers Participating in the Washington Counties Insurance Fund
Answers To Your Questions About Coverage From The Standard



Booklet Includes

- Coverage Highlights
- Enrollment Form
- Medical History Statement

Standard Insurance Company





Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Buy-up LTD insurance offers you the opportunity to choose one of two levels of LTD coverage.

The base LTD plan is fully paid by your employer, who must be participating in Washington Counties Insurance Fund (WCIF), and provides a basic level of LTD coverage. The difference in premium cost between the base LTD plan and the buy-up option is paid for by you and provides a higher level of LTD coverage. If the policy becomes effective and you do not elect the buy-up option, you will automatically be enrolled in the base LTD plan. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through your employer.

Eligibility Requirements

- Policy # 645273-F**
 - The Group Policy Effective Date is January 1, 2007
- Employee**
 - A citizen or resident of the United States or Canada, and one of the following:
 - A regular employee of an employer participating in WCIF, who is actively working the minimum amount of required hours by your employer to be eligible under the group policy and who meets any and all other employer-specific requirements necessary to be eligible under the group policy*; or
 - An elected official of an employer participating in WCIF
 - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Premium**
 - You pay 100 percent of the premium for the buy-up portion of this coverage through easy payroll deduction

*Please ask your human resources representative for more information about eligibility requirements

Benefit Amount

Your monthly LTD benefit is a percentage of your insured monthly predisability earnings reduced by deductible income.

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
Percentage of monthly predisability earnings	40%	60%
Plan Maximum Monthly Benefit	\$4,000	\$6,000
Plan Minimum Monthly Benefit	\$100	\$100

Note:

- Buy-up LTD Plan: All late applications (applying 31 days after becoming eligible) are subject to medical underwriting approval. Employees eligible but not insured under the prior LTD insurance plan are also subject to medical underwriting approval. To submit a medical history statement online, visit: http://www.standard.com/mybenefits/mhs_ho.html.

To compare the amount of your LTD benefit under both plans, fill in the blanks below:

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
1. Enter your monthly predisability earnings	\$ _____ (If your monthly predisability earnings exceed \$10,000, enter \$10,000 above.)	\$ _____ (If your monthly predisability earnings exceed \$10,000, enter \$10,000 above.)
2. Percentage of predisability earnings	40%	60%
3. Multiply amount on line 1 by percentage on line 2 and enter total here. This is your monthly LTD benefit amount before reduction for deductible income.	\$ _____	\$ _____

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period (if applicable), receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative to determine if you must serve an eligibility waiting period and for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period If your claim for LTD benefits is approved by The Standard, benefits become payable after the benefit waiting period. This is a specified number of days during which you must remain continuously disabled. Benefits are not payable during the benefit waiting period. The benefit waiting period for each plan is indicated below.

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
Benefit Waiting Period	180 days	90 days

Own Occupation Definition of Disability For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation:

- That you are able to perform, due to education, training or experience,
- That is available at one or more locations in the local economy, and
- In which you can be expected to earn at least 60 percent of predisability earnings within 12 months of returning to work, regardless of whether you are working in that, or any other, occupation.

Maximum Benefit Period

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 +	1 year

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid.
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Benefit Calculation

Example

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by deductible income. In the example below, the LTD benefit amount is 60 percent of insured predisability earnings. If your monthly earnings before becoming disabled were \$4,500, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900, your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
LTD benefit percentage	X 60%
	\$2,700
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
Amount of LTD benefit	\$600

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

24 Hour Coverage	24-hour LTD plans provide coverage for disabilities occurring on or off the job.
Rehabilitation Plan	If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
Reasonable Accommodation Expense Benefit	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
Rehabilitation Incentive Benefit	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
Conversion	Allows you to obtain LTD conversion insurance after the termination of your insurance with your employer.
Family Care Expense Benefit	Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the exclusion period. This period is the same under both the base LTD plan and buy-up LTD plan, however the period may not run concurrently, depending upon the effective date of your coverage under the buy-up LTD plan

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Base LTD Plan

Preexisting Condition Period The 90-day period just before your insurance becomes effective

Exclusion Period The 12-month period beginning on the date your insurance became effective

Buy-Up LTD Plan

Preexisting Condition Period The 90-day period just before your insurance under the buy-up LTD plan becomes effective

Exclusion Period The 12-month period beginning on the date your insurance became effective under the buy-up LTD plan.

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the own occupation period, the work is limited to work in your own occupation. Thereafter, the responsibility to work includes work in any occupation.

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If your disability is caused or contributed to by mental disorders or substance abuse

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to be a member (insurance may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you may retrieve a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events from www.wcif.net or by calling (800) 344-8570. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

If you elect the Buy-up LTD plan, your monthly premium rate for this plan is indicated in the tables below. Premiums for the Buy-up LTD plan will be deducted directly from your paycheck. If you do not enroll in the Buy-up LTD plan, subject to eligibility requirements, you will automatically be insured under the base LTD plan with no premium cost to you. If you have questions regarding how to determine your earnings, please contact your human resources representative.

If your employer *is* offering medical coverage through WCIF

If your employer *is not* offering medical coverage through WCIF:

Your Average Monthly Earnings (as of the prior December 31, or the date you become insured, whichever is later)	Monthly Premium Rate
\$999 or under	\$3.75
\$1,000 through \$1,499	\$6.25
\$1,500 through \$1,999	\$8.75
\$2,000 through \$2,499	\$11.25
\$2,500 through \$2,999	\$13.75
\$3,000 through \$3,499	\$16.25
\$3,500 through \$3,999	\$18.75
\$4,000 through \$4,499	\$21.25
\$4,500 through \$4,999	\$23.75
\$5,000 through \$5,499	\$26.25
\$5,500 through \$5,999	\$28.75
\$6,000 through \$6,499	\$31.25
\$6,500 through \$6,999	\$33.75
\$7,000 through \$7,499	\$36.25
\$7,500 through \$7,999	\$38.75
\$8,000 through \$8,499	\$41.25
\$8,500 through \$8,999	\$43.75
\$9,000 through \$9,499	\$46.25
\$9,500 or over	\$48.75

Your Average Monthly Earnings (as of the prior December 31, or the date you become insured, whichever is later)	Monthly Premium Rate
\$999 or under	\$4.25
\$1,000 through \$1,499	\$6.75
\$1,500 through \$1,999	\$9.25
\$2,000 through \$2,499	\$11.75
\$2,500 through \$2,999	\$14.25
\$3,000 through \$3,499	\$16.75
\$3,500 through \$3,999	\$19.25
\$4,000 through \$4,499	\$21.75
\$4,500 through \$4,999	\$24.25
\$5,000 through \$5,499	\$26.75
\$5,500 through \$5,999	\$29.25
\$6,000 through \$6,499	\$31.75
\$6,500 through \$6,999	\$34.25
\$7,000 through \$7,499	\$36.75
\$7,500 through \$7,999	\$39.25
\$8,000 through \$8,499	\$41.75
\$8,500 through \$8,999	\$44.25
\$9,000 through \$9,499	\$46.75
\$9,500 or over	\$49.25

To Be Completed By Human Resources

Group Number 645273	Division 00	Billing Category 0001	Date of Employment
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To Be Completed By Applicant Apply for Coverage Name Change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address	City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number	
Employer Name		Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Long Term Disability

Employer Paid Base LTD insurance

To request Buy-up LTD insurance please check the box below.

Buy-up LTD

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 4. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 3. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above.

MEMBER/EMPLOYEE INFORMATION

Name of Group and Group Number Washington Counties Insurance Fund - 645273		Employer Name and Location		Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Member/Employee Name			Birth Date (Mo/Day/Year)	Date Hired (Mo/Day/Year)	
Occupation		Salary	Social Security Number	Member/Employee Identification No.	

APPLICANT INFORMATION

Applicant's Name (Person to be insured)				Email Address	
Street Address		City		State/Province	ZIP/Postal Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone ()	Home Phone ()

APPLICATION INFORMATION

Check the type and provide details on the amount of coverage you are requesting.

Short Term Disability

Long Term Disability _____ + _____ = _____
 Current Amount In Force, if any Additional Amount Requested Total Amount Requested

Life _____ + _____ = _____
 Current Amount In Force, if any Additional Amount Requested Total Amount Requested

Dependents Life _____ + _____ = _____
 Current Amount In Force, if any Additional Amount Requested Total Amount Requested

PHYSICIAN INFORMATION (Physician name or medical facility with Applicant's complete medical records—provide name and full mailing address)

Doctor First Name		Doctor Last Name			
Clinic Name			Doctor Phone		
Doctor Address		City	State/Province	ZIP/Postal Code	
Date Last Consulted					
Reason Last Consulted					

Applicant Name	Social Security Number
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MEDICAL HISTORY STATEMENT QUESTIONS

Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.

1. Have you been absent from work for a period of 5 or more consecutive days during the last 2 years due to any sickness, surgery, injury, mental or emotional condition? Yes No
2. Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - A. Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal disorder, or digestive system disorder? Yes No
 - B. Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, deafness, or another neurological or muscle disorder? Yes No
 - C. Cancer (malignancy or growth), leukemia, lymphoma, chronic anemia, or blood clotting (thrombophlebitis, pulmonary embolism)? Yes No
 - D. Cardiovascular disease, heart ailment, arteriosclerosis, chest pain, high blood pressure, heart murmur, valve, circulatory or vascular disorder? Yes No
 - E. Emphysema, asthma, chronic bronchitis, sleep apnea, or other lung disease? Yes No
 - F. Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Virus (HIV)? Yes No
 - G. Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back or spine, or arthritic conditions? Yes No
 - H. Endocrine (including thyroid or adrenal), diabetes? Yes No
 - I. Drug, alcohol or nicotine use or abuse, or have you used drugs, alcohol or nicotine in a manner that resulted in you having to obtain advice, counseling or treatment? Yes No
 - J. Psychiatric or mental condition, depression, adjustment disorder, affective disorder, or obsessive-compulsive disorder? . . . Yes No
3. Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or HIV antibodies? Yes No
4. During the past five years have you been in a hospital or other institution for observation, rest, diagnosis, or treatment of any disease, disorder, condition or injury? Yes No
5. Do you plan any operation or visit to a doctor or practitioner for an existing physical or mental condition, illness, injury, surgery or pregnancy? Yes No
6. Do you currently have any disorder, condition or disease, or are you currently taking medication prescribed by a medical or other practitioner for any disorder, condition (including pregnancy) or disease other than cold or allergies not disclosed above? Yes No

Height _____ **Weight** _____

DETAILS OF ANY "YES" ANSWERS ABOVE

<i>Include diagnosis, start and end dates, duration, type and frequency of treatment, hospitalization, physician visits, cause, location of disorder, residuals, acute or chronic status, work loss, and operations.</i>				
Question #	Diagnosis/Description	Month/Year	Details/Current Status	Physicians Consulted, City and State

Applicant Name	Social Security Number
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ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION *(Please read carefully.)*

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any supplemental information, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the MIB, Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I authorize The Standard to release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid six months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and Fraud Notice (if applicable), and I have made a copy of this Medical History Statement.

Signature of Applicant (or Member/Employee for Dependent Child)	Date
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Applicant Name	Social Security Number
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INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.
Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.
Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.
- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.

FRAUD NOTICE

- ARKANSAS, MAINE, OHIO: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.
- 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 the 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.
- DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- LOUISIANA, NEW MEXICO: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MARYLAND, RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW YORK: 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 act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- 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.
- PUERTO RICO: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or any other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
- TENNESSEE, VIRGINIA, WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to nearly 23,000 groups covering more than 6 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about Buy-up Long Term Disability insurance from The Standard, contact your human resources department or visit us at **www.standard.com**.

* As of December 31, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

GP190-LTD/S399, GP399-LTD/TRUST,
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Group Buy-up Long Term Disability Insurance
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