Long Term Disability Insurance

Provided by PSC – CUNY Welfare Fund

Answers To Your Questions About Coverage From The Standard Life Insurance Company of New York

TheStandard®

About This Booklet

This booklet is designed to answer some common questions about the group Long Term Disability (LTD) insurance coverage being offered by the PSC-CUNY Welfare Fund (The Fund) to eligible employees. It is not intended to provide a detailed description of the coverage. None of the information presented in this booklet modifies the group policy or the insurance coverage in any way.

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy issued by The Standard Life Insurance Company of New York. If you have additional questions, please contact PSC-CUNY Welfare Fund.

Please note that defined terms from the group policy and certificate are italicized in this booklet. Features of the group LTD insurance coverage are subject to the laws of New York.

Long Term Disability Insurance Features

Chances are you already purchased home, auto and life insurance to protect yourself against the threat of loss. And you probably have health insurance to guard against costly medical bills. So, what steps have you taken to help shield yourself, your lifestyle and those who count on you from an unexpected loss of income? Would you be able to meet your financial obligations if you became disabled and unable to work?

Long Term Disability (LTD) insurance from The Standard Life Insurance Company of New York is designed to pay a monthly benefit to you in the event you cannot work because of a covered sickness or injury. This benefit replaces a portion of your monthly income, helping you meet your financial commitments in a time of need.

The PSC-CUNY Welfare Fund provides eligible employees with LTD coverage under a Basic Schedule to help protect a certain level of income in the event an employee is unable to work due to a covered disability. This LTD coverage is fully paid by the Fund.

Eligible employees may also apply for enhanced LTD coverage under an Optional Schedule, which is paid for by the employee and the Fund. Refer to pages 4 and 6 for information on the differences between the Basic and Optional Schedules.

If you do not enroll in the Optional Schedule, you will automatically be insured under the Basic Schedule provided you are an eligible employee and meet the active work requirement.

By sponsoring a group LTD insurance plan from The Standard that includes an Optional Schedule, The Fund offers you an excellent opportunity to help increase your income protection. The advantages to you include:

- **Convenience** – With premiums for the Optional Schedule deducted directly from your paycheck, you don't have to worry about mailing monthly payments.
- **Peace of Mind** – You can take comfort and satisfaction in knowing that you have taken a step toward securing your income during a period of disability.

Commonly Asked Questions

The following information provides details to give you a better understanding of the group LTD insurance available from The Standard. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with PSC-CUNY Welfare Fund.

How much LTD insurance do I need?

If you are not certain that you need LTD coverage beyond the Basic Schedule, consider if it would allow you to meet your financial obligations if you became disabled and unable to work for an extended period of time. The risk of disability may be greater than you think. Recent statistics have shown:

- Every 90 seconds someone files for bankruptcy in the wake of a serious illness (*The American Journal of Medicine*, Vol. 122, No. 8, August 2009)
- Almost three in 10 of today's 20-year-olds will become disabled before reaching age 67 (Social Security Administration, Fact Sheet 2009)
- One in four Americans say they would have difficulty supporting themselves financially immediately following a disability; three out of four say they would face financial trouble within six months (Disability survey conducted by Kelton Research on behalf of the LIFE Foundation, April 2009)

To help determine the level of LTD coverage you may need, complete the worksheet below. Fill in amounts for your monthly expenses and income and compare the two. If you depend on your regular paycheck to pay your bills, what would happen if you became sick and unable to work? Would the Basic Schedule provided by The Fund meet your needs? If not, the Optional Schedule may be part of the solution.

Monthly Expenses

Food . . . . . $ _____
Mortgage/rent . . . . . _____
Childcare/education . . . . . _____
Utilities . . . . . _____
(electricity, gas, cable, phone, etc.)
Clothing . . . . . _____
Debts . . . . . _____
(credit cards, student & auto loans, etc.)
Insurance . . . . . _____
(health, life, auto, home, etc.)
Taxes . . . . . _____
Other . . . . . _____
Total Monthly Expenses . . . . . $ _____

Monthly Income

Take home pay . . . . . $ _____
Spouse income . . . . . _____
Other income . . . . . _____
Total Monthly Income . . . . . $ _____

Am I eligible for this coverage?

To be eligible for LTD insurance coverage, you must be:

- An active full-time employee who is eligible for benefits from the PSC-CUNY Welfare Fund
- A non-faculty employee working at least 32 hours each week

A faculty employee is not required to meet the work test to be considered a full-time employee. Employees in an eligible class must complete one year of service before becoming eligible for insurance under the Basic Schedule.

When does my insurance go into effect?

Provided you are actively at work on the date the insurance is to begin, your insurance under the Basic Schedule will become effective on the first day of the month that falls on or next follows the date you become eligible.

To become insured under the Optional Schedule, you must be eligible for insurance and you must give written election to The Fund. It is important for you to give your written election within 60 days after the date you become eligible. Otherwise, evidence of insurability satisfactory to The Standard will also be required.

Provided you are actively at work on the date the insurance is to begin, your insurance under the Optional Schedule will become effective on the first day of the month that falls on or next follows the date:

- You become eligible, if your written election is given to The Fund on or before that date or

- The Fund receives your written election, if it is given within 60 days after the date you become eligible or
- The Standard approves your evidence of insurability, furnished at no cost to The Standard, if your written election is given to The Fund more than 60 days after you become eligible

If you are incapable of active work on the date your insurance is to begin, it will not become effective until the day after you have completed five full consecutive days of active work.

What does it mean to be actively at work?

Active work means performing with reasonable continuity, for wages that are paid regularly by your employer, the material duties of your normal occupation at your usual place of work or at any alternate place of work required by your employer. For purposes of becoming eligible for insurance, becoming insured and increasing insurance, actively at work will include regularly scheduled days off, holidays or vacation days, so long as you are capable of active work on those days and you were actively at work on the last day required to be at the workplace.

Will I have to provide information regarding my medical history?

To become insured under the Optional Schedule, you must provide evidence of insurability satisfactory to The Standard if you give your written election more than 60 days after the date you become eligible.

When evidence of insurability is required, complete and submit a Medical History Statement for your state of residence. In some cases, we may request additional medical information or a physical exam.

The enclosed form is for those employees living in the state of New York. If you reside in another state, please contact your human resources department for the appropriate state form or you may access the forms online at the URLs below.

Connecticut - **www.standard.com/eforms/sny13141.pdf**

Pennsylvania - **www.standard.com/eforms/sny13145.pdf**

New Jersey - **www.standard.com/eforms/sny13148.pdf**

New York - **www.standard.com/eforms/sny11167.pdf**

When do benefits become payable?

If you become disabled and your claim for monthly income benefits is approved by The Standard, benefits become payable on the first day of the month after the elimination period. This is a specified number of months during which you must remain continuously disabled. The elimination period under both the Basic and Optional Schedules is six months, or if longer, any period you receive full pay under your employer's sick leave program.

When am I considered disabled?

For the elimination period and up to the next 24 months, disabled or disability means being unable due to sickness, bodily injury or pregnancy to perform with reasonable continuity the material duties of your normal occupation and not performing any other occupation.

After the 24 months, disabled or disability means being unable due to sickness, bodily injury, or pregnancy to perform with reasonable continuity the material duties of any occupation for which you are reasonably qualified by education, training or experience.

The normal occupation period is the first 24 months after the elimination period. The any occupation period begins at the end of the normal occupation period and continues while benefits are payable.

How much is the monthly income benefit amount?

Your monthly income benefit is a percentage of your monthly wage base reduced by benefits from other sources. The maximum and minimum monthly income benefit amounts under each schedule are shown below.

	Basic Schedule	Optional Schedule
Percentage of monthly wage base	50%	60%
Maximum monthly income benefit	$2,500	$6,000
Minimum monthly income benefit	None	$100

Your monthly income benefit will be reduced by benefits from other sources.

Under the Basic Schedule, if the maximum monthly income benefit minus benefits from other sources is less than $1,250, then the minimum monthly income benefit will equal the amount that would make the benefit equal $1,250.

Under the Optional Schedule, if the maximum monthly income benefit minus benefits from other sources is less than $1,500, then the minimum monthly income benefit will equal the amount that would make the benefit equal $1,500.

How is the amount of the monthly income benefit calculated?

The monthly income benefit amount is determined by multiplying your insured monthly wage base by the specified benefit percentage. This amount is then reduced by other income, referred to as benefits from other sources, which you receive or are eligible to receive while monthly income benefits are payable.

What is the monthly wage base?

The monthly wage base is 1/12 of your basic annual wage payable by your employer at the start of a term of continuous disability. Any change in your earnings after your last day of active work will not affect your monthly wage base. The basic annual wage includes:

- Salary
- Contributions you make through a salary reduction agreement with your employer to an Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p) or 457 deferred compensation arrangement; or an executive nonqualified deferred compensation arrangement
- Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan

If your basic annual wage consists of other than 12 monthly payments, your monthly wage base will be 1/12 of the total annual amount of such payments. If you are paid hourly, your basic annual wage is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours, multiplied by 12 months.

Your basic annual wage excludes overtime pay, bonuses, any other types of extra compensation and your employer's contributions on your behalf to any deferred compensation arrangement or pension plan.

Please contact your employer for additional information regarding what is included in your monthly wage base.

What are benefits from other sources?

Benefits from other sources are benefit amounts available or provided to you that reduce the amount of your monthly income benefit. Benefits from other sources include but are not limited to, the following:

- Social Security or similar benefits that are payable to you and to your dependents for disability or retirement on your wage record under the Social Security Act of the United States or any similar United States or foreign government program
- Workers' compensation or similar benefits, including amounts for partial or total disability, whether permanent, temporary or vocational, or whether paid as monthly or one sum amounts, and any form of settlement, that are payable under any workers' compensation law or similar law
- Benefit amounts that are payable for disability under any other group insurance coverage
- Benefit amounts that are payable for retirement under TIAA and CREF annuities to which your employer contributed
- Benefit amounts for disability under the New York City Teachers Retirement System, New York City Employees Retirement System, or the Board of Education.
- Benefit amounts that are payable for retirement under the New York City Teachers Retirement System or New York City Employees Retirement System; amounts payable for retirement will not include those benefits payable based on contributions you made; regardless of how funds from the retirement plan are distributed, The Standard will consider all contributions by you and your employer to be distributed simultaneously throughout your lifetime; early retirement benefits will be considered benefits from other sources only if you elect early retirement or if early retirement would not reduce your accrued annuity or pension benefits
- Sick pay and other salary continuation that are paid under your employer's sick leave, annual or personal leave, severance or other salary continuation program (but not vacation pay) and any wages that are payable by your employer, including donated amounts
- Any amounts paid by compromise, settlement or other method as a result of a claim for any of the above, whether disputed or undisputed

Benefits from other sources will not include amounts paid to you for a continuous disability that starts before a disability for which benefits are payable under the group policy. In addition, for amounts paid in one sum or by a method other than monthly, The Standard will determine your monthly income benefit using a prorated amount and the period of time to which the benefits from other sources applies. If no period of time is stated, The Standard will use a reasonable one.

If I become disabled, will contributions to my retirement account continue?

If you are insured under the Optional Schedule, then while you are disabled and eligible to receive a monthly income benefit, a monthly annuity premium benefit equal to 10 percent of your monthly wage base will be credited to the Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) retirement annuities.

How long may benefits continue?

Benefits continue during a term of continuous disability for the appropriate duration shown below, based on whether you are insured under the Basic Schedule or the Optional Schedule.

Basic Schedule Age when disability starts	Age or time limit
60 or less	earlier of 5 years or to age 65
over 60 but less than 65	5 years
65 but less than 68½	to age 70
68½ or over	1 year

Optional Schedule Age when disability starts	Age or time limit
59 or younger	to age 65
60 through 64	5 years
65 through 68	to age 70
69 or older	1 year

When do benefits end?

After benefits start, they will continue to be payable each month during your term of continuous disability. The last benefit payment will be made as of the first day of the month in which the earliest of these events occurs:

- You are no longer disabled
- You reach the age or time limit for which benefits are payable
- You die
- You fail to provide proof of continued disability and entitlement to benefits under the group policy
- Benefits become payable under any other long term disability plan under which you become insured through employment during a period of temporary recovery

What are some of the other features of this coverage?

This LTD coverage has the following features:

- It covers disabilities that occur 24 hours a day, both on and off the job.
- If you pay premium with after-tax dollars, a portion of your monthly income benefits is federally tax-free under current federal tax law.
- You may qualify for rehabilitation services that prepare you to work to the fullest extent of your abilities. This may include such services as vocational testing, job preparation, career counseling, retraining or workplace modification.
- If the group policy terminates while you are disabled, benefits will continue as long as you are eligible to receive them.

What exclusions apply to this coverage?

You are not covered for a disability caused or contributed to by any of the following or medical or surgical treatment of the following:

- A mental or physical condition that is intentionally self-inflicted
- A mental or physical condition that results from war
- A mental or physical condition that results from your committing or attempting to commit an assault or felony, or your actively participating in a violent disorder or riot
- A preexisting condition that occurs within your first year of coverage. See Part 4 of the certificate for further details.

What is a preexisting condition?

A preexisting condition is a mental or physical condition, whether or not diagnosed or misdiagnosed, that within the six months prior to your most recent effective date of insurance:

- You incurred expense, received medical treatment, services or advice, underwent diagnostic procedures, took prescribed drugs or medicine, or consulted a physician or other licensed medical professional
- Was discovered or suspected as a result of any medical examination, including a routine examination

What limitations apply to this coverage?

Benefits are not payable for any period when you:

- Are outside the United States, its territories and possessions, Mexico or Canada; but this does not apply to a term of disability that starts while you are actively at work outside those areas or which starts while you are on vacation outside those areas if you return to those areas as soon as you are physically able to do so
- Are not participating in a program of mandatory rehabilitation service that The Standard determines prepares you to work to the fullest extent of your ability
- Are not under the regular care of a physician
- Fail to provide proof of disability and other required proof
- Fail to comply with The Standard's request to have you examined

When does my LTD insurance coverage end?

The group LTD insurance ends automatically on the earliest of the following:

- The date the group policy terminates
- The date the last period ends for which you make a premium contribution
- The date you stop active work in an eligible class (which includes ceasing to meet any required work test)
- The date the group policy is changed to terminate insurance on the class of employees to which you belong

If you are no longer actively at work due to a leave of absence, ask your employer or The Fund for information about options available under the group policy for insurance to continue during your leave of absence.

How much will it cost me for coverage under the Optional Schedule?

The premiums per bi-weekly pay period for the Optional Schedule are indicated in the table below. Premiums are based on your age as of March 31 of each year.

Annual Salary	Age as of March 31						
	Under 40	40-44	45-49	50-54	55-59	60-64	65 and older
$28,500 or less	$1.40	$2.65	$2.96	$3.18	$4.36	$4.19	$3.74
$28,501 to 35,000	1.56	2.96	3.30	3.54	4.86	4.67	4.17
$35,001 to 40,000	1.84	3.49	3.90	4.18	5.74	5.52	4.92
$40,001 to 45,000	2.08	3.96	4.41	4.74	6.49	6.25	5.58
$45,001 to 50,000	2.33	4.42	4.93	5.30	7.26	6.98	6.24
$50,001 to 55,000	2.58	4.89	5.46	5.85	8.03	7.72	6.90
$55,001 to 60,000	2.82	5.35	5.97	6.41	8.79	8.46	7.55
$60,001 to 65,000	3.06	5.82	6.49	6.97	9.55	9.19	8.21
$65,001 to 70,000	3.31	6.28	7.01	7.53	10.32	9.92	8.87
$70,001 to 75,000	3.55	6.75	7.53	8.08	11.08	10.66	9.52
$75,001 to 80,000	3.80	7.21	8.05	8.64	11.85	11.40	10.18
$80,001 to 85,000	4.04	7.68	8.57	9.20	12.61	12.13	10.83
$85,001 to 90,000	4.29	8.14	9.09	9.76	13.38	12.86	11.49
$90,001 to 100,000	4.66	8.84	9.86	10.59	14.52	13.96	12.47
$100,001 or more	5.39	10.24	11.42	12.26	16.81	16.17	14.44

The annual premium rates based on bi-weekly payments for the Optional Schedule are in the table below. Again, premiums are based on your age as of March 31 of each year.

Annual Salary	Age as of March 31						
	Under 40	40-44	45-49	50-54	55-59	60-64	65 and older
$28,500 or Under	$36.40	$68.90	$76.96	$82.68	$113.36	$108.94	$97.24
$28,501 to 35,000	40.56	76.96	85.80	92.04	126.36	121.42	108.42
$35,001 to 40,000	47.84	90.74	101.40	108.68	149.24	143.52	127.92
$40,001 to 45,000	54.08	102.96	114.66	123.24	168.74	162.50	145.08
$45,001 to 50,000	60.58	114.92	128.18	137.80	188.76	181.48	162.24
$50,001 to 55,000	67.08	127.14	141.96	152.10	208.78	200.72	179.40
$55,001 to 60,000	73.32	139.10	155.22	166.66	228.54	219.96	196.30
$60,001 to 65,000	79.56	151.32	168.74	181.22	248.30	238.94	213.46
$65,001 to 70,000	86.06	163.28	182.26	195.78	268.32	257.92	230.62
$70,001 to 75,000	92.30	175.50	195.78	210.08	288.08	277.16	247.52
$75,001 to 80,000	98.80	187.46	209.30	224.64	308.10	296.40	264.68
$80,001 to 85,000	105.04	199.68	222.82	239.20	327.86	315.38	281.58
$85,001 to 90,000	111.54	211.64	236.34	253.76	347.88	334.36	298.74
$90,001 to 100,000	121.16	229.84	256.36	275.34	377.52	362.96	324.22
$100,000 and Over	140.14	266.24	296.92	318.76	437.06	420.42	375.44

How do I apply for coverage under the Optional Schedule?

Unless you become insured under the Optional Schedule, you will be automatically insured under the Basic Schedule, provided you are eligible for coverage and meet the active work requirement.

To apply for LTD coverage under the Optional Schedule, complete the Enrollment Form and Payroll Deduction Authorization Card in your enrollment packet, place them in the return envelope and submit it to PSC-CUNY Welfare Fund.

You may apply for LTD coverage under the Optional Schedule at any time as long as you meet the requirements to become insured. However, if you apply more than 60 days after becoming eligible, satisfactory evidence of insurability is required. Please complete a Medical History Statement for your state of residence and mail directly to The Standard. Coverage subject to evidence of insurability is not effective until approved by The Standard.

What if I have additional questions?

If you have any additional questions, please contact PSC-CUNY Welfare Fund.

Reset This Form

The Standard Life Insurance Company of New York **Enrollment and Change**

To Be Completed By Human Resources

Group Number	Division	Billing Category	Date of Employment
430209-A			

To Be Completed By Applicant

☐ Apply for Coverage ☐ Beneficiary Change ***Complete Beneficiary Section below.*** ☐ Name Change

☐ Add or ☐ Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	☐ Male ☐ Female

Your Address	City	State	ZIP

Former Name (Last, First, Middle) *Complete only if name change*	Phone Number

Employer Name	Job Title/Occupation
The City University of New York	

Hours Worked Per Week	Earnings $_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year

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

If you are enrolling in Optional Long Term Disability Benefits, please complete the following information. When completed, return this form and the enclosed Payroll Deduction Authorization card, in the reply envelope provided, to PSC-CUNY Welfare Fund.

If this is a LATE enrollment, you will also need to complete a Medical History Statement and submit it directly to The Standard Life Insurance Company of New York.

Long Term Disability (LTD)

☒ PSC-CUNY Welfare Fund – Paid LTD Basic Schedule

LTD Optional Schedule

☐ LTD Optional Schedule (Includes Monthly Annuity Premium Benefit)

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.

Fraud Notice - Only applies to Accident and Health Insurance (AD&D/Disability/Dental): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance of 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Print This Form

Return completed form to your Human Resources Department.

Reset This Form

The Standard Life Insurance Company of New York
Medical Underwriting, 900 SW Fifth Avenue Portland OR 97204

Medical History Statement
For Group Life and Disability Insurance

DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 3. 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 2. Keep a copy for your records, and send the original to The Standard Life Insurance Company of New York at the address given above.

MEMBER/EMPLOYEE INFORMATION

Name of Group		Group Number	Check who is Applying (One per form) ☐ Member/Employee ☐ Spouse ☐ Child
Member/Employee Name		Birthdate (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 Zip
Sex ☐M ☐F	Birthdate (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone ( ) Home Phone ( )

APPLICATION INFORMATION

Type of Application *(check one)* ☐ Initial ☐ Increase in Coverage ☐ Late Application

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

	Current Amount In Force, if any	+	Additional Amount Requested	=	Total Amount Requested
☐ Short Term Disability					
☐ Long Term Disability		+		=	
☐ Life		+		=	
☐ Dependents Life		+		=	

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. Are you now unable to work full-time because of any physical or mental condition, or injury? ☐ 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 ailment, or digestive system disorder? ☐ Yes ☐ No
   - B. Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, blindness, deafness, or any other neurological or muscle disorder? ☐ Yes ☐ No
   - C. Cancer, tumor, lesions, leukemia, lymphoma, blood clotting or other malignancy or growth? ☐ Yes ☐ No
   - D. Cardiovascular disease, heart ailment, arteriosclerosis, abnormal pulse, high blood pressure, heart murmur, valve, circulatory, or vascular disorders? ☐ Yes ☐ No
   - E. Emphysema, asthma, bronchitis, sleep apnea, or other respiratory or 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, arthritic or disc conditions? ☐ Yes ☐ No
   - H. Diabetes, thyroid, gland, spleen, or nephritis? ☐ Yes ☐ No
   - I. Drug or alcohol abuse, or have you used alcohol, drugs or nicotine in a manner that has resulted in medical treatment? ☐ Yes ☐ No
   - J. Psychiatric or mental condition, depression, adjustment disorder, affective disorder, anxiety disorder, or obsessive-compulsive disorder? ☐ Yes ☐ No
3. In the past 7 years have you had any illness or injury not listed above which resulted in the use of prescribed medication or physician visits? ☐ Yes ☐ No
4. 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)? ☐ Yes ☐ No
5. Do you plan any operation or visit to a doctor or practitioner for an existing physical or mental condition, or injury? ☐ Yes ☐ No
6. Are you currently pregnant? ☐ Yes ☐ No

Height	Weight	Physician Name or Medical Facility with Applicant's Complete Medical Records (provide name and full mailing address)

Applicant Name	Social Security Number

Describe any "yes" answers below. (Please provide the entire question number.)

Question Number	*Description of Injuries, Disorders and Operations*	*Month/Year*	*Duration*	*Final Result*	*Physicians Consulted, City & State*

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 attachments, 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 subject to the Incontestability Provisions in the Group Policy(ies) and Group Certificate(s), any misstatements or failure to report information, including any change in my medical condition while my application is pending, which is material to the issuance of coverage may be used as a basis for contesting my insurance and/or denial of payment of a claim. I understand that The Standard Life Insurance Company of New York (The Standard) has the right to require additional information, including an examination, blood test and/or urinalysis. I agree to notify 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) and Group Certificate(s), 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 the diagnosis and treatment of mental illness, any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, any communicable or sexually transmitted disease or disorder, and information on the diagnosis and treatment of the use of alcohol, drugs, and tobacco. **But, this release does not allow disclosure of the following records: alcohol and/or drug records received or acquired by a federally assisted alcohol or drug program, psychotherapy notes, or HIV.**
- By my signature below, I acknowledge that prior 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 medical records consistent with this authorization for the purpose as described immediately below.
- 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 understand The Standard may 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 retained and disclosed by The Standard related to my life and/or disability insurance application is not protected under the Health Insurance Portability and Accountability Act (HIPAA).
- 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), Group Certificate(s) 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) and Group Certificate(s).
- For contributory coverage: I understand and consent to the following: a) that the policy permits the group policyholder to change, reduce, restrict or terminate my rights or benefits under the policy; and b) such change, reduction, restriction or termination may occur at a time when my health status has changed and may affect my ability to procure individual coverage.
- I understand and consent to the electronic delivery of and/or the posting on the insurer's website of my certificate.

Signature of Applicant (or Member/Employee for Dependent Child)	**Dated**

Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with The Standard Life Insurance Company of New York.

Applicant Name	Social Security Number

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. The Standard Life Insurance Company of New York 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.

  The Standard Life Insurance Company of New York may release information in its file to its reinsurers, and The Standard Life Insurance Company of New York, 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, The Standard Life Insurance Company of New York, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-888-456-3505.

FRAUD NOTICE *(Only applies to Accident and Health Insurance (AD&D/Disability/Dental))*

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print This Form

Your employer has chosen The Standard Life Insurance Company of New York to provide group Voluntary LTD insurance coverage to eligible employees. Headquartered in White Plains, The Standard administers benefits for employees just like you across the state of New York. The Standard delivers value in employee benefits through well-designed products and the promise of exceptional service.

For more information about the available Voluntary LTD insurance coverage, please refer to the Coverage Highlights and contact your human resources department.

The Standard Life Insurance Company of New York
360 Hamilton Avenue, Suite 210
White Plains NY 10601-1871

www.standard-ny.com

Long Term Disability Insurance
SNY **12010-430209-A** (9/14)