



TheStandard®

## Group Voluntary Long Term Disability Insurance for West Virginia University

Answers to your questions about coverage from Standard Insurance Company



STANDARD INSURANCE COMPANY

## About This Booklet

This booklet is designed to answer some common questions about the optional group Long Term Disability (LTD) insurance coverage being offered by your *employer* to eligible *employees*. It is not intended to provide a detailed description of the coverage.

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 Standard Insurance Company. Neither the certificate nor the information presented in this booklet modifies the *group policy* or the insurance coverage in any way. If you have additional questions, please contact your human resources representative.

Please note that defined terms and provisions from the *group policy* and certificate are italicized in this booklet. Features of the optional group LTD insurance coverage may vary by state.



## Optional Long Term Disability Insurance Features

Chances are you already purchase 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 Standard Insurance Company is designed to pay a monthly benefit to you in the event you cannot work because of a covered sickness, bodily injury or pregnancy. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

By sponsoring an optional group LTD insurance plan from The Standard, your *employer* offers you an excellent opportunity to help protect yourself and your lifestyle. The advantages to you include:

**Convenience** – With premiums deducted directly from your paycheck, you do not 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 optional group LTD insurance available from The Standard. Written in non-technical language, this is not intended as a complete description of the coverage.

### Do I need LTD insurance?

If you are not certain that you need LTD coverage, consider if you would be able 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 your need for disability income protection, 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? Are you prepared for the unexpected? Group LTD insurance from The Standard may be part of the solution.

Monthly Expenses & Income Worksheet	
Monthly Expenses	Amount
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 . . . . .	\$ _____
<b>Total Monthly Expenses. . . . .</b>	<b>\$ _____</b>
<b>Monthly Income</b>	
Take home pay . . . . .	\$ _____
Spouse income . . . . .	\$ _____
Other income . . . . .	\$ _____
<b>Total Monthly Income . . . . .</b>	<b>\$ _____</b>

### Am I eligible for this coverage?

To be eligible for LTD insurance coverage, you must be an active benefit-eligible employee of West Virginia University.



### When does my insurance go into effect?

To become insured you must be eligible for insurance and you must give written election to your employer. It is important for you to give your written election within 2 months 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 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 your *employer* on or before that date or
- Your *employer* receives your *written election*, if it is given within 2 months 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 your *employer* more than 2 months 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?

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. In some cases, The Standard may request additional medical information or a physical exam.

### When do benefits become payable?

If you become *disabled* and your claim for *monthly income benefits* is approved by The Standard, benefits become payable after the *elimination period*, which is the number of months during which you must remain continuously *disabled*. The *elimination period* is the longer of: (1) 6 months; or (2) any period you are eligible to receive payments in each calendar month equal to your full monthly wage base under your *employer's* short term disability plan (whether an insured or self-funded plan), or under your *employer's* sick leave or salary continuation program.

## When am I considered disabled?

For the *elimination period* and for the *normal occupation period*, *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*.

For the *any occupation period*, *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; or working, but due to sickness, bodily injury, or pregnancy being unable to earn 80 percent or more of your *increasing monthly wage base*.

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?

The *monthly income benefit* equals 60 percent of monthly wage base paid by your *employer*, not to exceed a benefit of \$5,000 a month, less the sum of *benefits from other sources* that apply to the same month (e.g., Social Security, retirement benefit amounts, workers' compensation, state disability, etc.).

In no event will the *monthly income benefit* be less than \$100 or 10 percent of the *monthly income benefit* before *benefits from other sources* are subtracted.

## How is the amount of the monthly income benefit calculated?

The *monthly income benefit* amount is determined by multiplying your insured *monthly wage base* (up to \$8,333.33) by 60 percent. 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.

In the example below, the *monthly income benefit* amount is 60 percent of insured *monthly wage base*. If your monthly earnings (or *monthly wage base*) before becoming *disabled* were \$5,000 and you now receive a monthly Social Security disability benefit of \$1,000 and a monthly state disability benefit of \$800, your *monthly income benefit* would be calculated as follows:

Monthly Income Benefit Calculation	
Income Variables	Amount
Insured <i>monthly wage base</i> . . . . .	\$5,000
<i>Monthly income benefit</i> percentage . . . . .	60%
Subtotal . . . . .	\$3,000
Less Social Security Disability benefit . . . . .	-\$1,000
Less state disability income benefit . . . . .	-\$800
<b>Amount of <i>monthly income benefit</i></b> . . . . .	<b>\$1,200</b>

## What is the monthly wage base?

The *monthly wage base* is 1/12 of your basic annual wage (or salary) payable by your *employer* at the start of a term of continuous *disability*. Your basic annual wage excludes overtime pay, bonuses, commissions, annual increment pay and any other types of extra compensation. 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. Any change in your earnings after your last day of *active work* will not affect your *monthly wage base*.

Please contact the WVU Department of Human Resources Benefits Office at 304.293.5700, extension 4, 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 either 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 to which an employer or your *employer* contributed or deducted funds from your wages
- Benefit amounts that are payable for retirement under any plan to which any employer or your *employer* contributed and which you elect to receive or receive as of the later of age 62 or the normal retirement age under the Social Security Act (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 your contributions and the employer contributions to be distributed simultaneously throughout your lifetime)
- Other periodic benefit amounts payable as a result of disability or retirement may also be deemed payable as long as such amounts are not less than the accrued amount of benefits then funded
- State disability benefits that are payable because of your disability under any state disability income benefit law or similar law
- Sick pay and other salary continuation that are paid under your *employer's* sick leave, or other salary continuation program

*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.

## How long will benefits continue?

If you become *disabled* before age 60, *monthly income benefits* may continue during *disability* until you reach age 65. If you become *disabled* at age 60 or older, *monthly income benefits* continue during a term of continuous *disability* until the following age or time limit:

Maximum Benefit Period	
Age When <i>Disability</i> Begins	Maximum Benefit Period
61 or younger . . . . .	to age 65, 5 years, if longer
62 . . . . .	3 years 6 months
63 . . . . .	3 years
64 . . . . .	2 years 6 months
65 . . . . .	2 years
66 . . . . .	1 year 9 months
67 . . . . .	1 year 6 months
68 . . . . .	1 year 3 months
69 or older. . . . .	1 year

## When do monthly income benefits end?

After *monthly income 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
- You attain the specified time limit for *disability* caused or contributed to by medical or surgical treatment of *mental illness*, alcoholism and/or drug abuse, or use of alcohol or drugs unless prescribed by and taken in accordance with the instructions of a *physician*.

## What are some of the other features of this coverage?

This LTD coverage has the following features:

- While you are *disabled* and eligible to receive a *monthly income benefit*, a *monthly annuity premium benefit* equal to 12 percent of your monthly wage base will be credited to the Teachers Insurance and Annuity Association of America (TIAA), the College Retirement Equities Fund (CREF) retirement annuities or Great West Retirement Services Group Retirement Annuity Contracts, as appropriate.
- Your *monthly income benefit* will be adjusted up to 3 percent by the annual benefit adjustment beginning 36 months after the date benefits are first payable for a term of disability.



- If you die while *monthly income benefits* are payable, and on the date you die you have been continuously *disabled* for at least 12 full months, a *survivor income benefit* equal to three times your *monthly income benefit* will be paid in a lump sum to your *surviving dependent(s)*, if any. Any *survivor income benefit* payable will first be applied to any overpayment of your claim due to The Standard.
- It covers disabilities that occur 24 hours a day, both on and off the job.
- Because premium payments are made with after-tax dollars, *monthly income benefits* are federally tax-free under current federal tax law.
- While *monthly income benefits* are payable, 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, *monthly income 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, while sane or insane
- A mental or physical condition that results from *war* or any act of *war* (declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature)
- 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* or the medical or surgical treatment of a *preexisting condition* unless you have been continuously insured under the *group policy* for the 12 month period prior to the start of *disability*

### What is a preexisting condition?

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

- For which at any time during the *preexisting condition period* 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; or
- That was discovered or suspected at any time during the *preexisting condition period* as a result of any medical examination including a routine examination

The *preexisting condition* period is the six month period prior to your most recent effective date of insurance.

### What limitations apply to this coverage?

*Monthly income benefits* are not payable for any period when you:

- Are confined in a prison or other correctional facility, or in a treatment facility in lieu of being confined in any correctional facility
- Are outside the following areas: the United States, its territories and possessions 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 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 optional LTD insurance coverage end?

The optional 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 (except if premiums are waived while *disabled*)
- The date you stop *active work* in an *eligible class* or fail 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 or a *disability*, ask your *employer* for information about options available under the *group policy* for insurance to continue during your leave of absence.

### If my LTD insurance ends due to termination of employment, can I convert it to a new coverage plan?

If your disability insurance ceases under the *group policy* due to termination of your employment, you have two options for conversion. You may purchase up to \$4,000 of insurance under a conversion policy without providing *evidence of insurability* or up to \$8,000 of insurance with satisfactory *evidence of insurability*. In the latter case, you must complete a Medical History Statement and submit it to The Standard.

## How much will the optional group LTD coverage cost?

The monthly premium rates for the monthly income benefit coverage are listed in Rate Table 1 and the monthly premium rates for the monthly annuity premium benefit coverage are listed in Rate Table 2.

**Rate Table 1: Monthly Income Benefit Premium Rates**

<b>Employee age</b>	<b>Monthly income benefit premium rate per \$100 of monthly wage base</b>
Age 29 and under . . . . .	0.130
Age 30 to 34 . . . . .	0.223
Age 35 to 39 . . . . .	0.288
Age 40 to 44 . . . . .	0.465
Age 45 to 49 . . . . .	0.595
Age 50 to 54 . . . . .	0.930
Age 55 to 59 . . . . .	1.107
Age 60 to 64 . . . . .	1.125
Age 65 and over . . . . .	1.246

**Rate Table 2: Monthly Annuity Premium Benefit Premium Rates**

<b>Employee age</b>	<b>Monthly annuity premium benefit premium rate per \$100 of monthly wage base</b>
Age 29 and under . . . . .	0.040
Age 30 to 34 . . . . .	0.070
Age 35 to 39 . . . . .	0.080
Age 40 to 44 . . . . .	0.140
Age 45 to 49 . . . . .	0.170
Age 50 to 54 . . . . .	0.280
Age 55 to 59 . . . . .	0.340
Age 60 to 64 . . . . .	0.350
Age 65 and over . . . . .	0.320

To calculate the monthly payroll deduction for the monthly income benefit coverage, use the following formula and the rates as shown in Rate Table 1:

### Monthly Payroll Deduction for Monthly Income Benefit

1. Enter your *monthly wage base*, but not more than \$8,333.33. . . . . Line 1: \_\_\_\_\_
2. Divide the amount on Line 1 by 100 and enter on Line 2. . . . . Line 2: \_\_\_\_\_
3. Select your rate from Rate Table 1 and enter on Line 3. . . . . Line 3: \_\_\_\_\_
4. Multiply Line 2 by the amount shown on Line 3 and enter on Line 4. . . Line 4: \_\_\_\_\_

The amount shown on Line 4 is your estimated monthly payroll deduction for the optional monthly income benefit coverage.

To calculate the monthly payroll deduction for the *monthly annuity premium benefit* coverage, use the rates as shown in Rate Table 2 and the following formula:

Monthly Payroll Deduction for Monthly Annuity Premium Benefit	
1. Enter your <i>monthly wage base</i> . . . . .	Line 1: _____
2. Divide the amount on Line 1 by 100 and enter on Line 2. . . . .	Line 2: _____
3. Select your rate from Rate Table 2 and enter on Line 3. . . . .	Line 3: _____
4. Multiply Line 2 by the amount shown on Line 3 and enter on Line 4 . .	Line 4: _____

The amount shown on Line 4 is your estimated monthly payroll deduction for the optional *monthly annuity premium benefit* coverage.

Add the two estimated premium amounts together to determine your estimated total premium for the optional group LTD coverage.

If you have questions regarding the amount of your *monthly wage base* to use in the premium calculation, please contact your human resources representative.

### How do I apply for the optional group LTD insurance coverage?

To apply for the optional group LTD insurance, complete the Enrollment Form in your enrollment packet, place it in a confidential envelope and submit it to your human resources department.

You may apply for the optional group LTD coverage at any time as long as you meet the requirements to become insured. However, if you apply more than 2 months after becoming eligible, satisfactory *evidence of insurability* is required. Coverage subject to *evidence of insurability* is not effective until approved by The Standard.

### LTD Monthly Income Benefit - 9 Month Premium - Sample Grid

Annual Salary	Employee Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15,000	2.17	3.72	4.80	7.75	9.92	15.50	18.45	18.75	20.77
\$20,000	2.89	4.96	6.40	10.33	13.22	20.67	24.60	25.00	27.69
\$25,000	3.61	6.19	8.00	12.92	16.53	25.83	30.75	31.25	34.61
\$30,000	4.33	7.43	9.60	15.50	19.83	31.00	36.90	37.50	41.53
\$35,000	5.06	8.67	11.20	18.08	23.14	36.17	43.05	43.75	48.46
\$40,000	5.78	9.91	12.80	20.67	26.44	41.33	49.20	50.00	55.38
\$45,000	6.50	11.15	14.40	23.25	29.75	46.50	55.35	56.25	62.30
\$50,000	7.22	12.39	16.00	25.83	33.06	51.67	61.50	62.50	69.22
\$55,000	7.94	13.63	17.60	28.42	36.36	56.83	67.65	68.75	76.14
\$60,000	8.67	14.87	19.20	31.00	39.67	62.00	73.80	75.00	83.07
\$65,000	9.39	16.11	20.80	33.58	42.97	67.17	79.95	81.25	89.99
\$70,000	10.11	17.34	22.40	36.17	46.28	72.33	86.10	87.50	96.91
\$75,000	10.83	18.58	24.00	38.75	49.58	77.50	92.25	93.75	103.83
\$80,000	11.56	19.82	25.60	41.33	52.89	82.67	98.40	100.00	110.76
\$85,000	12.28	21.06	27.20	43.92	56.19	87.83	104.55	106.25	117.68
\$90,000	13.00	22.30	28.80	46.50	59.50	93.00	110.70	112.50	124.60
\$95,000	13.72	23.54	30.40	49.08	62.81	98.17	116.85	118.75	131.52
\$100,000	14.44	24.78	32.00	51.67	66.11	103.33	123.00	125.00	138.44

### LTD Monthly Income Benefit - 12 Month Premium - Sample Grid

Annual Salary	Employee Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15,000	1.63	2.79	3.60	5.81	7.44	11.63	13.84	14.06	15.58
\$20,000	2.17	3.72	4.80	7.75	9.92	15.50	18.45	18.75	20.77
\$25,000	2.71	4.65	6.00	9.69	12.40	19.38	23.06	23.44	25.96
\$30,000	3.25	5.58	7.20	11.63	14.88	23.25	27.68	28.13	31.15
\$35,000	3.79	6.50	8.40	13.56	17.35	27.13	32.29	32.81	36.34
\$40,000	4.33	7.43	9.60	15.50	19.83	31.00	36.90	37.50	41.53
\$45,000	4.88	8.36	10.80	17.44	22.31	34.88	41.51	42.19	46.73
\$50,000	5.42	9.29	12.00	19.38	24.79	38.75	46.13	46.88	51.92
\$55,000	5.96	10.22	13.20	21.31	27.27	42.63	50.74	51.56	57.11
\$60,000	6.50	11.15	14.40	23.25	29.75	46.50	55.35	56.25	62.30
\$65,000	7.04	12.08	15.60	25.19	32.23	50.38	59.96	60.94	67.49
\$70,000	7.58	13.01	16.80	27.13	34.71	54.25	64.58	65.63	72.68
\$75,000	8.13	13.94	18.00	29.06	37.19	58.13	69.19	70.31	77.88
\$80,000	8.67	14.87	19.20	31.00	39.67	62.00	73.80	75.00	83.07
\$85,000	9.21	15.80	20.40	32.94	42.15	65.88	78.41	79.69	88.26
\$90,000	9.75	16.73	21.60	34.88	44.63	69.75	83.03	84.38	93.45
\$95,000	10.29	17.65	22.80	36.81	47.10	73.63	87.64	89.06	98.64
\$100,000	10.83	18.58	24.00	38.75	49.58	77.50	92.25	93.75	103.83



### LTD Monthly Annuity Premium Benefit - 9 Month Premium - Sample Grid

Annual Salary	Employee Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15,000	0.67	1.17	1.33	2.33	2.83	4.67	5.67	5.83	5.33
\$20,000	0.89	1.56	1.78	3.11	3.78	6.22	7.56	7.78	7.11
\$25,000	1.11	1.94	2.22	3.89	4.72	7.78	9.44	9.72	8.89
\$30,000	1.33	2.33	2.67	4.67	5.67	9.33	11.33	11.67	10.67
\$35,000	1.56	2.72	3.11	5.44	6.61	10.89	13.22	13.61	12.44
\$40,000	1.78	3.11	3.56	6.22	7.56	12.44	15.11	15.56	14.22
\$45,000	2.00	3.50	4.00	7.00	8.50	14.00	17.00	17.50	16.00
\$50,000	2.22	3.89	4.44	7.78	9.44	15.56	18.89	19.44	17.78
\$55,000	2.44	4.28	4.89	8.56	10.39	17.11	20.78	21.39	19.56
\$60,000	2.67	4.67	5.33	9.33	11.33	18.67	22.67	23.33	21.33
\$65,000	2.89	5.06	5.78	10.11	12.28	20.22	24.56	25.28	23.11
\$70,000	3.11	5.44	6.22	10.89	13.22	21.78	26.44	27.22	24.89
\$75,000	3.33	5.83	6.67	11.67	14.17	23.33	28.33	29.17	26.67
\$80,000	3.56	6.22	7.11	12.44	15.11	24.89	30.22	31.11	28.44
\$85,000	3.78	6.61	7.56	13.22	16.06	26.44	32.11	33.06	30.22
\$90,000	4.00	7.00	8.00	14.00	17.00	28.00	34.00	35.00	32.00
\$95,000	4.22	7.39	8.44	14.78	17.94	29.56	35.89	36.94	33.78
\$100,000	4.44	7.78	8.89	15.56	18.89	31.11	37.78	38.89	35.56

### LTD Monthly Annuity Premium Benefit - 12 Month Premium - Sample Grid

Annual Salary	Employee Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15,000	0.50	0.88	1.00	1.75	2.13	3.50	4.25	4.38	4.00
\$20,000	0.67	1.17	1.33	2.33	2.83	4.67	5.67	5.83	5.33
\$25,000	0.83	1.46	1.67	2.92	3.54	5.83	7.08	7.29	6.67
\$30,000	1.00	1.75	2.00	3.50	4.25	7.00	8.50	8.75	8.00
\$35,000	1.17	2.04	2.33	4.08	4.96	8.17	9.92	10.21	9.33
\$40,000	1.33	2.33	2.67	4.67	5.67	9.33	11.33	11.67	10.67
\$45,000	1.50	2.63	3.00	5.25	6.38	10.50	12.75	13.13	12.00
\$50,000	1.67	2.92	3.33	5.83	7.08	11.67	14.17	14.58	13.33
\$55,000	1.83	3.21	3.67	6.42	7.79	12.83	15.58	16.04	14.67
\$60,000	2.00	3.50	4.00	7.00	8.50	14.00	17.00	17.50	16.00
\$65,000	2.17	3.79	4.33	7.58	9.21	15.17	18.42	18.96	17.33
\$70,000	2.33	4.08	4.67	8.17	9.92	16.33	19.83	20.42	18.67
\$75,000	2.50	4.38	5.00	8.75	10.63	17.50	21.25	21.88	20.00
\$80,000	2.67	4.67	5.33	9.33	11.33	18.67	22.67	23.33	21.33
\$85,000	2.83	4.96	5.67	9.92	12.04	19.83	24.08	24.79	22.67
\$90,000	3.00	5.25	6.00	10.50	12.75	21.00	25.50	26.25	24.00
\$95,000	3.17	5.54	6.33	11.08	13.46	22.17	26.92	27.71	25.33
\$100,000	3.33	5.83	6.67	11.67	14.17	23.33	28.33	29.17	26.67

## Standard Insurance Company

Your *employer* has chosen Standard Insurance Company to provide optional group LTD coverage to eligible *employees*. In selecting The Standard to provide this coverage, West Virginia University considered The Standard's reputation for quality service, financial strength, integrity and commitment to meeting the needs of its customers. The Standard is one of the top group life and disability insurance carriers in the nation and a leading administrator of these benefits for higher education institutions.

Just as others count on you, you can count on The Standard for LTD insurance in a time of need. Talk with your *employer's* human resources representative for more information about the optional group LTD insurance from The Standard.

### For More Information

If you have additional questions, please contact the WVU Department of Human Resources Benefits Office at:

West Virginia University Division of Human Resources  
Attention: Benefits Administration Office  
P.O. Box 6640  
Morgantown, WV 26506  
Phone: 304.293.5700 extension 4  
Fax: 304.293.7532



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1100 SW Sixth Avenue  
Portland OR 97204

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