

# EVERYONE DESERVES MORE FINANCIAL SECURITY

Group Universal Life Insurance  
Personal Accident Insurance  
Voluntary Disability Insurance



**Together, all the way.®**



Offered by Life Insurance Company of America, Cigna Life Insurance Company of New York, or Connecticut General Life Insurance Company.

917063 09/18 © 2019 Cigna.

# Contents



**Cigna Trusted Advisor®** ..... 3



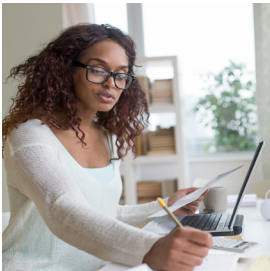
**Group Universal Life Insurance** ..... 6



**Personal Accident Insurance** ..... 18



**Voluntary Disability Insurance** ..... 30



**General Definitions** ..... 42

# Cigna Trusted Advisor<sup>®</sup>



## Welcome to Insperty<sup>®\*</sup>

### Make informed decisions with Cigna Trusted Advisor<sup>®</sup>.

We know that selecting the right insurance is important to you. Cigna Trusted Advisor<sup>®</sup> is a website where you'll find tools that will help you learn more about and apply for the coverage being offered to you. Plus, you can quickly complete your application online at your convenience.

- ▶ Understand the value of your plans.
- ▶ View and enroll in available benefits.
- ▶ Get instant access to forms and more.
- ▶ Manage beneficiary designations or view current coverage information.

#### BEFORE YOU APPLY

- ▶ Review your plan options.
- ▶ Determine your costs.
- ▶ Select your benefits and whom to apply.

\*For the purpose of this application material, wherever Insperty appears it shall mean Insperty Holdings, Inc.

# To apply, use the Cigna Trusted Advisor tool by logging on to Insperity Premier at portal.insperity.com and selecting “Voluntary Benefits” under “Benefits”.

As an eligible employee of Insperity, you have the chance to apply for valuable benefits from Cigna. If you have questions regarding the voluntary benefits you are eligible for under the Insperity Welfare Benefits Plan, contact Insperity at 1.866.715.3552.

Cigna Voluntary Benefits include Group Universal Life, Personal Accident Insurance and Voluntary Disability Insurance which are 100% employee-paid through convenient post-tax payroll deductions.

The screenshot shows the top navigation bar with the Cigna logo, the text "For employees of: Insperity", and menu items: HOME, FORMS, ABOUT US, CONTACT US. Below the navigation is a large banner image of a family hugging. A blue box on the left contains the text "CIGNA TRUSTED ADVISOR®" and "Explore Opportunities for Added Personal and Family Financial Protection with Insperity Employee-Paid Coverage from Cigna." Below the banner, there is a section titled "Cigna Trusted Advisor — for Employees of Insperity" with a sub-header "Need to access or designate your beneficiaries online?" and a list of steps: "Click on the 'My Account' tab" and "Click on one of the coverages from the list displayed."

- 1 Once on Cigna Trusted Advisor, review the *Important Tips for Applying for Coverage with Cigna Trusted Advisor and Insurability Requirements* sections. Then select the product you wish to apply for and click on the “Apply Now” button.

The screenshot shows the "Important Beneficiary Designation Information" section with three bullet points. Below this is a grid of three product cards: "Group Universal Life", "Personal Accident Insurance (Aka Accidental Death & Dismemberment)", and "Important Forms". The "Group Universal Life" card has a red circle around its "APPLY NOW" button, with a blue box containing the number "1" pointing to it. The "Personal Accident Insurance" card also has an "APPLY NOW" button. The "Important Forms" card has an "ACCESS FORMS" button.

**Note:** For illustrative purposes only.

- 2** Complete the application process.
- 3** Provide proof of good health for you and your spouse/domestic partner, if applicable.
- 4** Sign application elections electronically.
- 5** Be sure that you have designated your desired beneficiary(ies).
- 6** Print confirmation statement.

**If you have any questions, please call the Cigna Customer Service Center<sup>1</sup> at 1.800.231.1193. Our service representatives are available to answer your questions Monday through Friday, 8 a.m. to 5 p.m., Central time.**



<sup>1</sup>Cigna Customer Service Center administration provided by Infosys McCamish Systems, LLC.

# Group Universal Life Insurance



## Help preserve your family's lifestyle.

Having adequate insurance is not only the basis for a sound financial plan, it helps provide the additional financial protection you need to help you feel confident that your home, family, and finances can be more protected if you or your spouse should die prematurely.

Group Universal Life (GUL) insurance can also help preserve your family's lifestyle.

# Contents



<b>Group Universal Life Insurance</b> .....	6
<b>Plan summary</b> .....	8
Coverage for you .....	8
Coverage for your spouse/domestic partner .....	8
Coverage for your children .....	9
Qualified Life Event (QLE) .....	9
<b>Plan features</b> .....	10
Keeping pace with the changes in your life .....	10
Automatic increase option .....	11
Additional opportunities to increase coverage .....	11
Accelerated payment benefit .....	12
Cash Accumulation Fund (CAF) .....	12
Tax-deferred accumulation .....	13
Easy access to your money .....	13
Cash accumulation fund growth charts .....	14
<b>Monthly cost of insurance</b> .....	15
<b>Information about coverage</b> .....	16
Coverage start and end dates .....	16
Exclusions .....	16
<b>Words to know</b> .....	17



# PLAN SUMMARY

## Coverage for you

You are an eligible employee, as defined by Insperity (refer to General Definitions on page 42 of the brochure for a complete eligibility definition), or you are an Insperity employee who meets the requirement for continuing eligibility during an approved leave of absence.

- ▶ **Coverage amounts available:** 1-6 times your covered earnings, rounded to the next higher \$1,000, if not already an even multiple. The maximum coverage amount is 6 times your covered earnings<sup>2</sup>, rounded to the next higher \$1,000, if not already an even multiple, or \$2,500,000, whichever is less.
- ▶ **Guaranteed Issue amount<sup>3</sup> available within 30 days of your benefits effective date without proof of good health:** up to 3 times your covered earnings, rounded to the next higher \$1,000, if not already an even multiple, or \$500,000, whichever is less.

### If you provide proof of good health, you can:

- ▶ Purchase more than the Guaranteed Issue amount<sup>3</sup>—up to 6 times your covered earnings, rounded to the next higher \$1,000, if not already an even multiple, or \$2,500,000, whichever is less.
- ▶ Increase your life insurance coverage at any time, up to the maximum allowed.

If you apply for coverage during a guaranteed issue period and your request for coverage exceeds the guaranteed issue levels or amounts, only the coverage amounts ABOVE the guaranteed issue limits will be subject to insurability requirements. Below is an example showing the amounts above guaranteed issue limits that would be subject to insurability requirements:

Covered Earnings	Covered Earnings Multiple Elected	Total Coverage Requested	Amount Guaranteed	Amount Subject to Approval
\$ 50,000	6 times	\$300,000	\$150,000	\$150,000
\$300,000	2 times	\$600,000	\$500,000	\$100,000

## Coverage for your spouse/domestic partner

You can purchase coverage for your eligible spouse/domestic partner in the following amounts.<sup>4</sup>

- ▶ \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$100,000, \$150,000, or \$200,000. Coverage for a spouse/domestic partner cannot exceed 100% of the employee's eligible coverage amount.
- ▶ Guaranteed Issue amount<sup>3</sup> available for your spouse/domestic partner, within 30 days of your benefits effective date, without proof of good health: \$10,000 or \$20,000.
- ▶ If your spouse/domestic partner provides proof of good health, you can purchase coverage up to the lesser of \$200,000 or 100% of the employee's eligible coverage amount.

To be eligible to enroll for coverage, your spouse/domestic partner must be younger than age 65. For coverage to become effective, your spouse/domestic partner must not be: hospitalized, confined at home under the care of a doctor, receiving disability benefits, or unable to perform the normal daily activities of a person of the same age and sex.

<sup>2</sup>As paid by Insperity.

<sup>3</sup>The face amount of coverage that an insured may purchase in certain situations without satisfying the proof of good health requirement.

<sup>4</sup>Please note that in certain states, restrictions may apply and ages may vary.



## Coverage for your children

If you elect GUL for yourself or for your spouse/domestic partner, you may also purchase insurance for all of your dependent children from live birth to 26 years of age, or 26 years of age or older and primarily supported by the employee and incapable of self-sustaining employment because of a mental or physical handicap.

For just one premium, you can cover all your dependent children. You can obtain \$5,000 or \$10,000 Guaranteed Issue amounts of term insurance coverage if you enroll your child(ren). When your child(ren) no longer qualifies as a dependent, they are eligible to enroll for GUL coverage as an adult. Note: Employees need to notify Cigna when their last child is no longer eligible for coverage due to the fact that Cigna does not collect personal data on children covered under the policy.

For your children's coverage to be effective, they must not be hospitalized or confined at home under the care of a doctor. A Dependent Child(ren) may be covered under the Insured Employee or the Insured Spouse/Domestic Partner, but not under both.

## Qualified Life Event (QLE)

If a qualified life event happens, the employee is eligible for an additional 1 times their covered earnings (up to the plan maximum allowed), if the coverage elections are made within 30 days of a qualified life event. A Qualified Life Event is defined as any of the following events:

- ▶ Marriage, legal separation, annulment, or divorce;
- ▶ Birth or adoption of a child;
- ▶ Purchase of a primary home;
- ▶ Death of a spouse/domestic partner or child; or,
- ▶ A benefits package change in which you are no longer eligible for Basic (employer-paid) Life Insurance





## PLAN FEATURES

When you enroll in GUL, you can plan for your retirement and secure your loved ones' lifestyle at the same time. The GUL insurance program provides your family with generous amounts of life insurance and also provides you with a way to save money by contributing to the optional Cash Accumulation Fund (CAF) which earns tax-deferred interest.

- ▶ **Large coverage, small price.** Receive up to six times your covered earnings for as little as 5 cents a month per \$1,000 of coverage.
- ▶ **Yours for the asking.** Apply within 30 days of your benefits effective date and you may not have to provide proof of good health.
- ▶ **Ease of payroll deductions.** While an active Insperity employee, your GUL insurance premiums and CAF contributions are deducted from your paycheck using after-tax dollars.
- ▶ **Take it with you if you change jobs.** You can keep your coverage even if you leave, retire or change employers.<sup>5</sup>

In addition, if you participate in the CAF, you can receive the following:

- ▶ **Additional protection without payments.** Money within the CAF can help you maintain your insurance coverage in the event of a covered injury or financial hardship that prevents you from making your monthly premium contributions.<sup>6</sup>
- ▶ **Money for you now.** You can use your GUL CAF for withdrawals or for low-interest loans if you've built up enough cash value.<sup>7</sup>
- ▶ **Money for you later.** Save through the CAF, earn tax-deferred interest on your savings. See page 12 for additional information.



### Keeping pace with the changes in your life

How much life insurance do you need today? How much will you need in two years? Five years? What if you can't afford to continue paying your premiums due to a financial hardship? At Cigna, we've thought about these questions and have developed options that can help you maintain adequate insurance levels as your needs and circumstances change.

## Automatic increase option

With the Automatic increase option, your GUL coverage will increase automatically (up to \$25,000 annually, not to exceed the maximum allowed) on each January 1, if you have qualifying salary increases. Your payroll deduction amount will also be increased to cover the higher amount of protection.

The following example illustrates how this feature works.

Ted is 32 years old, makes **\$45,000** a year and has GUL coverage equal to three times his salary, or \$135,000. He gets a salary increase of **\$4,700**. With the Automatic Increase Option, his insurance coverage would be increased to **\$150,000** ( $\$49,700 \times 3 = \$149,100$ , rounded up to the next \$1,000 = \$150,000) Accordingly, his payroll deduction amount would be automatically increased for this additional coverage.



**Note:** This is a fictitious example used for illustrative purposes only. Not an actual Cigna customer experience.

## Additional opportunities to increase coverage

You may have additional opportunities to increase your GUL coverage, on a guaranteed basis, outside of the Automatic Increase Option. An increase in coverage can be requested within 30 days following an increase to your covered earnings. The increase will not be subject to proof of good health except for any portion of the requested increase that exceeds \$100,000.

<sup>5</sup>Higher rates may apply.

<sup>6</sup>Administrative fees and cost of life insurance coverage only will be automatically withdrawn from your Cash Accumulation Fund until these funds are depleted. These costs do not include any money going into the Cash Accumulation Fund.

<sup>7</sup>You have the ability to withdraw from or borrow against your Cash Accumulation Fund. Withdrawals and loans can decrease the amount of the available death benefit. The minimum withdrawal amount is \$250, and the maximum amount is the total cash value less any outstanding loans and less any future cost of insurance already billed.

## Accelerated payment benefit

If you or your covered spouse/domestic partner become terminally ill and the life expectancy is a year or less, you can receive a maximum of 50% of your coverage amount, potentially tax-free.<sup>8</sup> The money is paid out in a lump-sum directly to you or anyone you designate to use however you wish. To qualify to receive the benefit, you must provide medical certification from two unaffiliated physicians that your life expectancy or that of your spouse/domestic partner is 12 months or less. Cigna will send payment as soon as your request, medical certification and supporting evidence are reviewed and approved. This benefit is only available one time, and is not available for dependent child coverage.

Your premium obligation continues on the full amount of coverage if this benefit is exercised.

**The following example illustrates how a 50% benefit would pay out on \$100,000 of coverage:**

<b>Payment of benefit</b>	<b>Monthly premium</b>
\$100,000 of GUL coverage	\$7.20
- \$ 50,000 (50% potentially tax-free lump-sum payment)	
<b>\$ 50,000 remaining death benefit amount</b>	<b>\$7.20</b>

**Note:** Actual coverage and benefit amounts will vary by policy design. Coverage is subject to all terms and conditions as specified in the policy.

## Cash Accumulation Fund (CAF)

Saving money isn't easy, but the secret to saving is simple—set aside a certain amount out of each paycheck before you receive it. And you can do it painlessly with your GUL Insurance CAF. Even a small amount set aside on a regular basis can add up to significant savings over time. You can contribute through convenient payroll deductions or lump-sum payments.

What are your financial goals? Are you trying to save for retirement, college tuition or a down payment on a home? Whatever your goals, contributing to the CAF can help you reach them. The net cash value you build will earn interest that is income tax-deferred in most cases. The minimum rate will never be less than 4%—a rate of return any saver can appreciate.

**4%**  
interest rate

<sup>8</sup>You may want to seek advice from your personal legal or tax advisor before exercising this option.

## Tax-deferred accumulation

Under current tax law, the competitive interest you earn on your CAF is income tax-deferred as long as it remains in your account. And that means your interest compounds faster because it isn't eroded by taxes each year.

## Easy access to your money

The money in your CAF is yours to use as financial needs arise. You can borrow against your CAF or make an outright withdrawal. The minimum loan or withdrawal amount is \$250. You will be charged a \$25 transaction fee for each withdrawal.

- ▶ When you do decide to withdraw your money, you'll only pay taxes if the withdrawal amount exceeds the amount of your total contributions (cost of insurance plus CAF contributions).
- ▶ If you want to take out a withdrawal, call the Cigna Customer Service Center at **1.800.231.1193** and ask for the appropriate form.
- ▶ If you want to take out a loan, call the Cigna Customer Service Center at **1.800.231.1193** and ask for the appropriate form.

You'll be assessed 8% interest annually on the outstanding loan amount, but will continue to be credited 6% on the loan account value. You should not owe any income tax on your loan unless you cancel your coverage or your coverage lapses.

You must be enrolled for GUL insurance to contribute to the CAF. Contributions to the CAF are optional and determined by you.

Maximums are based on the Internal Revenue Code (IRC) limits and are subject to a 2% premium charge, which represents a portion of the state and federal tax imposed on contributions made to the fund. Since contributions are subject to very specific IRC guidelines, dependent upon your age, cost of insurance, and effective date of your certificate, it is recommended that you contact the Cigna Customer Service Center at **1.800.231.1193** and a customer service representative will calculate the maximum contribution for you.



## Cash accumulation fund growth charts

The charts below show how rapidly the CAF can grow at the guaranteed minimum interest rate of 4% when compared to a traditional savings account earning the same 4% interest rate. The numbers shown below are on a cumulative basis. The charts assume that the CAF contribution, cost of insurance and deposits to a traditional savings account are paid on a monthly basis.

### \$50 Monthly contribution scenario

Years	CAF 4%	Traditional Savings Account 4%	Total Cumulative Tax	Amount Less Tax (savings - total tax)
5	\$3,253.60	\$3,241.49	\$80.50	\$ 3,160.99
10	\$7,212.11	\$7,009.41	\$336.47	\$ 6,672.94
15	\$12,028.24	\$11,389.28	\$796.43	\$10,592.85
20	\$17,887.80	\$16,480.46	\$1,493.49	\$14,986.97
25	\$25,016.85	\$22,398.50	\$2,466.17	\$19,932.33
30	<b>\$33,690.43</b>	\$29,277.66	\$3,759.22	<b>\$25,518.44</b>

### \$100 Monthly contribution scenario

Years	CAF 4%	Traditional Savings Account 4%	Total Cumulative Tax	Amount Less Tax (savings - total tax)
5	\$6,507.21	\$6,482.97	\$160.99	\$ 6,321.98
10	\$14,424.23	\$14,424.23	\$672.94	\$ 13,345.88
15	\$24,056.48	\$22,778.55	\$1,592.85	\$21,185.70
20	\$35,775.60	\$32,960.93	\$2,986.98	\$29,973.95
25	\$50,033.70	\$44,796.99	\$4,932.33	\$39,864.66
30	<b>\$67,380.86</b>	\$58,555.32	\$7,518.44	<b>\$51,036.88</b>

**Note:** The CAF contribution scenario reflects a 2% premium charge. The traditional savings account scenarios assume a 25% tax bracket. The actual CAF interest rate can adjust quarterly but will never go below 4%. Current savings account interest rates are below 4%. Actual rates can be more or less favorable than shown. Savings account interest rates are not guaranteed, fluctuate with market conditions and vary among financial institutions. A CAF is not federally insured (FDIC). As an insurance product, it must comply with each applicable state's specific insurance reserve requirements.



## MONTHLY COST OF INSURANCE

Use the charts below to determine the monthly cost of life insurance coverage only. To determine the cost of coverage, find your age or your spouse's/domestic partner's age in the left column of the chart below, then read across to find the monthly cost of insurance for each \$1,000 of coverage. These costs do not reflect any money going into the CAF. Rates are subject to change but will not exceed the guaranteed maximum cost of insurance shown in your certificate. If you leave, retire or change employers, higher rates may apply.

Age of Employee or Spouse/Domestic Partner*	Monthly Cost of Insurance (Rates per \$1,000)
UNDER 25	\$0.045
25-29	\$0.054
30-34	\$0.072
35-39	\$0.090
40-44	\$0.126
45-49	\$0.198
50-54	\$0.360
55-59	\$0.585
60-64	\$0.882
65-69	\$1.476
70+	\$1.854

\*Your age for calculating monthly cost of insurance will be updated on each January 1.

GUL insurance premiums and CAF contributions are paid for with after-tax dollars.

Rates are subject to change.

Dependent Child Coverage Rates	
\$5,000 of coverage for all your dependent children	\$0.90 per month
\$10,000 of coverage for all your dependent children	\$1.80 per month



# INFORMATION ABOUT COVERAGE

## Coverage start and end dates

**For You (and your Dependent(s), if applicable), coverage will start<sup>9</sup> on the date we receive the completed and signed application and payroll authorization form, if:**

- ▶ You meet the eligibility requirements.
- ▶ You apply within 30 days of your benefits effective date.
- ▶ You do not apply for more than the guaranteed issue amount.
- ▶ You do not need to provide proof of good health.

Otherwise, coverage will take effect on the date Cigna agrees in writing to cover you and your dependents, if applicable.

**For You (and your spouse/domestic partner, if applicable), coverage will end on whichever comes first:**

- ▶ You cancel the coverage.
- ▶ Your employer cancels the group policy.<sup>10</sup>
- ▶ You don't pay the premiums.
- ▶ On your 99th birthday (or the January following your 99th birthday).
- ▶ You or your spouse die.
- ▶ For eligible employees of employers that are an Applicable Large Employer under the Affordable Care Act, when eligibility is lost due to reaching the conclusion of the Stability Period, unless eligibility is continued due to meeting the criteria for the Stability Period immediately following the current Stability Periods conclusion.

**Dependent children coverage will end on whichever comes first:**

- ▶ Your coverage ends (or, when your spouse's/domestic partner's coverage ends, if the child's coverage is on the spouse's certificate).
- ▶ You surrender or cancel their coverage.
- ▶ They are no longer eligible for coverage.

## Exclusions

A refund of premiums will be made, minus any outstanding loans or cash withdrawals if an insured commits suicide (while sane or insane), within two years of their policy's start date, or within two years of the effective date of an increase in coverage, unless limited by applicable state law.

<sup>9</sup>This is the date your coverage actually begins. You are fully covered from this date.

<sup>10</sup>If coverage ends because the group policy is cancelled and you have been insured under the plan for at least two years, you may be eligible to convert up to \$10,000 coverage into a whole life policy, less any amount which you may be eligible to continue or replace under a Successor Plan.





## WORDS TO KNOW

**Guaranteed Issue:** an amount of insurance you can buy during the application period without having to provide proof of good health.

**Maximum coverage:** the highest amount of GUL coverage Cigna provides to you.

**Benefits effective date:** the first date you are eligible to become covered or apply for GUL insurance.

**Proof of good health:** evidence of your good health. As an example, your responses to medical questions on an insurance application.



# Personal Accident Insurance<sup>11</sup>



## Because accidents happen.

### **Cigna has the coverage and support you need.**

Accidents happen all of the time. In fact, 1 in 8 Americans are treated for accidents each year<sup>12</sup>, and accidents are the fourth leading cause of death in the U.S.<sup>13</sup> Not only could a serious injury or death be emotionally devastating to a family, it may also be difficult from a financial standpoint—especially given the fact that nearly two-thirds of Americans live paycheck-to-paycheck.<sup>14</sup> That’s why it’s important to make sure you’re covered in case of an accident.

As an Insperity employee, you have the opportunity to take advantage of Cigna Personal Accident Insurance (PAI), which provides additional financial protection for covered injuries that are the result of a covered serious accident. It also covers the accidental loss of life.

<sup>11</sup>Wherever the term Personal Accident Insurance is used, it refers to Accidental Death & Dismemberment insurance.

<sup>12</sup>National Safety Council, “Injury Facts.” 2016 Edition.

<sup>13</sup>Centers of Disease Control, “Fastats – Leading Cause of Death.” March 2017.

<sup>14</sup>American Payroll Associations, “2016 Getting Paid in America Survey.” 2016.

# Contents



<b>Personal Accident Insurance</b> .....	18
<b>Plan highlights</b> .....	20
PAI features: .....	20
<b>Plan summary</b> .....	21
Coverage for you .....	21
Coverage for your family .....	21
Schedule of covered losses .....	22
<b>Additional benefits</b> .....	23
Living benefits .....	23
Child-care center benefit .....	23
Increased accidental injury benefit for children ....	23
Seat belt and air bag benefits .....	24
Education benefit .....	24
Exposure and disappearance benefit .....	24
Coma benefit .....	24
Benefit reductions .....	25
<b>Information about coverage</b> .....	26
Coverage start and end dates .....	26
Changing from group to individual coverage .....	26
Coverage exclusions .....	27
<b>Words to know</b> .....	29



## PLAN HIGHLIGHTS

### PAI features:

- › **Guaranteed coverage.** You may apply for Personal Accident Insurance at any time, without providing proof of good health.
- › **Large coverage, small price.** \$1.60 a month gets you \$100,000 of coverage. For only \$2.60 a month, you can insure your entire family for \$100,000 of coverage. You can even purchase up to \$2,500,000 of coverage.
- › **Cash for you.** PAI pays you a benefit if you are injured in a covered accident, not just death benefits.
- › **Coverage on or off the job.** PAI pays whether the covered accident is work-related or not, anywhere in the world.
- › **Coverage if you change jobs.** If you leave Insperity or the policy is canceled, you can continue your benefits by converting to an individual plan.<sup>15</sup>
- › **Convenient payroll deductions.** While an active Insperity employee, your PAI premiums are deducted from your paycheck using after-tax dollars.

### PAI can help to pay for unexpected costs, such as:

- › Child care and education.
- › Spouse job training.
- › Rehabilitation or trauma counseling.
- › Home alterations and vehicle modification.

Keep in mind, this coverage shouldn't be a replacement for life insurance or major medical insurance as it provides accident-only coverage.



<sup>15</sup>Refer to the section on page 26 called "Changing from group to individual coverage."



## PLAN SUMMARY

You can purchase the following coverage at a group rate. See your plan documents or certificate of coverage for details about any restrictions, exclusions and limitations.

### Coverage for you

You are an eligible employee, as defined by Insperity (refer to General Definitions on page 42 of the brochure for a complete eligibility definition), or you are an Insperity employee who meets the requirement for continuing eligibility during an approved leave of absence.

- ▶ Select from 1-6 times your covered earnings rounded to the next higher \$1,000, if not already an even multiple.
- ▶ The maximum coverage amount is \$2,500,000, or 6 times your covered earnings, whichever is less.

### Coverage for your family

**You can buy coverage for your family.**

- ▶ If you select family coverage for you and your family and you have no children, your spouse/domestic partner will be covered for 60% of your benefit amount.
- ▶ If you have dependent children but no spouse/domestic partner, your children will be covered for 15% of your benefit amount.
- ▶ If you select family coverage and have a spouse/domestic partner and children, your spouse/domestic partner will be covered for 50%, and your children for 10%, of your benefit amount.
- ▶ The premium is the same, regardless of the number of children covered.
- ▶ The maximum benefit for a spouse/domestic partner is \$1,500,000; for children, the maximum benefit amount is \$50,000.
- ▶ Your spouse/domestic partner is eligible if he or she is under age 70.
- ▶ Your children are eligible from live birth to 26 years of age or 26 years of age or older, if primarily supported by you and cannot be sustainably employed because of a mental or physical handicap.

Each family member's coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accidental loss. No one can be covered more than once under this plan. If you are covered as an employee, you cannot also be covered as a dependent.

## Schedule of covered losses

If, within 365 days of a covered accident, bodily injuries result in:	Cigna will pay this % of the benefit amount:	
	You and your spouse/ domestic partner	Your children
Loss of life	100%	100%
<b>Dismemberment</b>		
Loss of two or more hands or feet	100%	200%
Loss of one hand or one foot and sight in one eye	100%	200%
Loss of one hand or foot	50%	100%
Loss of thumb and index finger of the same hand	25%	50%
<b>Sensory loss</b>		
Loss of sight of both eyes	100%	200%
Loss of speech and hearing (in both ears)	100%	200%
Loss of sight in one eye	50%	100%
Loss of speech	50%	100%
Loss of hearing (in both ears)	50%	100%
<b>Paralysis</b>		
Quadriplegia	100%	200%
Paraplegia	50%	100%
Hemiplegia	50%	100%

**Note:** Only one benefit (the largest) will be paid for losses from the same accident.



## ADDITIONAL BENEFITS

It's not easy to predict how a serious accident will affect your family. Some accidents could seriously affect your finances—especially if extensive rehabilitation is needed. That's why PAI gives you these additional benefits to help meet special needs.

### Living benefits

We will pay benefits if you, or an insured family member, are seriously injured in a covered accident that results in dismemberment, loss of eyesight, speech and hearing, and paralysis.

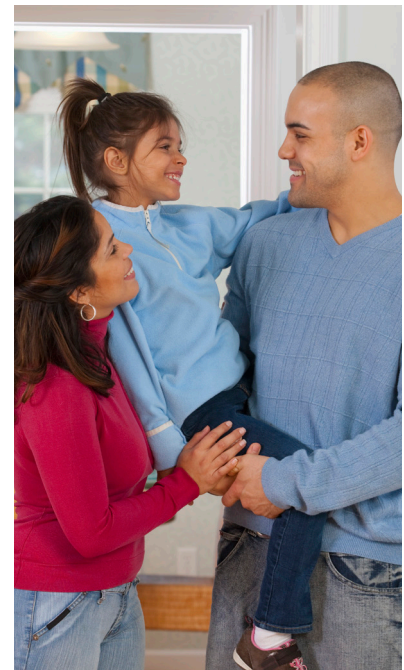
If you suffer multiple covered losses<sup>16</sup> in one covered accident, you'll receive only one benefit—the largest benefit to which you're entitled.

### Child-care center benefit

We will pay a benefit to help pay for each of your children's daycare expenses if you, or your insured spouse/domestic partner, dies because of an accident. We'll pay up to 3% of your total coverage each year but not more than \$3,000 a year, for up to when the child turns 13. We'll send the payments to the child's surviving custodial parent or legal guardian.

#### There are certain limitations:

- ▶ Your surviving child must be 12 years or younger.
- ▶ Your surviving child must be enrolled in a licensed day care center at the time of your covered accident, or within 90 days of your accidental death.



### Increased accidental injury benefit for children

We will pay double the child's coverage amount if your insured child suffers an accidental injury. The maximum payment amount is \$100,000. Restrictions apply.<sup>17</sup>

<sup>16</sup>See your plan's "Schedule of Losses" for details.

<sup>17</sup>If the child dies within 90 days of the accident, you will receive the death benefit only.

<sup>18</sup>Seat belt benefit applies to accidents occurring while driving or riding in a validly registered four wheel private passenger (or employer-owned) car, station wagon, jeep, pickup truck or van-type car. Seat belt must be properly fastened, factory installed/manufacturer-approved. If the insured is a child, while protected by a child restraint system as defined by state law. Air bag must be factory-installed manufacturer approved. No benefit will be paid if the official accident report indicates that no seat belt was worn and the air bag did not inflate at the time of the accident.

## Seat belt and air bag benefits

We will automatically increase the benefit amount by 10% if you, or an insured family member, die in a motor vehicle accident while wearing a seat belt. Maximum benefit is \$25,000.

We will automatically increase the benefit amount by 5% if you, or an insured family member, die in an accident while positioned in a seat protected by an air bag that properly inflated on impact. Maximum benefit is \$12,500.

We will pay \$1,000 if it isn't clear whether the Insured had been wearing a seat belt, and/or if the air bag inflated properly upon impact.

Restrictions, limitations and exclusions apply.<sup>18</sup>

## Education benefit

If you die in a covered accident, we will provide benefits for training or education, as follows:

**For your children.** If you die in a covered accident, we will pay an extra benefit for each insured child who is enrolled in college or is in the 12th grade and enrolls in college within one year of the accident. To help pay college expenses, we will increase your benefit amount by actual charges up to 5% or \$5,000 (whichever is less), for each qualifying child. This benefit is payable each year for four consecutive years, as long as your children continue their college education.

**For your spouse/domestic partner.** If, within one year of your death in a covered accident, your spouse/domestic partner enrolls in an accredited school to gain skills needed for employment, we will pay the actual cost of this education or training program for up to one year after enrollment begins, up to \$5,000. If your spouse/domestic partner doesn't elect this education program and you have no dependent children, we will pay an additional \$1,000 to your beneficiary.

## Exposure and disappearance benefit

Benefits are payable if you suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If your body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

## Coma benefit

If you, your spouse/domestic partner, or your children are in a coma as a result of a covered accident, we will pay a Coma benefit as long as the insured person entered the coma within 31 days of the accident. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump-sum payment equal to the full benefit amount.



Use this chart to help you figure out the monthly cost of PAI coverage.

Monthly cost of insurance	
Employee only	\$0.016 per \$1,000 of coverage
Employee and Family	\$0.026 per \$1,000 of coverage

Note: PAI is paid for with after-tax dollars. Rates are subject to change.

### Examples:

**Employee only:** If your covered earnings are \$45,000, and you elect coverage of three times your earnings, or \$135,000, your cost for PAI would be  $\$135,000 \div 1,000 \times \$0.016 = \$2.16$  per month.

**Employee and Family:** If your covered earnings are \$45,000, and you elect coverage of three times your earnings, or \$135,000, your cost for PAI would be  $\$135,000 \div 1,000 \times \$0.026 = \$3.51$  per month.

### Benefit reductions

When the covered employee reaches age 70, his or her benefits will be reduced to 70% of the benefit amount selected; at age 75, 45%, at age 80, 30% and at age 85, 15%. Coverage for your spouse ends when he or she reaches age 70.





## INFORMATION ABOUT COVERAGE

Your coverage will start on the date we receive your completed and signed application and your payroll authorization form. If you are not actively at work on the date coverage would become effective, coverage will become effective on the first day the employee returns to active service.

### Coverage start and end dates

**Your coverage will end on whichever comes first:**

- › Your employer cancels the group policy.
- › You are no longer an eligible employee.
- › You are no longer actively-at-work.
- › You don't pay the premiums.

**Spouse/domestic partner or dependent children coverage will end on whichever comes first:**

- › Your coverage ends.
- › Their premiums are not paid.
- › They're no longer eligible.

### Changing from group to individual coverage

If your coverage ends before you reach age 70, for any reason except nonpayment of premium, you can convert to an individual policy. **Proof of good health is not required.** To continue your coverage, you must apply for the conversion policy and pay the first premium within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits, as outlined in your policy. Contact Cigna directly for additional information.



## Coverage exclusions

### Plan benefits are not payable if:

- ▶ An injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide while sane or insane;
- ▶ Commission or attempt to commit a felony or an assault;
- ▶ Any act of war, declared or undeclared;
- ▶ Sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound or accidental food poisoning.)

*Continued on page 28*



### **Plan benefits are not payable if (cont):**

- ▶ The loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed (Accidental ingestion of a poisonous substance is not excluded.);
- ▶ Injuries sustained while you are on full-time active duty in the armed forces for more than 30 days;
- ▶ Traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates (an aircraft will be deemed to be “controlled” by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year);
- ▶ Flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth’s surface, except as a passenger on a regularly scheduled commercial airline that is:
  - An ultra-light or glider, designed to be used in outer space;
  - Being used by any military authority, except the Air Mobility Command or its foreign equivalent;
  - Being flown by the covered person or in which the covered person is a member of the crew;
  - Any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on)



## WORDS TO KNOW

**Coma** means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury, unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.

**Loss of a hand or foot** means complete severance through or above the wrist or ankle joint.

**Loss of sight** means the total, permanent loss of all vision in the eye.

**Loss of speech** means total, permanent and irrecoverable loss of audible communication.

**Loss of hearing** means total and permanent loss of the ability to hear any sound in both ears.

**Loss of a thumb and index finger or four fingers** means complete severance through or above the metatarsophalangeal joints (the joints between the fingers and the hand).

**Paralysis** means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible.

**Severance** means complete and permanent separation and dismemberment of the limb from the body.



# Voluntary Disability Insurance



**Because life doesn't stop if you have to stop working.**

**Cigna has the coverage and support you need.**

What would happen to your bills, your savings and your lifestyle if you couldn't work? For many people, every paycheck counts—which means every missed paycheck can hurt. That's why it's important to make sure you're covered in case you get an illness or injury that keeps you from earning a living.

As an Insperity employee, you have the opportunity to take advantage of Cigna Voluntary Disability Insurance and help protect your financial future. Cigna Voluntary Disability Insurance pays a portion of your paycheck when you become disabled and can't work for a period of time due to a covered illness or injury.

**Voluntary Disability insurance can help you pay for costs, such as:**

- › Planned expenses like groceries, mortgage or utilities.
- › Unplanned expenses like medical bills.

Keep in mind, disability doesn't always mean a serious handicap. A disability is considered an illness or injury that prevents you from earning your salary.

**Note:** If your benefits package provides Basic (Employer-Paid) Disability Insurance, you are not eligible for the Cigna Voluntary Disability Insurance plan.

# Contents



<b>Voluntary Disability Insurance</b> .....	30
<b>Plan highlights</b> .....	32
<b>Plan summary</b> .....	33
Eligibility .....	33
Elimination period .....	33
When coverage takes effect .....	33
Benefit period .....	33
<b>Additional benefits</b> .....	35
Return-to-work incentive benefit .....	35
Survivor income benefit .....	35
Rehabilitation services .....	35
Spouse/domestic partner rehabilitation services .....	36
Recurrent disability feature .....	36
<b>Important information</b> .....	37
Effects of other income benefits .....	37
Other income sources that may reduce your benefits under this plan include: .....	38
Exclusions and limitations .....	38
<b>Words to know</b> .....	41



## PLAN HIGHLIGHTS

### Voluntary disability insurance features:

- › **Valuable coverage, reasonable price.** You may receive up to 60% of your weekly covered earnings to a weekly maximum of \$2,308 during the first 24 weeks of disability payments. Elimination period is 14 days from either accident or sickness. After your weekly benefits stop, you may receive monthly benefits up to 60% of your monthly covered earnings, to a monthly maximum of \$10,000.
- › **Cash for you.** Payments may come directly to you or someone you designate and can be spent any way you like – just like you would use your paycheck.
- › **Coverage on or off the job.** This program covers disabling injuries or sicknesses that last beyond the elimination period, whether they occur on or off the job.
- › **Convenient payroll deductions.** While an active Insperty employee, your voluntary disability insurance premiums are deducted from your paycheck using after-tax dollars.







## PLAN SUMMARY

Disability insurance can pay you benefits if you suffer a covered disability—so you can have one less thing to worry about and can focus on things that matter.

Your benefits from this plan will never be less than \$25 or 10% of your weekly benefit (for short-term disability) or less than \$100 per month or 10% of your monthly benefit (for long-term disability). However, if there is an overpayment due, the minimum benefit may be reduced or not apply in order to recover the overpayment.

Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the **“Effects of other income benefits”** section.

### Eligibility

You are an eligible employee, as defined by Insperity (refer to General Definitions on page 42 of the brochure for a complete eligibility definition), or you are an Insperity employee who meets the requirement for continuing eligibility during an approved leave of absence.

### When coverage takes effect

If you meet eligibility requirements, the effective date of coverage will depend on the date coverage is elected and the date the online or paper insurance application is received by Cigna.

The effective date of this insurance is the later of the program’s effective date, the date you become eligible, the date Cigna receives your completed online or paper insurance application or the date the application is signed or the date approved by Cigna if proof of good health was required.

If you’re not actively-at-work on the date your coverage would otherwise take effect, you’ll be covered on the date you return to work.

### Benefit period

To qualify for benefits under this plan, you must be disabled as a result of a covered injury or sickness, and you must be under the appropriate care of a U.S. licensed doctor of your choosing who is qualified to treat your disability.

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period, or until you no longer qualify for benefits, whichever occurs first. (We will ask you to periodically furnish proof of your continuing disability.) Short-term disability benefits will be paid weekly. Long-term disability benefits will be paid monthly.

Your benefit period begins on the first day after you complete your elimination period. Should you remain disabled, your benefits continue according to your Social Security Normal Retirement Age (SSNRA) in effect under the Social Security Act on the Policy Effective Date, or the following schedule, depending on your age at the time you become disable—whichever is later.

Age at commencement of disability	Duration of benefit period
Age 62 or younger	To age 65 or the date the 42nd monthly benefit is payable, if later.
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

**Benefits payable under this plan will terminate on the earliest of any date indicated below:**

- › The date we determine you are no longer disabled.
- › The date you refuse to participate without good cause in a transitional work arrangement or other modified work arrangement.<sup>19</sup>
- › The date the maximum benefit period ends.
- › The date you cease to get appropriate care.
- › The date you die.
- › The date you refuse to participate without good cause in all required phases of the rehabilitation plan.<sup>20</sup>
- › The date you fail to cooperate with us in the administration of the claim.

**Elimination period**

Before collecting benefits, you must satisfy the benefit waiting period following your date of disability. Elimination period is 14 days from either accident or sickness.

<sup>19</sup>Benefits may be resumed if you begin to cooperate in the rehabilitation plan or transitional work arrangement within 30 days of the date benefits terminated.

<sup>20</sup>Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.



## ADDITIONAL BENEFITS

### Return-to-work incentive benefit

You may continue to receive benefits if you return to work but continue to meet the definition of disability. While weekly benefits are payable throughout the first 30 months of disability, benefits will be reduced so that the combination of this program's benefit, work earnings and other income benefits do not exceed 100% of your pre-disability indexed covered earnings. After the first 30 months of disability, benefits payable under this program are reduced by 50% of your actual work earnings. If you return to work while benefits are payable, but are not performing to the level of your optimum ability in that work—as determined by independent medical specialists qualified to make such an evaluation—the benefits payable under this program will be reduced by the difference between what you actually earn and what you would be earning if working to the level considered by those specialists to be your optimum ability.

### Survivor income benefit

The plan also includes a family survivor benefit feature. With this feature, if you die while collecting disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit, plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump-sum, equal to 6 months of benefits.

### Rehabilitation services

If you are offered a rehabilitative assistance program, we will work with you during the course of your elimination period or while benefits are payable. You will be expected to cooperate with the implementation of that assistance program.

If you refuse such assistance without good cause (e.g., a medically substantiated reason), disability benefits will not be payable and coverage under this plan will end. Coverage may be reinstated, and benefits resumed, if, within 30 days of the termination date, you agree to participate in the rehabilitation efforts.



## **Spouse/domestic partner rehabilitation services**

While you're disabled, your spouse/domestic partner may (at Cigna's option) be eligible to participate in a rehabilitation plan. The spouse's/domestic partner's rehabilitation plan may include payment of your spouse's/domestic partner's education expenses, reasonable job placement expenses and moving expenses. It may also include family care expenses, if necessary for your spouse/domestic partner to be retrained under the rehabilitation plan.

To be eligible, you must be continuously disabled for 12 months, your spouse's/domestic partner's earnings must be 60% or less than your earnings and Cigna must determine your spouse/domestic partner to be a suitable candidate for rehabilitation. Spouse means your lawful spouse living with you on the date your disability begins. Domestic Partner means any person with whom you have registered as such, under any governmental law or ordinance. "Domestic Partner" shall also include partners to a Civil Union registered under any such law. Such person will continue to be recognized as a Domestic Partner unless and until: (1) the Domestic Partnership is dissolved under applicable law; or (2) either you or the Domestic Partner marries another person.

Your monthly benefits will be reduced by 50% of your spouse's/domestic partner's earnings from rehabilitative work. If your spouse/domestic partner was working before the rehabilitation plan began, monthly benefits will be reduced by 50% of the increase in income that results from a spouse's/domestic partner's participation in the program.

## **Recurrent disability feature**

If you return to work after receiving benefits under this program, and then become disabled again from the same or a related cause, you will not have to fulfill another elimination period, unless you have worked six or more consecutive months during which you earn 80% or more of your indexed covered earnings. The disability would be considered a continuation of your initial claim. If the second disability recurs beyond these limits or results from a cause unrelated to the first, you must file a new claim and fulfill a new elimination period.



## IMPORTANT INFORMATION

Use the information below to help you calculate the amount of your coverage.

### Voluntary disability rate

If you are between these ages	Your cost per \$100 of monthly covered earnings
18-29	\$0.234
30-34	\$0.383
35-39	\$0.542
40-44	\$0.748
45-49	\$1.038
50-54	\$1.337
55-59	\$1.496
60-64	\$1.178
65-69	\$0.926
70+	\$0.673

To calculate the cost of your coverage, follow these steps:

**Step 1.** Enter your gross or pre-tax monthly pay (not counting commissions, bonus or overtime. Please note this amount cannot exceed \$16,667). \$ \_\_\_\_\_

**Step 2.** Enter the rate. \$ \_\_\_\_\_

**Step 3.** Multiply gross pay (line 1) by the rate. \$ \_\_\_\_\_

**Step 4.** Divide by 100 to determine the amount of premium that will be deducted from your paycheck each month. \$ \_\_\_\_\_

### Effects of other income benefits

The disability benefit provided by this plan is a total benefit. This means it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Your disability benefits will not be reduced by any Social Security disability benefits you are receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them.

## Other income sources that may reduce your benefits under this plan include:

- › Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- › Benefits payable by a Canadian and/or Quebec provincial pension plan.
- › Amounts payable under the Railroad Retirement Act.
- › Amounts payable under any local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- › Employer-paid portion of company retirement plan benefits.
- › Amounts payable by company sponsored sick leave or salary continuation plan.
- › Amounts payable by any franchise or group insurance or similar plan.
- › Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- › Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- › Amounts payable under any workers’ compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

### **Income sources that will NOT reduce your benefits under this plan are:**

- › Benefits paid by personal, individual disability income policies.
- › Individual deferred compensation agreements.
- › Employee savings plans, including thrift plans, stock options or stock bonuses.
- › Individual retirement funds, such as IRA or 401(k) plans.
- › Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

## Exclusions and limitations

This plan provides only limited benefits for some conditions and excludes others from coverage, as listed below.

### **Pre-existing conditions**

Pre-existing conditions are those for which you have incurred expenses, taken prescription drugs or medicines, received medical treatment, care or services (including diagnostic measures) or for which a reasonable person would have consulted a physician during the three months immediately prior to the most recent effective date of insurance.

*Continued on page 39*

This plan does not pay benefits for any disability resulting from a pre-existing condition, unless the disability occurs after you have been insured under this plan for 12 consecutive months. If you were insured under the employer-sponsored disability plan with a pre-existing condition limitation (immediately prior to the effective date of this plan), we will credit you for the time you were insured toward that limitation period, for similar or lower benefit amounts. If benefits under this plan are higher than under your prior plan, you will not receive credit for the higher benefit levels. This limitation also applies to newly added or increased benefits.

### Coverage limitations

This plan limits benefits for disabilities caused by or contributed to by any one or more of the following conditions:

- › Alcoholism
- › Anxiety-disorders
- › Delusional (paranoid) or depressive disorders
- › Mental illness
- › Drug addiction or abuse
- › Eating disorders
- › Somatoform disorders (including psychosomatic illnesses)

Benefits for these conditions have a lifetime limit of 24 months for outpatient treatment. The plan also pays benefits during periods of hospital confinement for these conditions, as long as hospitalization lasts for more than 14 consecutive days and occurs before the 24-month lifetime outpatient limit is exhausted. Once the 24-month outpatient benefits are exhausted, the plan pays no further benefits for these conditions.

### Coverage exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following:

- › Suicide, attempted suicide, or whenever you injure yourself on purpose while sane or insane.
- › War or any act of war, whether or not declared.
- › Active participation in a riot.
- › Commission of a felony.
- › The revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.
- › Any cosmetic surgery or surgical procedure that is not medically necessary; “medically necessary” means the surgical procedure is: (a) prescribed by a Physician as required treatment of the Injury or Sickness; and (b) appropriate according to conventional medical practice for the Injury or Sickness in the locality in which the surgery is performed. (The Insurance Company will pay benefits if the Disability is caused by the Employee donating an organ in a non-experimental organ transplant procedure.)



In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

## Termination of coverage

This coverage will end on the earliest of any of the following dates:

- › The date you are no longer a member of an eligible class of employees.
- › The date the plan is terminated by the insurer or the employer.
- › The day after the last date for which premium has been paid by you or the employer.
- › The date you become eligible for a plan of benefits intended to replace this coverage.
- › The date you are no longer in active service.
- › The date benefits end because you did not comply with the terms and conditions of the policy.
- › The date eligibility is lost due to reaching the conclusion of the Stability Period, unless eligibility is continued due to meeting the criteria for the Stability Period immediately following the current Stability Periods conclusion (applies to eligible employees of an employers that are an Applicable Large Employers under the Affordable Care Act only).

If you are receiving disability benefits when the policy terminates, disability benefits will continue if you remain disabled and meet the requirements for the insurance. Any later period of disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

## Continuation

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue for up to 12 weeks or the leave period required by federal or law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to an Employer approved leave of absence, insurance will continue for up to 12 weeks. Premiums are required for this coverage.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- › The date your employment relationship with the Employer terminates;
- › The date premiums are not paid when due;
- › The end of the 30 day period that begins with the first day of such excused absence;
- › The end of the period for which such short term absence is excused by the Employer.

## Conversion

In addition, this program includes a long-term disability conversion privilege feature. Under this feature, you may be eligible to become insured under a separate disability policy if you should leave your current employment with Insperity or if your coverage ends as the result of an approved leave of absence exceeding 12 weeks (or any longer period required by applicable state or federal law). Conversion is not available in certain situations for example when you are retired, reach age 70, not in active service because of disability or you have not been covered under the policy for 12 consecutive months. Contact Cigna directly for additional information.





## WORDS TO KNOW

**Disabled** means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 30 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

**Injury** means any accidental loss or bodily harm that results directly and independently of all other causes from an accident.

**Sickness** means any physical or mental illness.

**Appropriate care** means the determination of an accurate and medically supported diagnosis of your disability, or ongoing medical treatment and care of your disability by a physician that conforms to generally accepted medical standards, including frequency of treatment and care.

**Regular occupation** means the occupation you routinely perform at the time your disability begins. In evaluating your disability, the insurance company will consider the duties of your occupation as it is normally performed in the general labor market in the national economy. It is not work tasks that are performed for a specific employer or at a specific location.

**Covered earnings** means your wages or salary, excluding overtime pay, bonuses, commissions and other extra compensation in effect just prior to the date the disability begins.

**Indexed earnings** are the same as covered earnings for the first 12 months of benefit payments. After the 12th month of benefit payments, we apply an increase to your covered earnings amount, and refer to this as "indexed earnings," in order to calculate the maximum benefit payable under this plan when combined with other income benefits you may be eligible to receive. The amount of the increase we apply is the lesser of either 10% or the rate specified in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPIW) for the preceding calendar year. We do not reduce indexed earnings if the CPIW drops. If the CPIW is ever discontinued, we will use a comparable national index to calculate indexed earnings.



## GENERAL DEFINITIONS

**Active Service** An employee is in active service on a day which is one of the employer's scheduled work days if either of the following conditions are met.

- › The employee is performing his or her regular occupation for the employer on a full-time basis at one of the employer's usual places of business or at some location to which the employer's business requires an employee to travel.
- › The day is a scheduled holiday or vacation day and the employee was performing his or her regular occupation on the preceding scheduled work day.

An employee is in active service on a day which is not one of the employer's scheduled work days only if he or she was in active service on the preceding scheduled work day.

**Covered Earnings** For full-time employees covered earnings means an employee's base annual salary or estimated annual earnings based on a standard hourly rate, multiplied by 2080, as reported by the Employer for any work performed for the Employer as in effect just prior to the date of the covered loss. It includes amounts received as commissions, piece work, fee based and for ordained, commissioned or licensed ministers only, any housing allowance paid by the Employer to the employee, whether or not such allowance is subject to federal or state income tax, but not bonuses, overtime pay, special pay or any other form of extra compensation.

A leave of absence employee's covered earnings will be his rate in effect prior to going on a leave of absence.

Commissions, piece work, fee based pay and any minister housing allowance will be averaged for the 12 months of active service just prior to the date of the covered loss.

For employees employed less than 12 months, a prorated amount of the year-to-date commissions, piece work, fee-based pay and minister housing allowance earned will be prorated by dividing by the number of days in active service immediately prior to the date of the covered loss and the date of hire with the Employer, multiplied by 365.

For eligible employees of employers that are Applicable Large Employers under the Affordable Care Act only, covered earnings means your estimated annual earnings, averaged for the 12 months of active service just prior to the date of the covered loss. It includes salary pay, hourly pay, commissions, piece work, fee based pay and for ordained, commissioned or licensed ministers only, any housing allowance paid by the Employer to the employee, whether or not such allowance is subject to federal or state income tax, but not bonuses, overtime pay, special pay, or any other form of extra compensation. For employees employed less than 12 months, a prorated amount of the year-to-date salary, hourly pay, commissions, piece work, fee based pay and minister housing allowance earned will be prorated by dividing by the number of days in active service immediately prior to the date of the covered loss and the date of hire with the Employer, multiplied by 365.

**Domestic Partner** Refer to the Domestic Partner Information page in this brochure.

*Continued on page 43*

**Eligible Employees** The following individuals are considered eligible employees:

- › All full-time employees in active service who have satisfied any applicable waiting period set forth in the contract between the Employer and the employer.
- › All employees of employers that are Applicable Large Employers under the Affordable Care Act (as determined by Employer), who are in active service and determined to be full-time based on hours worked over the Employer's 12-month measurement period, as set forth below:
  - For newly hired employees, the 12-month period following the employee's date of hire with the employer.
  - For ongoing employees, the 12-month period beginning on Jan. 1 of each year.
- › Part-time or seasonal employees of employers that are Applicable Large Employers under the Affordable Care Act (as determined by employer), who are in active service and in the Employer's 12-month stability period, as set forth below:
  - For newly hired employees, the 12-month period immediately following the measurement period that begins on the employee's date of hire with the employer.
  - For ongoing employees, the 12-month period beginning on Jan. 1 that follows the measurement period for ongoing employees in which the employee was determined to be working 30 or more hours per week, on average.

**Full-time** means working a minimum of 30 hours per week (20 hours in Hawaii) on average or classified as "full-time" under the Patient Protection and Affordable Care Act based on a schedule set by the employer.

**Applicable Large Employer (ALE)** An employer that employed, on average, at least 50 full-time employees (including full-time equivalent employees), as defined by the ACA, on business days during the preceding calendar year. Contact Insperity if you have questions concerning ALE determinations and whether you are an Employee subject to these rules.

**Affordable Care Act (ACA)** The federal health care reform legislation that was enacted in 2010, as amended.

Special terms applicable to employees of employers who are Applicable Large Employers:

The following rules will apply to employees of employers that are determined to be Applicable Large Employers under the Affordable Care Act (as determined by Employer) at the time the employer commences their contract with the Employer:

- › Employees in active service who are in a stability period with the employer at the time the employer's contract with Employer takes effect will be treated as full-time employees eligible for coverage for the duration of the Employer's ongoing stability period (i.e., Jan. 1 - Dec. 31).
- › Employees in active service with the employer at the time the employer's contract with Employer takes effect will receive credit for hours worked for the employer to the extent necessary to determine whether the employee worked 30 or more hours per week, on average, during the Employer's initial or ongoing measurement period, as applicable.

*Continued on page 44*

The following employees are excluded from being an eligible employee without regard to whether the individual is a common law employee of the Employer:

- › Employees included in a unit of employees covered by a collective bargaining agreement between the Employer and employee representative unless the written agreement between the Employer and the employer of such employees expressly provides for the application of the Employer's plan to the employees of such unit.
- › Any employee who is a non-resident alien within the meaning of Section 7701(b) (1) (B) of the Internal Revenue Code of 1986, as amended (the "Code") and who receives no income within the meaning of Section 911 (d) (2) of the Code from the Employer, which constitutes income from sources in the United States under Section 861 (a) (3) of the Code.
- › A person who is paid through the payroll of a temporary agency or similar organization.
- › A person who has a written contract with the Employer which states either that he or she is not an employee or is not entitled to participate in the employee benefits for the Employer.
- › A person who is designated, compensated or otherwise treated as an independent contractor by the Employer.

**Spouse** Except for the purpose of eligibility for insurance, the lawful spouse of an employee, including a spouse who is divorced or widowed.

**Domestic Partner** means a person (of the same or opposite sex as the eligible employee) engaged in a spouse-like relationship with the eligible employee characterized by mutual caring and dependency. In addition, the eligible employee and domestic partner have to (a) be registered as domestic partners under any governmental law or ordinance or civil union law creating legal rights and obligations similar to marriage; or (b) satisfy all of the following requirements:

- › Reside in the same residence, share financial obligations (including basic living expenses) and have been each other's sole and exclusive partner (and have publicly represented themselves as such) consistently for the prior 12-month period.
- › Not be related by blood or marriage to a degree of closeness that would prohibit marriage under the laws of the state in which they reside.
- › Be at least 18 years of age and the domestic partner is less than 65 years of age for Group Universal Life and less than 70 years of age for Personal Accident Insurance.
- › They are each mentally competent to consent to contract.
- › Neither is in the relationship solely for the purpose of obtaining benefits coverage.
- › Be engaged in a committed relationship of mutual caring and support and be jointly responsible for their common welfare and living expenses, as evidenced by documentation from at least two of the following sources:
  - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in real property.
  - Common ownership of a motor vehicle.
  - Proof of a joint bank account or credit accounts.

*Continued on page 45*

- Proof that the domestic partner is the eligible employee's primary beneficiary for life insurance or retirement benefits, or the primary beneficiary under the eligible employee's will, or vice versa.
- Proof that the employee or domestic partner has executed a durable power of attorney or health care power of attorney, naming the other as attorney-in-fact.
- Registration of a domestic partnership under a domestic partner or civil union law that does not create rights or obligations similar to marriage.

**Important Note:** In order to file a claim for benefits, proof of the domestic partnership as indicated above must be furnished the same as proof of a marriage. If you are applying for domestic partner coverage, it is recommended that you retain a notarized affidavit along with the documentation set forth above, or proof of your domestic partner registration, in case required for a claim submission. Claim payment may be delayed if this information is not on file with the insurer at the time the claim is made. An Affidavit of Domestic Partnership form may be found on the Insperty Premier™ Platform ([portal.insperty.com](http://portal.insperty.com)), or by contacting Insperty toll-free at **866.715.3552**.





**Questions?  
Call 1.800.231.1193 to speak with a  
customer service representative.**

**Together, all the way.®**



GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

This information is a brief description of the principal provisions of the Insurance coverage. It is not a contract. Complete terms and conditions of coverage are set forth on Group Policy No. OK-823223 on Policy Form No. GA-00-1000.00 for Personal Accident Insurance, Group Policy No. SLK-030024 on Policy Form No. GA-00-1000.00 for Voluntary Disability Insurance, Group Policy No. 2433712 (L104500) on Policy Form No. XX603404 for Group Universal Life Insurance. The group policy is subject to the laws of the state in which it is issued. The coverage outlined in this brochure may vary by state.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America, Cigna Life Insurance Company of New York (New York, NY), and Connecticut General Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

917063 09/18 © 2019 Cigna.

88513 B12625 (8/19)