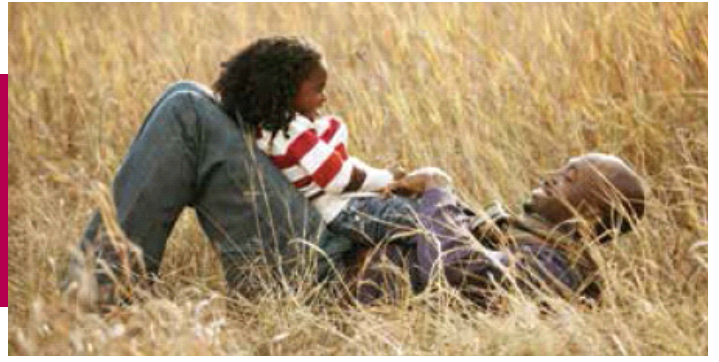


Plan Highlights

Voluntary Group Short Term Disability Insurance



The Research Foundation for The State University of New York

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active Full-time Salaried Employee working 37.5 or more hours per week, and earning a minimum annual salary of \$15,000 per year, except any person working on a temporary or seasonal basis and each active Salaried Part-time employee working a minimum of 18.75 hours based on a 37.5 hour work week or regularly scheduled to work at least 20 hours per week based on a 40 hour work week excluding Hourly, Summer, Graduate and Undergraduate Employees.

BENEFIT AMOUNT

You may elect a weekly benefit in increments of \$100, from a minimum of \$100 up to a maximum benefit of \$2,000 per week, not to exceed 60% of your covered earnings (rounded to the next lower increment).

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 8th consecutive day of disability;

or the day following the number of accumulated sick days applicable to the employee.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 26 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See attached Rate Sheet.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage

LIMITATIONS

- ▶ *Pre-Existing Condition Limitation - 3/12

*Pre-ex limitations also apply to benefit increases and late entrants

*Pre-Ex does not apply to those enrolling within 60 days of initial eligibility

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

**First Reliance Standard Voluntary Plans
Voluntary Group Short Term Disability Insurance**

Premium Table

**Plan Holder: The Research Foundation for the State University of New York
VPS # 326825**

Scheduled Benefit: Each eligible employee may elect an amount of insurance, in increments of \$100 from a minimum of \$100 to a maximum of \$2,000 per week up to 60% of covered earnings.

- You may select any benefit amount from \$100 up to your maximum weekly benefit.
- Locate your weekly earnings to determine your maximum weekly benefit amount.
- If your covered earnings fall between ranges, the lesser benefit amount will apply

Bi-Weekly Premiums

Weekly Earnings	Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$288	\$100	\$1.20	\$1.40	\$1.40	\$1.40	\$1.20	\$1.30	\$1.52	\$1.79	\$1.95	\$2.11	\$2.11
\$333	\$200	\$2.40	\$2.80	\$2.80	\$2.80	\$2.40	\$2.60	\$3.05	\$3.58	\$3.90	\$4.22	\$4.22
\$500	\$300	\$3.60	\$4.20	\$4.20	\$4.20	\$3.60	\$3.90	\$4.57	\$5.37	\$5.84	\$6.33	\$6.33
\$667	\$400	\$4.80	\$5.59	\$5.59	\$5.59	\$4.80	\$5.21	\$6.09	\$7.16	\$7.79	\$8.44	\$8.44
\$833	\$500	\$6.00	\$6.99	\$6.99	\$6.99	\$6.00	\$6.51	\$7.62	\$8.95	\$9.74	\$10.55	\$10.55
\$1,000	\$600	\$7.20	\$8.39	\$8.39	\$8.39	\$7.20	\$7.81	\$9.14	\$10.74	\$11.69	\$12.66	\$12.66
\$1,167	\$700	\$8.40	\$9.79	\$9.79	\$9.79	\$8.40	\$9.11	\$10.66	\$12.54	\$13.63	\$14.76	\$14.76
\$1,333	\$800	\$9.60	\$11.19	\$11.19	\$11.19	\$9.60	\$10.41	\$12.18	\$14.33	\$15.58	\$16.87	\$16.87
\$1,500	\$900	\$10.80	\$12.59	\$12.59	\$12.59	\$10.80	\$11.71	\$13.71	\$16.12	\$17.53	\$18.98	\$18.98
\$1,667	\$1,000	\$12.00	\$13.98	\$13.98	\$13.98	\$12.00	\$13.02	\$15.23	\$17.91	\$19.48	\$21.09	\$21.09
\$1,833	\$1,100	\$13.20	\$15.38	\$15.38	\$15.38	\$13.20	\$14.32	\$16.75	\$19.70	\$21.42	\$23.20	\$23.20
\$2,000	\$1,200	\$14.40	\$16.78	\$16.78	\$16.78	\$14.40	\$15.62	\$18.28	\$21.49	\$23.37	\$25.31	\$25.31
\$2,167	\$1,300	\$15.60	\$18.18	\$18.18	\$18.18	\$15.60	\$16.92	\$19.80	\$23.28	\$25.32	\$27.42	\$27.42
\$2,333	\$1,400	\$16.80	\$19.58	\$19.58	\$19.58	\$16.80	\$18.22	\$21.32	\$25.07	\$27.27	\$29.53	\$29.53
\$2,500	\$1,500	\$18.00	\$20.98	\$20.98	\$20.98	\$18.00	\$19.52	\$22.85	\$26.86	\$29.22	\$31.64	\$31.64
\$2,667	\$1,600	\$19.20	\$22.38	\$22.38	\$22.38	\$19.20	\$20.82	\$24.37	\$28.65	\$31.16	\$33.75	\$33.75
\$2,833	\$1,700	\$20.40	\$23.77	\$23.77	\$23.77	\$20.40	\$22.13	\$25.89	\$30.44	\$33.11	\$35.86	\$35.86
\$3,000	\$1,800	\$21.60	\$25.17	\$25.17	\$25.17	\$21.60	\$23.43	\$27.42	\$32.23	\$35.06	\$37.97	\$37.97
\$3,167	\$1,900	\$22.80	\$26.57	\$26.57	\$26.57	\$22.80	\$24.73	\$28.94	\$34.02	\$37.01	\$40.08	\$40.08
\$3,333	\$2,000	\$24.00	\$27.97	\$27.97	\$27.97	\$24.00	\$26.03	\$30.46	\$35.82	\$38.95	\$42.18	\$42.18