

SUMMARY OF BENEFITS (cont.)

ACCIDENTAL DEATH AND DISMEMBERMENT

The **Principal Amount** of your Death and Dismemberment by Accidental Means is **\$30,000**

Death By Accidental MeansPrincipal Amount

Dismemberment By Accidental Means

Loss of both hands, both feet, the sight of both eyes, or any two of these ... **Principal Amount**

Loss of one hand, one foot, or the sight of one eye **One-half the Principal Amount**

Death and Dismemberment By Accidental Means:

We will pay this benefit for your death or dismemberment caused by accidental means directly and independently of all other causes and occurring within 90 days after the accident if the accident occurs while you are insured.

Dismemberment benefits are payable to you. Accidental death benefits are payable to your beneficiary(ies). Should you have a dismemberment benefit paid to you prior to an accidental death, the benefit your beneficiary(ies) may receive is the remaining amount.

Limitations and Exclusions

Benefits are not paid for losses caused directly or indirectly, wholly or partly by: bodily or mental infirmity; ptomaines; bacterial infections, except those which occur with and through a cut or wound at the time of the accident; any other kind of disease; hernia in any form; medical or surgical treatment (except surgical treatment required by the accident and performed within 90 days after the accident); war or any act of war; suicide or self-inflicted injury, whether sane or not; or your commission of or attempt to commit an assault or felony.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. For complete details of coverage and availability, please refer to Policy Form C.FP-I et.al. and contact your Unum representative.

Underwritten by the following subsidiary of Unum Group:

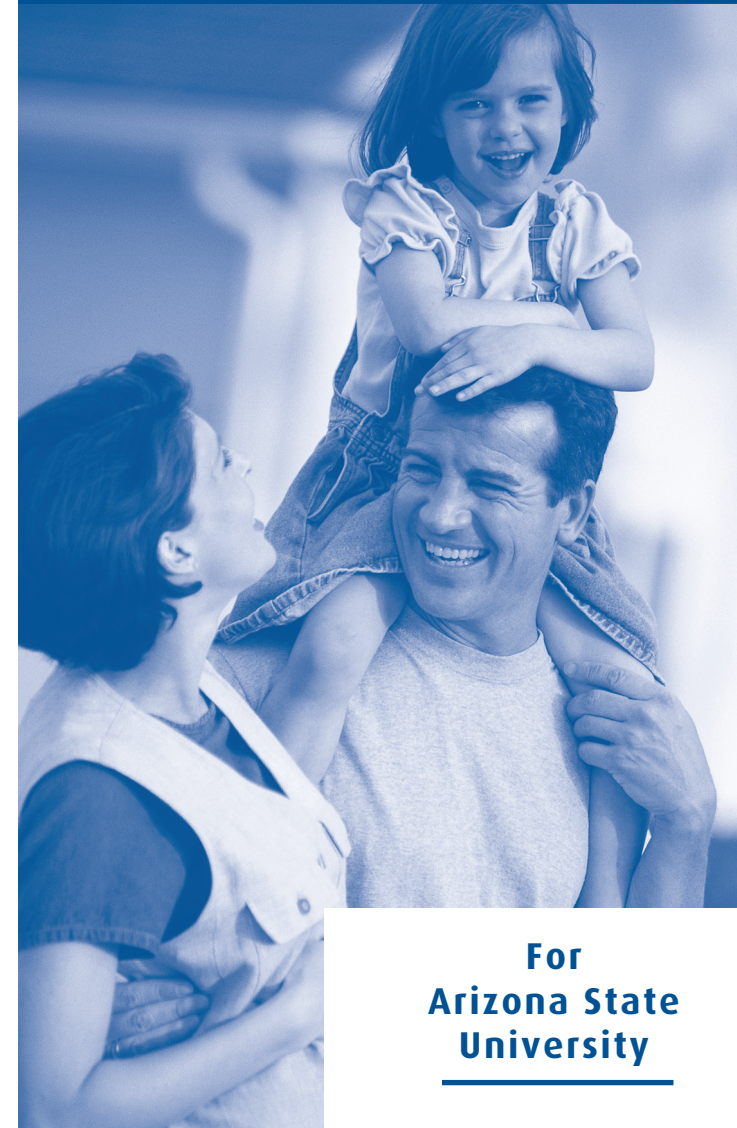
Provident Life and Accident Insurance Company
1 Fountain Square, Chattanooga, TN 37402
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CU-2248 (9-07)



A WEEKLY DISABILITY AND
ACCIDENTAL DEATH AND
DISMEMBERMENT PROGRAM



**For
Arizona State
University**

ARIZONA STATE UNIVERSITY is pleased to offer a Short Term Disability Income and Accidental Death and Dismemberment Insurance to benefit-eligible employees.

The Short Term Disability plan is structured to complement your Long Term Disability plan.

The general provisions of the plan are as follows:

- a. A waiting period of 30 days will apply. Benefits begin on the thirty-first consecutive day of disability. Exception: If hospitalized as an inpatient for at least 24 hours during this 30-day waiting period, benefits begin as of the date of hospitalization upon proof of hospitalization (forms available through ASU Employee Service Center).
- b. New employees and newly eligible employees must enroll within 31 days of the date of hire/eligibility.
- c. The effective date of coverage will coincide with the effective date of all other benefits offered through this University.
- d. Benefits are not paid for any bodily injury or illness (1) covered by any Workers' Compensation or occupational disease law, (2) while you are not under a doctor's regular care, or (3) within six months after your effective date of insurance for illness first manifested or injury sustained prior to such effective date, except for a disability that continued beyond a period of 90 consecutive days ending on or after such effective date, during which no treatment was received and no expense was incurred for such sickness or injury.
- e. Your coverage will cease on the sooner of: (1) the date the plan ceases; (2) the date the plan ceases for the class of employees to which you belong; (3) the last day of the calendar month during which you are no longer a member of the eligible class; (4) the date ending the period for which your last contribution is made, if you are required to pay a part of the cost of the plan; (5) the last day of the calendar month during which your active employment with the policyholder ceases, unless you are laid off or on approved leave of absence, paid or unpaid (limited up to two years) with continued premium remittance (Active employment will not be considered as ceased during any period for which Accident and Illness disability benefits are paid.); (6) the date you are retired.
- f. If you cease to be a member because of a legislative break, school break or vacation in which you are not scheduled to work, but you remain in an active position, your insurance will be continued during this period.

SUMMARY OF BENEFITS

SHORT TERM DISABILITY

Weekly Benefit is up to 26 weeks for an accident, 26 weeks for a sickness. You may elect the following coverage levels:

- 70% of base salary, except such amount will in no event exceed \$750 per week;
- 70% of base salary, except such amount will in no event exceed \$1,500 per week; or
- 70% of base salary, except such amount will in no event exceed \$2,000 per week.

Base salary means basic wages or salary not including commissions, bonuses, overtime, or other additional remuneration received from Arizona State University.

The benefits shown in the Summary of Benefits will be paid to you if, while covered, you become disabled. You will be considered disabled if you are not able to work at your regular job because of an injury or illness.

Benefits incurred on account of the pregnancy of a female employee will be payable on the same basis as for illness other than pregnancy.

Limitations and Exclusions

Benefits will not be paid for any disability: which starts while you are not working on a regularly scheduled basis due to

lay-offs or other reason referenced in the contract; due to an injury arising from any employment; due to illness covered by Workers' Compensation; or which began prior to the effective date of a person's coverage (this also applies to any increase in coverage and pregnancy, but does not apply to complications of pregnancy which occur after the effective date of a person's coverage). This exclusion will not apply after the earlier of: (1) the end of any 90-day period, beginning after the disability occurs and ending after a person has been covered under the Plan, during which a) no diagnosis is made or treatment received; or b) no covered expenses are incurred for care of the disability; or (2) the date the person has been covered under the Plan for six consecutive months.

Unum Short Term Disability Insurance

Effective October 1, 2006

	Option A	Option B	Option C
Maximum Covered Annual Base Pay	Up to \$55,714	Up to \$111,430	Up to \$148,571
Maximum Weekly Benefit (70% of Maximum Covered Annual Base Pay)	\$750*	\$1,500*	\$2,000*
Weekly Benefit Calculation	The lesser of: Maximum Covered Annual Base Pay x 70% / 52 OR the Maximum Weekly Benefit for the Elected Option		
Premium (per \$100 of Annual Base Pay)	\$0.84	\$0.84	\$0.84
Premium Calculation for 26 pay cycles**	(Maximum Covered Annual Base Pay / 100) x \$0.84 / 26		

Sample Short Term Disability Weekly Benefit Calculation:

Annual Base Salary of \$60,000, Option A Benefit: \$55,714 (maximum annual base pay under Option A) x 70% / 52 = \$750.

When calculating the weekly benefit:

- Option A — if your annual base pay is greater than \$55,714, use \$55,714 as your annual base pay.
- Option B — if your annual base pay is greater than \$111,430, use \$111,430 as your annual base pay.
- Option C — if your annual base pay is greater than \$148,571, use \$148,571 as your annual base pay.

Sample Short Term Disability Premium Calculation:

$\$55,714 / \$100 \times \$0.84 / 26 = \19.50 Your Pay Period Deduction
(Annual Salary divided by \$100 x \$0.84 divided by 26 = Your Pay Period Deduction)

If you elect Option A and your salary is greater than \$55,714, please use \$55,714 as your annual salary. If you elect Option B and your salary is greater than \$111,430, please use \$111,430 as your annual salary. If you elect Option C and your salary is greater than \$148,571, please use \$148,571 as your annual salary.

* Your maximum Weekly Benefit cannot exceed this amount, regardless of your Annual Base Pay.

**Academic year salaries will be treated as fiscal year salaries for benefit calculation purposes.

1.5% of the premium is retained by the University to cover administrative costs. The University reserves the right to change or terminate this plan in whole or in part, at any time.