

Assurant Employee Benefits

9 Campus Drive, 3rd Floor, East Wing
Parsippany, NJ 07054
T 973.775.3110 800.850.8445 F 973.775.3111

VOLUNTARY DISABILITY SPECTRUM

Group Name: American Association of University Professors
Presented by: Myron H Edelman

This proposal is good for a future effective date through 03/01/2008.

Our Voluntary LTD provides an easy to understand and affordable disability program. Benefits are payable for up to 2 years under a traditional "own occupation" definition of disability, but can continue up to age 65 when the claimant qualifies under an "any gainful occupation" definition of disability.

VOLUNTARY DISABILITY INSURANCE SCHEDULE

Voluntary LTD with Own Occupation/Any Occupation

Monthly Benefit	Units of \$100
Minimum Election	\$500
Maximum Election	The lesser of \$5,000 or 60% of basic covered monthly earnings, rounded to the next lower \$100
Elimination Period	3 months
Maximum Benefit Duration	Later of age 65 or 24 months
Definition of Disability	
Own Occupation Test	24 months; includes partial disabilities. Then an any gainful occupation definition applies.
Benefit Integration	Full Family Direct
Pre-Existing Condition	
At Issue	6/24 with transfer
New Entrants	6/24
Rate Guarantee	24 months
Guarantee Issue	\$5,000
Survivor Benefit	3 months
Contributions	100% employee paid
Participation Requirement	At least 20% of eligible employees must enroll with a minimum of 10 insured employees
Alcohol, Drug/Chemical, Mental Illness	12 months Special Conditions

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services. In this document, the terms, "we", "us", "our", and the like, refer to each as applicable.

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VOLUNTARY DISABILITY

The rates in the chart below are the amount the employee must pay for each \$100 benefit unit he or she chooses. The employee's age on each policy anniversary determines which rate applies. Rates reflect coverage only for employees who are actively at work on the effective date.

Voluntary LTD with Own Occupation/Any Occupation with a 3-month Elimination Period

RATES PER \$100 OF BENEFIT	
RATES ASSUME MONTHLY BILLING	
EMPLOYEE AGE	RATES
thru 24	0.338
25 - 29	0.338
30 - 34	0.364
35 - 39	0.494
40 - 44	0.702
45 - 49	1.196
50 - 54	1.794
55 - 59	2.106
60+	2.418

GUARANTEE ISSUE

- Guarantee Issue amounts apply to timely applicants. A timely applicant is one who applies for coverage within 31 days from the date all eligibility requirements are met. The normal pre-existing conditions limitation applies.

TRANSFER TREATMENT

- If the coverage described in this quote is intended to replace any group insurance plan now in effect, we intend that covered persons will not lose insurance protection because of the termination of current coverage and transfer to us. However, persons insured under the prior group plan on the date before this plan takes effect for an amount not equal to a multiple of \$100, will be adjusted to the next lower \$100 unit in compliance with our schedule.
- This quote is based on the assumption that the current insurance carrier will continue coverage on any insured individual who is disabled on the date the existing contract terminates (even if it terminates while a disabled person is satisfying any applicable waiting period).
- In addition, there is a special One Time "Open" Enrollment Provision that applies only on our plan effective date. This provision allows any eligible employee (even those who did not participate in the prior plan) to elect coverage without proof of good health. The normal pre-existing conditions limitation still applies.
- All employees must re-enroll for coverage under our plan on our enrollment forms.

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ANNUAL ENROLLMENT PERIOD

- This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes, subject to the pre-existing conditions limitation.

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VOLUNTARY DISABILITY CONDITIONS OF QUOTE

RATE ASSUMPTIONS

- Rates are valid for a 12/01/2007 effective date and are guaranteed for 24 months.
- This proposal is only valid for groups of less than 500 lives.
- Rates assume the participation stated in the Schedule with a minimum of 10 employee lives.
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. The rates also reflect coverage only for employees who are actively at work on the effective date. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.
- Acceptance of the proposed group, plan design and/or rate is subject to evaluation by group underwriting at our Home Office. Upon receipt of all required forms and documentation, including the Field Underwriting Assurance form, the group will be reviewed and, if accepted, acceptance will be communicated via a risk letter.
Note: Prior coverage should not be canceled unless and until the risk letter has been received by the policyholder.

EMPLOYEE ELIGIBILITY

- Eligible employees must be full-time employees of the employer or an associated company, at active work and working in the United States of America*. Temporary or seasonal workers are not eligible. Full-time means working at least 20 hours per week. In addition, a minimum annual earnings requirement of \$12,000 applies.
*Insured employees are covered for incidental business and personal travel outside of the United States. If a more expansive eligibility is required, please contact your sales representative. Non-standard options are available, subject to Home Office approval.
- Earnings are defined as basic pay for a 40-hour work week, plus the monthly average of prior calendar year commissions where applicable; monthly average of prior calendar year draw or salary for proprietors; or ordinary income on Schedule K-1 for partners.

GENERAL INFORMATION

- Online Advantage is an e-service solution providing employers a powerful online tool to administer their policy with a click of a mouse! At any time during the month, employers can log on to view their company's census, change employee records, conduct enrollments, process employee terminations, view bills, and download forms. To view a demo, go to www.assurantemployeebenefits.com to "For Employers" and then choose "Online Advantage". Online Advantage is quick, smart, and convenient.
- Easy to understand and complete, our personalized enrollment packets maximize plan participation and minimize common enrollment errors. Ask your Assurant Employee Benefits representative for details!
- A monthly bill will be provided with Home Office administration.
- Maternity is covered as any other disability.
- 24-hour coverage is provided.
- To qualify for disability benefits, an insured participant must meet an occupation test during the elimination period, and for the first 24 months of disability, and then a gainful occupation test.
- The occupation test is satisfied if a sickness, injury or pregnancy prevents an insured participant from performing even one material duty of an occupation during the elimination period and the following 24 months of disability.

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- The gainful occupation test is satisfied if a sickness, injury or pregnancy prevents an insured participant from performing at least one of the material duties of any gainful occupation for which he or she is qualified. Gainful means earning at least as much as the amount of coverage elected within 12 months of return to work.
- Under partial disability, if a disabled employee works less than on a full-time basis, or works but does not perform all of the material duties of an occupation, the elimination period and the period of disability will not be interrupted.
- No offsets apply for Profit-Sharing Plans, Thrift Plans, 401(k) Plans, IRAs, Tax-Sheltered Annuities, individual contributions to an Individual Policy, and Stock Ownership Plans.
- Offsets may include retirement or government plans, other group disability plans, including third party settlements and payments, no-fault benefits, salary continuance, sick leave pay sponsored by the policyholder or 50% of any return-to-work earnings. We will also consider all earnings that a disabled employee could receive if he or she were working to his or her maximum capacity.
- An individual's benefit amount prior to offsets will be reduced by 30% if we do not receive proof of loss within 180 days following the end of the Elimination Period.
- A Social Security Assistance Program is included, which can help disabled employees apply for Social Security disability benefits.
- A \$100 minimum monthly benefit is included for employees working 30 or more hours per week.
- The pre-existing conditions limitation for new hires is 6/24. A pre-existing condition is one for which an individual has seen a medical practitioner or taken medication in the 6 months prior to his or her coverage effective date. We will not pay benefits for any disability resulting directly or indirectly from a pre-existing condition unless the disability begins after 24 consecutive months during which the employee is continuously insured under this plan. Should an employee become disabled due to a pre-existing condition, we will pay the lesser of the prior plan's benefit with its pre-existing conditions limitation or this plan's benefit without a pre-existing conditions limitation. The time he or she was continuously insured under the prior plan will count toward satisfying the pre-existing conditions limitation.
- **Special Conditions** limits benefits for chronic fatigue syndrome, fibromyalgia, carpal tunnel syndrome, environmental allergic illness, certain subjective musculoskeletal and connective tissue disorders, mental/nervous illnesses, alcoholism, and drug or chemical abuse disabilities.
- A Survivor Benefit is included, which is equal to 3 months of benefit payments if the insured dies while receiving LTD benefits. The Survivor Benefit is payable to the insured's spouse, if living, otherwise to any eligible dependent children.
- A Conversion Privilege up to \$4,000 is included.

We will not pay benefits for any time the insured is confined to any facility because he or she was convicted of a crime or public offense; for any disability caused by war or any act of war, whether declared or not; intentionally self-inflicted injury, while sane or insane; participating in any sport for wage, compensation or profit; racing any type of vehicle in an organized event; participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance, unless administered by a doctor or taken according to the doctor's instructions; taking part in or the result of taking part in committing an assault or felony; or the insured's intoxication; this includes but is not limited to operating a motor vehicle while the insured is intoxicated. We will not pay benefits if the insured's employer, the policyholder, or an associated company has offered the insured the opportunity to return to limited work while the insured is disabled; the insured is functionally capable of performing the limited work which is offered; and the insured does not return to work when and as scheduled.

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PROPOSAL CONDITIONS

This is only a proposal. If there is a discrepancy between this quote and a subsequently issued group policy, the policy controls. The rates quoted are based on the group's characteristics and benefits requested at the time of proposal. Any change in these factors presented may result in a change of the rates. Our plans comply with applicable state laws and contain limitations and exclusions. We can cancel the policy after giving the policyholder 31 days written notice. Contact your Assurant Employee Benefits representative for additional information.

PRIVACY POLICY

Union Security Insurance Company and affiliated prepaid dental companies do not disclose any personal information, financial or health, unless otherwise permitted by law. If you would like more information, you may obtain a copy of our Privacy Notice by writing Assurant Employee Benefits, Attention: Privacy Officer, P.O. Box 419052, Kansas City, MO 64141-6052, or by calling 800.733.7879, or by visiting our website at www.assurantemployeebenefits.com – Select "Privacy notices".