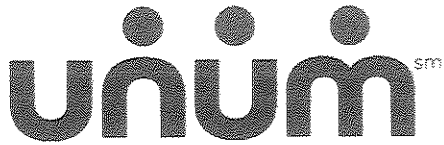


***NPUT***

***NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND***

**SUMMARY PLAN DESCRIPTION  
UNUM LONG TERM DISABILITY**

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## Flex Long Term Disability Income Protection Insurance Highlights

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### New Paltz United Teachers Benefit Trust Fund Policy #118669-017

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Please read carefully the following description of your Unum Long Term Disability Income Protection insurance plan.

#### Your Plan

##### **Eligibility and Coverage Effective Dates**

You are eligible for LTD coverage if you are a Member of the New Paltz United Teachers Benefit Trust Fund or School Related Personnel in active membership. Your coverage will become effective at the following times:

Base Plan Option A: Your coverage is effective on the later of 10/1/08, or your date of active employment.

Buy-Up Plan Option B: Your Buy-Up coverage will be effective on the later of 10/1/08 if the Buy-Up Plan Enrollment Form is returned by the deadline, or effective on the 1<sup>st</sup> of the month following your date of employment if you are a new hire.

If you do not return your Buy-Up Plan enrollment form indicating your choice to participate in Buy-Up Plan Option B, you will automatically be enrolled in only the Option A Base Plan.

Special Note: If you are earning over \$60,000 annually, each year during the Annual Enrollment period you will have the opportunity to participate in the Buy-Up Plan Option B.

##### **Plan Premiums**

Base Plan Option A: Premiums are paid by the Trust Fund.

Buy-Up Option B: Premiums are paid by the employee.

##### **Benefit Amounts**

- Option A:
- 70% of your monthly earnings to a maximum of \$3,500 (this plan option insures up to \$60,000 of annual salary).
- Option B:
- 70% of your monthly earnings to a maximum of \$10,000 (this plan option insures up to \$171,429 of annual salary).

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings.

Your LTD benefit may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from Social Security, Workers' Compensation, etc.

***Flex Long Term Disability Income Protection  
Insurance Highlights (continued)***

***Definition of Disability***

You would be considered disabled and eligible for benefits because of sickness or injury if:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.

***Elimination Period***

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. LTD benefits would begin on the later of 180 consecutive days of disability, as described in the definition above, or the date your accumulated sick leave or salary continuation payments end, if applicable.

***Benefit Duration***

Your duration of benefits is based on your age when the disability occurs according to the following schedule:

Year of Birth	Social Security Normal Retirement Age/Unum Maximum Period of Payment
On or before 1937	65 years
1938	65 years, 2 months
1939	65 years, 4 months
1940	65 years, 6 months
1941	65 years, 8 months
1942	65 years, 10 months
1943 - 1954	66 years
1955	66 years, 2 months
1956	66 years, 4 months
1957	66 years, 6 months
1958	66 years, 8 months
1959	66 years, 10 months
On or after 1960	67 years

***Flex Long Term Disability Income Protection  
Insurance Highlights (continued)***

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**Additional  
Benefits**

***Worldwide  
Emergency Travel  
Assistance Services***

A 24-hour network of emergency medical and legal resources offers valuable protection for you and your family when traveling more than 100 miles from home. With just one call, you have access to a global network of highly qualified professionals trained to manage any travel emergency. (Note that spouses traveling on business are not eligible.)

***Disability Plus Benefit***

With the Disability Plus rider, if you are "severely" disabled -- have also lost the ability to independently perform two of six Activities of Daily Living (ADLs) or suffered a deterioration or loss in intellectual capacity -- according to the policy definition, you would be eligible to receive an additional 30% of your basic monthly earnings to a maximum monthly benefit of \$5,000. The six ADLs are: bathing, dressing, toileting, transferring, continence, and eating.

**Note:** You must have qualified under the definition of basic disability and be receiving basic disability benefits in order to be eligible for this additional benefit payment and all of the policy provisions that exclude or limit coverage also apply to the Disability Plus Benefit.

***Survivor Benefit***

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

***Waiver of Premium***

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

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*Flex Long Term Disability Income Protection  
Insurance Highlights (continued)*

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**Limitations/Exclusions/  
Termination of Coverage**

***Pre-existing Condition  
Limitation***

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage or the effective date of participation in Buy-Up Plan Option B; and
- the disability begins in the first 12 months after your effective date of coverage

If you have a disability caused by, contributed to by or resulting from your pre-existing condition,

- you will not be entitled to receive benefit payments during the first 12 months after your effective date of coverage;
- benefit payments are not payable for such period and will not be paid at any time; and
- to receive benefit payments after such period, you must continue to be disabled and meet all other terms and conditions under the plan.

Benefit payments for which you qualified but were not entitled to receive due to your pre-existing condition are included in calculating the number of months of benefits and number of payments you have received for all purposes under this plan.

***Mental and Nervous  
Limitation***

LTD benefits would be paid for 24 months per lifetime for disabilities caused by mental illness that meet the definition of disability. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

***Instances When Benefits  
Would Not Be Paid***

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
  - active participation in a riot;
  - participation in a felony;
  - war, declared or undeclared, or any act of war;
  - pre-existing conditions (see definition).
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## *Flex Long Term Disability Income Protection Insurance Highlights (continued)*

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### ***Once Your Coverage Begins, What Happens If You Are Temporarily Not Working?***

If you are on a **temporary layoff**, and if premium is paid, you will be covered through the end of the 3<sup>rd</sup> month that immediately follows the month in which your temporary layoff begins.

If you are on a **leave of absence**, and if premium is paid, you will be covered through the end of the approved leave of absence or up to 6 months following the date your leave of absence begins, whichever is earlier. If your leave of absence is longer than 6 months, you will need First UNUM's approval.

Special Note: Layoff or Leave of Absence means you are temporarily absent from active membership for a period of time that has been approved in advance in writing by your employer. Your normal vacation time, including the School District's summer break, or any period of disability is not considered a temporary layoff or leave of absence.

### ***Termination of Coverage***

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment except as provided under the covered layoff or leave of absence provisions. Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

### ***Delayed Effective Date of Coverage***

Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### ***Changes to Coverage (Annual Enrollment)***

At each Annual Enrollment period, you will be given the opportunity to elect Option B if you earn over \$60,000 annually. See your Plan Administrator for the dates of the Annual Enrollment.

### ***Questions***

If you should have any questions about your coverage, how to enroll or file a claim, please contact the Plan Administrator of the NPUT Benefit Trust Fund, Ron Noelle at telephone (845) 255-5770 or fax (845) 255-3654.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al. **8/22/08**

All worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

*Underwritten by:*

First Unum Life Insurance Company 99 Park Avenue, 6<sup>th</sup> Floor, New York, NY 10016, [www.unum.com](http://www.unum.com)

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**LONG-TERM DISABILITY PLANS DEFINITION OF EARNINGS –**  
**Finalized 8/21/08**

**LTD DEFINITION:**

**“Monthly Earnings” means your gross monthly income from your Employer in effect just prior to your date of disability. It includes your total income before taxes. It is prior to any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account. It includes overtime pay and additional assignments but does not include commissions, bonuses, or income received from sources other than your Employer.**

**Overtime pay and additional assignments are defined as earnings paid by your Employer for services beyond your normally scheduled work hours. Overtime pay and additional assignments will be averaged for the lesser of:**

- a. the 12 full calendar month period of your employment with your Employer just prior to the date disability begins; or**
- b. the period of actual employment with your Employer.**