



Homewood Postdoctoral Fellow Long Term Disability Memo And Application Instructions

Plan

As part of your benefits package as a Postdoctoral Fellow, Johns Hopkins University provides at no cost to you, a Long Term Disability Insurance Plan for the period of your appointment. Dependents are not included in this benefit. The plan consists of two components: a group policy and an individual policy. The plan is through UnumProvident and is underwritten by Provident Life and Accident Insurance Company.

Benefit

The benefit is a combined \$2,750 per month and is payable after the 90th day of disability. **\$2000 per month comes from the Group Policy, and \$750 per month comes from an approved Individual Policy.**

The insurance has certain offsets (deductions) from the disability payment received including: amounts received, or amounts you are entitled to receive, from Worker's Compensation and/or Social Security.

Group Policy

No application required. Enrollment is automatic and is paid for by the university. This plan provides a \$2,000 per month benefit after a 90-day elimination period. Coverage is effective the date of your appointment and terminates if your appointment with KSAS or WSE ends. If your appointment ends on or before the 15th of the month, coverage terminates the end of the month of the prior month. If your appointment ends after the 15th of the month, coverage terminates at the end of that month.

The Group Long Term Disability Policy is issued as policy number 117913011, with an original plan effective date of July 1, 2005. For details of coverage please refer to:
<http://www.hopkinsmedicine.org/som/DisabilityInsurance/LTD09172008.pdf>.

Individual Policy

Application required. This plan, which is also paid for by the university while you are under appointment, provides a \$750 per month benefit after a 90-day elimination period. This plan is portable, which means you can keep it after you leave Hopkins if you pay the premiums. The effective date of coverage is determined by the date you complete and return the forms to HR but will not be earlier than the effective date of your appointment. The carrier can deny coverage based on the decision of their underwriters. Failure to complete the entire form or failure to disclose information requested by the insurance carrier can result in denial of coverage.

Should you have any questions, please contact John Kunz in Human Resources: jjkunz@jhu.edu or KSAS/WSE Office of Human Resources, Wyman Park Building, 6th Floor, Suite 650.

Long Term Disability Application Instructions

Individual Policy – Guaranteed Standard Application

Please carefully follow these directions to complete the individual policy application.

IMPORTANT: UNUM considers the application form to be a contract, therefore NO SCRATCHED OUT information nor white-out will be accepted. If you make an error, you must complete a new form.

Page 1 Personal Information

- Complete Section 1: Personal information- Always Complete
- You must answer all questions #1 - #8.
- Question 1(c): Format for birth date should be mm/dd/yyyy (make sure you do not use the current year as the birth year)
- Question 1(d): If you do not have a U.S. social security number, leave this question blank. Do not make any marks in this field, for example, do not use N/A, ---, etc.
- Question 1(e): Leave this question blank. Do not make any marks in this field, for example, do not use N/A, ---, etc.
- Question 1(g): If you answer NO, you must answer questions 1(i) and (j).
- Questions 4(a) & 4(b): If you answer YES to either, you must provide details in the area provided under 4(c). Details must include the number of days missed, the nature of the illness or injury, and the outcome (e.g. completely recovered, still on medicine, still in treatment, etc.)
- Question 4(c): PLEASE READ CAREFULLY. If you are working without any restrictions due to illness or injury, the answer should be YES. If you have an illness or injury that requires work restrictions or limitations, the answer should be NO and you must provide details regarding those work restrictions or limitations.
- Complete Section 2: Existing *and for* Pending Insurance Coverage- Always Complete
- Question 2: If you have answered YES, indicating you have other individual disability insurance in force or being applied for, you must complete the chart shown below the question. If you answer NO, no additional information is required.

Page 2 Declaration, Agreement and Authorization Form: After reading this section, sign and date the form where indicated by an “X”.

Page 3 Coverage Selection: Does not apply.

Page 4 Notice of Information Practices: Keep these pages for your information.

Return Pages 1 & 2 (HARDCOPY) of the completed application to: John Kunz, KSAS/WSE Office of Human Resources, Wyman Park Building, 6th Floor, Suite 650.