



INSTRUCTIONS FOR CONVERTING YOUR GROUP LONG TERM DISABILITY INSURANCE

You may elect to purchase Long Term Disability coverage under the Aetna Life Insurance Company Group Long Term Disability Conversion Trust when you are no longer eligible to be insured under your employer’s group plan due to termination of your employment and have been covered under such group plan for at least twelve months. The effective date of the converted coverage will be the date your coverage under your employer’s group plan terminates, but only if your written application for insurance is:

- on Aetna Life Insurance Company Application for Conversion of Group Long Term Disability Insurance;
- made within 31 days of the date your employment terminates; and
- remittance of premium and the non-refundable application fee has been received within 31 days of the date your employment terminated.

If you become insured under another employer’s group plan within 31 days after termination and have already applied for conversion coverage, you are required to notify Aetna Life Insurance Company.

SECTION ONE - HOW TO APPLY:

EMPLOYER:	When you learn that an employee is terminating, complete the section captioned TO BE COMPLETED BY EMPLOYER on the back side of the application and give this form to the employee.
EMPLOYEE:	<ol style="list-style-type: none"> 1. Complete the attached application. 2. Be sure the application is signed and dated. Detach the application and worksheet and attach to it your check made payable to Aetna Life Insurance Company for the application fee and premium amount. 3. The application and check must be received <i>no later than 31 days after termination of your group disability insurance</i> by: Aetna Life Insurance Company c/o JHA Conversion Service Center PO. Box 7146 Portland, ME 04112

SECTION TWO - SOME REASONS WHY YOU CANNOT CONVERT:

The conversion privilege is not available to you if:

- You have not been covered under the group plan for at least 12 consecutive months.
- Your insurance under the employer’s group plan terminates for any of the following reasons:
 - a. the group plan terminates;
 - b. the group plan is amended to exclude from coverage the class of employees to which you belong;
 - c. you no longer belong to a class of employees eligible for coverage under the group plan;
 - d. you retire. *(You retire when you receive payment from the employer’s retirement plan as recognition of past services, OR you have concluded your working career.)*
- You failed to pay any required premium due.
- You are or become insured for Long Term Disability insurance under another employer’s group insurance plan within 31 days after termination.
- You are disabled under the terms of the group plan.
- You recover from a disability and you do not return to work for this employer.
- You are currently unable to work due to a mental or physical condition.
- You are on a leave of absence.

SECTION THREE - SUMMARY OF LTD CONVERSION BENEFITS:

Your Amount of Insurance Benefits	Maximum Amount:	60% of your last basic monthly earnings with the employer to a maximum benefit of \$5,000 per month.
	Minimum Amount:	\$50.00 or 10% of the monthly benefit before deductions for other income benefits.

Your Maximum Benefit Period	<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
	Less than age 60	To age 65
	Age 60	60 months
	Age 61	48 months
	Age 62	42 months
	Age 63	36 months
	Age 64	30 months
	Age 65	24 months
	Age 66	21 months
	Age 67	18 months
	Age 68	15 months
Age 69 and over	12 months	

Your Maximum Benefit Period for Partial Disability	The monthly benefit for partial disability will not be paid beyond the 24 th month after the end of the elimination period, or the end of the Maximum Benefit Period.
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Benefit Waiting Period	180 days
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General Exclusions / Limitations	<p>No coverage for disability due to:</p> <ul style="list-style-type: none"> • war, declared or undeclared, or any act of war • intentionally self-inflicted injuries, while sane or insane; • active participation in a riot; • your committing of or attempting to commit an indictable offense • 24 month mental illness, alcohol or drug abuse limitation
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Termination Provisions	<p>You will cease to be insured on the earliest of the following dates:</p> <ul style="list-style-type: none"> • the date the trust policy terminates • the end of the period for which your last premium for your insurance has been paid; or • the date you retire. (<i>You retire when you receive payment from any employer's retirement plan as recognition of past services, or you have concluded your working career.</i>) • the date you become eligible for coverage under another group LTD policy.
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SECTION FOUR - CALCULATING YOUR PREMIUM:

Premium rates For LTD conversion coverage, premiums will be remitted quarterly. The quarterly rates per \$100 of monthly benefit are:

<u>Age</u>	<u>Quarterly Rate</u>
Less than 25	\$ 1.67
25 - 29	\$ 2.52
30 - 34	\$ 3.87
35 - 39	\$ 5.97
40 - 44	\$ 7.32
45 - 49	\$10.80
50 - 54	\$17.15
55 - 59	\$21.14
60 and over	\$21.27

*Plus a one-time **non-refundable** application fee of \$25.00*

How to calculate your premium

*EXAMPLE: Quarterly premium for an individual age 45 with basic monthly earnings of \$2,500.
60% of \$2,500 = \$1,500; \$1,500 divided by 100 = 15 15 X 10.80 = \$162.00*

Quarterly mode is the only payment option available. Rates are not guaranteed and may be changed at any time with a 31 day notice.

PREMIUM WORKSHEET

1. _____ Current age
2. \$_____ Your last monthly earnings (*item 15 in the Employer section on the application*) under the group plan before termination
3. \$_____ Take 60% of the last basic monthly earnings (*If this dollar amount exceeds \$5,000*, your benefit amount will be limited to \$5,000. Insert \$5,000 on the left.*)
4. \$_____ Divide item 3 by 100
5. \$_____ Quarterly rate (*from the premium rate table above, based on your age*)
6. \$_____ Multiply item 4 by the rate in item 5 (*This equals your quarterly premium amount*)
7. \$_____ 25.00 Add the \$25.00 non-refundable application fee
8. \$_____ Please remit this amount when submitting your application

* If your employer’s group plan maximum monthly benefit was less than \$5,000, use the same maximum monthly benefit as the group plan.

If you have any questions, you may contact the JHA Conversion Service Center at: 1-888-786-2688.