



Emerald Coast Utilities Authority Summary of Benefits

LONG TERM DISABILITY Policy # 205593

Eligibility:	All full-time employees working 35 or more hours per week
Waiting Period:	First of the month coincident with or next following the date you enter an eligible group
Benefit Amount:	60% of your monthly earnings, to a maximum of \$5,000 per month
Elimination Period:	180 Days
Duration of Benefits:	To age 65
Definition of Disability:	2 year Residual
Plan Features:	Work-life balance employee assistance program Worldwide emergency travel assistance services Rehabilitation and return to work assistance program Survivor Benefit Minimum Monthly Benefit \$100
Pre-Existing Conditions:	3/12 Exclusion
Mental & Nervous:	24 Months based on self-reported symptoms
Premium:	100% Employer Paid

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.

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.



TLD 1.85 % ACTUAL EXPERIENCE EXHIBIT PREPARED FOR: EMERALD COAST UTILITIES AUTHOR EXHIBIT I
 J20NE 2W20 EBO: TAMPA POLICY NUMBER 205593

POLICY YEAR PAID	POLICY YEAR INCURRED 01/2012 TO 06/2012	POLICY YEAR INCURRED 06/2012 TO 06/2013	POLICY YEAR INCURRED 06/2013 TO 06/2014	POLICY YEAR INCURRED 06/2014 TO 06/2015	POLICY YEAR INCURRED 06/2015 TO 01/2016	TOTAL
01/2012 TO 06/2012	0					0
06/2012 TO 06/2013	62,468	5,309				67,777
06/2013 TO 06/2014	30,147	10,379	16,613			57,139
06/2014 TO 06/2015	14,568	7,080	52,297	1,121		75,066
06/2015 TO 01/2016	0	9,049	21,966	20,821	0	51,836
TOTAL PAID	107,183	31,817	90,876	21,942	0	251,818
CASE RESERVE	0	51,839	180,918	36,840	0	269,597
IBNR	0	0	0	0	47,203	47,203
INCURRED CLAIMS	107,183	83,656	271,794	58,782	47,203	568,618
PAID PREMIUMS	50,378	120,783	116,387	102,178	55,533	445,259
INCURRED LOSS RATIO	212.8	69.3	233.5	57.5	85.0	127.7
OPEN CLAIMS	0	2	6	1	0	9
MONTHLY INDEMNITY	0	423	2,316	2,276	0	5,015



Short Term Disability Income Protection Insurance Plan Highlights

Emerald Coast Utilities Authority Policy # 205593

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

Your Plan

Eligibility

You are eligible for coverage if you are an active full-time employee working a minimum of 35 hours per week.

Guarantee Issue

You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Please see your Plan Administrator for your eligibility date.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of \$1,000 per week.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Definition of Disability

You are disabled when Unum determines that:

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

You must be under the regular care of a physician in order to be considered disabled.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 21 days.

If your disability is due to a sickness, your Elimination Period is 21 days.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 23 weeks.

Federal Income Taxation

You may wonder if your disability benefit amount will be taxed. It depends on how your premium — the price of your coverage — is paid.

If your premium is paid with:

- **Post-Tax Dollars**,** your benefit amount **will not** be taxed

The disability benefit amounts you receive will be reported annually on a W-2. It will show any taxable and non-taxable portions separately.

****Post-Tax Dollars** are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.

Additional Benefits

Rehabilitation and Return to Work Assistance

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$250 per week. In addition, we will make weekly payments to you for 3 weeks following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

Limitations/Exclusions/ Termination of Coverage

Instances When Benefits Would Not Be Paid

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted;

- any period of disability during which you are incarcerated;
- an occupational injury or sickness

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 provision. 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.

Next Steps

How to Apply

To apply for coverage, complete your enrollment within 31 days of your eligibility date. After that date you will be required to provide evidence of insurability in order to qualify for coverage. This will include a review of your overall medical health including routine, planned, unplanned or ongoing medical care or consultation, and may result in a declination of coverage.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

Insurance coverage 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.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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.

Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122,
www.unum.com

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Policy Detail Monthly Experience Report
 For
 EMERALD COAST UTILITIES AUTHOR
 From
 01/01/2012 to 01/31/2016

08:51

Tuesday, February 2, 2016
 Coverage: STD

Policy: 00205593

Date	Premium	Paid Claims	Paid Claims by Incurred Date	Lives
01/12	4222.08	0.00	5096.49	180
02/12	4185.74	0.00	3685.00	181
03/12	4185.74	0.00	4948.43	181
04/12	6517.39	3158.57	8040.00	182
05/12	4217.14	6192.72	21259.60	183
06/12	4319.02	3003.46	5093.00	183
07/12	4230.87	8030.43	9791.99	180
08/12	4359.38	7336.42	3554.71	180
09/12	7908.89	7980.00	0.00	183
10/12	1987.40	9101.71	797.14	182
11/12	4049.48	6887.71	2325.15	180
12/12	4049.48	2258.00	8001.71	180
12 Month Subtot	54232.61	53949.02	72593.22	181
01/13	3376.19	9389.00	0.00	179
02/13	3408.50	5860.49	0.00	179
03/13	3320.90	2105.71	3442.28	139
04/13	5547.55	2499.86	0.00	146
05/13	3540.64	1219.14	2331.43	146
06/13	3545.26	2409.43	0.00	147
07/13	3596.01	137.14	6997.00	149
08/13	3603.54	0.00	17907.43	148
09/13	7113.75	5561.57	0.00	148
10/13	3650.87	9289.14	0.00	148
11/13	3503.28	2894.86	0.00	148
12/13	3533.65	4617.00	0.00	152
12 Month Subtot	47740.14	45983.34	30678.14	152
01/14	3674.38	1431.00	0.00	152
02/14	4523.91	1908.00	2372.28	152
03/14	3276.01	1872.86	8928.01	152
04/14	3451.25	2625.14	8432.29	152
05/14	3412.27	1956.00	0.00	152
06/14	3412.27	5262.00	0.00	152
07/14	3149.97	6835.72	4900.01	157
08/14	4987.26	5576.58	3366.00	152
09/14	3249.99	4337.43	0.00	151
10/14	3249.99	982.86	0.00	151
11/14	3215.54	-1450.00	0.00	151
12/14	3390.86	0.00	7304.71	158

12 Month

Subtot	42993.70	31337.59	35303.30	153
01/15	7400.02	2880.29	0.00	318
02/15	4965.77	2372.00	814.29	160
03/15	5173.17	1270.71	8055.43	160
04/15	5084.01	3971.15	2389.29	165
05/15	5112.85	5437.29	0.00	162
06/15	5054.30	1850.57	0.00	162
07/15	7823.38	0.00	0.00	169
08/15	10652.23	0.00	0.00	169
09/15	-35.99	0.00	0.00	174
10/15	10644.59	0.00	1585.43	173
11/15	7823.38*	1585.43	0.00	169
12/15	5304.30*	781.71	0.00	173
12 Month Subtot	75002.01*	20149.15	12844.44	180
Total	219968.46*	151419.10	151419.10	166

Paid Claims Loss Ratio 68.84
 Incurred Date Loss Ratio 68.84

* - Premium not paid in full