

SERFF Tracking Number: MADS-126968492 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 47625  
Company Tracking Number: GLDI-C200  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: Group Long and Short Term Disability Income  
Project Name/Number: Additional LTD/STD Variables/GLDI-C200

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Group Long and Short Term Disability Income SERFF Tr Num: MADS-126968492 State: Arkansas

Disability Income

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Filed-Closed State Tr Num: 47625

Sub-TOI: H11G.005 Combined Short Term and Long Term Co Tr Num: GLDI-C200 State Status: Filed-Closed

Filing Type: Form

Authors: Sue Long, Cheryl

Richards, Andrea Greiber

Date Submitted: 12/31/2010

Reviewer(s): Rosalind Minor

Disposition Date: 01/03/2011

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Additional LTD/STD Variables

Project Number: GLDI-C200

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Trust

Filing Status Changed: 01/03/2011

State Status Changed: 01/03/2011

Created By: Sue Long

Corresponding Filing Tracking Number:

Filing Description:

This is an informational filing related to forms GLDI-C200-(12/06), GLDI-P200-(12/06), GSDI-C200-(12/06), and GSDI-P200-(12/06), which were [approved for use in your state on 1/19/2007, under filing number MADS-125077023 and state # 34776. This filing is intended to notify your Department of additional variability within the provisions of the forms.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/20/2010

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Sue Long

The Explanation of Variables for each form is included under the "Supporting Documentation" tab.

Much of the Group Long and Short Term Disability Income coverage issued by Madison National Life Insurance

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Company, Inc. (MNL) is to school districts and city/county/municipal employers. Frequently, the employees in these groups are members of unions which require us to match specific union-negotiated benefits and terms used within the union contracts. This filing is intended to help us meet us the requirements of our clients.

The forms were filed as a matrix filing, with each provision assigned a section number. The additional variability documentation included in this filing addresses any additional variability in each section of the certificate and the joinder agreement (if a joinder agreement is used). This additional variability is new and does not replace any information that has been previously filed with your department.

This additional information was filed in our state of domicile, Wisconsin. The state set the status as FILED and closed the file on 12/20/2010.

We reserve the right to alter the format of the form submitted herein without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. We also retain the right to correct grammar and spelling errors as long as those corrections do not change the intent or purpose of this filing.

## Company and Contact

### Filing Contact Information

Sue Long, Compliance Specialist smm@madisonlife.com  
PO Box 5008 800-356-9601 [Phone] 2061 [Ext]  
Madison, WI 53705 608-830-2700 [FAX]

### Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin  
1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health  
Madison, WI 53717 Group Name: State ID Number:  
(608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Fee for informational filing.  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	12/31/2010	43364259

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	01/03/2011	01/03/2011

*SERFF Tracking Number:* MADS-126968492 *State:* Arkansas  
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## **Disposition**

Disposition Date: 01/03/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Filed-Closed	Yes
<b>Supporting Document</b>	Application	Filed-Closed	Yes
<b>Supporting Document</b>	Explantion of Variables	Filed-Closed	Yes

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Filed-Closed	01/03/2011
<b>Bypass Reason:</b>	Not applicable to this informational filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Filed-Closed	01/03/2011
<b>Bypass Reason:</b>	Not applicable to this informational filing		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Explanation of Variables	Filed-Closed	01/03/2011
<b>Comments:</b>			

**Attachments:**  
 Explanation of Variables - GLDI-C200.pdf  
 Explanation of Variables - GLDI-P200.pdf  
 Explanation of Variables - GSDI-C200.pdf  
 Explanation of Variables - GSDI-P200.pdf

Section/Form Number	Description of Field	Possible Values
GLDI-C400-(12/06) - SCHEDULE OF BENEFITS	State Disability Benefits - Included if members of group could be eligible for state benefits. Omitted if group does not include persons who are eligible for state benefits.	No application required for [name of state disability benefit resource]
GLDI-C500-(12/06) - DEFINITIONS	Indexed Predisability Earnings - alternate definition. Not standard, available upon request by group.	<b>Indexed Predisability Earnings</b> means your Predisability Earnings adjusted annually by [3-10%]. During the first year of Disability, Indexed Predisability Earnings are the same as the Predisability Earnings. Thereafter, your Indexed Predisability Earnings are determined on each anniversary of your Disability using the above method. A maximum of [one - five (1-5)] such annual increases shall be made during any period or continuous Disability.
	Own Occupation - alternate definition. Not standard, available upon request of group.	<b>Own Occupation</b> means the regular job you held just before your Disability began.
	<b>Work Earnings</b> - Last sentence of first definition - which is used when the group has selected "Total Disability" definition of disability. The sentence is now optional. The standard will be to omit this sentence.	[You will no longer be Disabled when your average Work Earnings [over the last three months] exceed [80%] of your [Indexed] Predisability Earnings [, or when you are capable of earning more than [80%] of your [Indexed] Predisability Earnings].]
GLDI-C700-(12/06) - ELIGIBILITY FOR INSURANCE	Item 3 - additional optional text. Previously approved text is black, new text is blue. Standard will be to include the new text.	3. You must be Actively at Work and capable of sustained Active Work [on the effective date of the your coverage[and the effective date of any subsequent increase in LTD coverage because of an Eligible Class or Group Policy change]].
	Alternate definition of "Material Duties". Not standard, available upon request by group.	<b>[Material Duties</b> means the duties generally required of you in your Own Occupation that cannot be reasonably modified or omitted. In no event will working more than an average of 40 hours per week be considered a Material Duty.]

Section/Form Number	Description of Field	Possible Values
GLDI-C1000-(12/06) WHEN YOUR INSURANCE ENDS This provision applies to you if you are not Disabled.	Addition to item A. 2. Additional choices for when coverage ends. Group may select from these options.	the end of the month following the date you cease to be an Eligible Employee/the date you cease to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time/the end of the month following the day you cease to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time
	New Item. A. 7. - available upon request from group.	7. [[1-365] [days/months] following the date Your employment terminates.]
	Item B.1.a) - alternate to previously approved text. Removes requirement for prior notification to insurer of FMLA leave.	[a) the FMLA leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your leave must be available to Us at Our request.]
	Item C. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the amount of your covered salary. Such documentation about your paid sabbatical must be made available to Us at Our request; and ]
	Item C. 1. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began.]</a>
	Item C. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the amount of your covered salary. Such documentation about your paid sabbatical must be made available to Us at Our request; and]
	Item C. 2. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began]</a> or the date you fail to pay premium as required.

Section/Form Number	Description of Field	Possible Values
	Item D. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the amount of your covered salary. Such documentation about your unpaid sabbatical must be made available to Us at Our request; and]
	Item D. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	Unless you return to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid sabbatical began/ <a href="#">the end of the month following the month in which the unpaid sabbatical began</a> ].
	Item D. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the amount of your covered salary. Such documentation about your unpaid sabbatical must be made available to Us at Our request; and]
	Item D. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid sabbatical began/ <a href="#">the end of the month following the month in which the unpaid sabbatical began</a> ] or the date you fail to pay premium as required.
	Item E. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your paid leave of absence must be made available to Us at Our request; and
	Item E. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ].

Section/Form Number	Description of Field	Possible Values
	Item E. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	[(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your paid leave of absence must be made available to Us at Our request; and]
	Item E. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid leave of absence is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ], or the date you fail to pay the premium as required.
	Item F. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your unpaid leave of absence must be made available to Us at Our request; and]
	Item F. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the leave began</a> ].
	Item F. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount your covered salary. Such documentation about your unpaid leave of absence must be made available to Us at Our request; and]
	Item F. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the unpaid leave of absence began</a> , or the date you fail to pay the premium as required.

Section/Form Number	Description of Field	Possible Values
	Item G. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of your covered salary. Such documentation about your paid suspension must be made available to Us at Our request; and]
	Item G. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> ].
	Item G. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of your covered salary. Such documentation about your paid suspension must be made available to Us at Our request; and]
	Item G. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> , or the date you fail to pay the premium as required.
	Item H.1. - Layoffs - Alternate time limits available are added. Available upon request by group. New options are in blue text.	1. If you are on a leave of absence due to a layoff, coverage will continue through [through the end of the month in which you last worked prior to the layoff] <a href="#">[the end of the month following the month in which the layoff began]</a> <a href="#">[for up to [[1-365] [days/months/years]</a> following the date you last worked prior to the <a href="#">layoff]</a> provided that any premium for You is paid for that period.

Section/Form Number	Description of Field	Possible Values
	<p>Item I - new optional item - allows coverage to continue during employer-paid sick leave. Available upon request from group.</p>	<p>[1. Employer Paid Sick Leave - If you are on Employer Paid Sick Leave, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Coverage will continue, provided that:           <ol style="list-style-type: none"> <li>a) The Employer's documentation regarding Your Employer Paid Sick Leave and the amount of your covered salary is available to Us at Our request;</li> <li>b) the right to continue coverage while on Employer Paid Sick Leave is available to all Employees in the same Eligible Class under the Group Policy;</li> <li>and</li> <li>c) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.</li> </ol> </li> <li>2. The Elimination Period can be satisfied while on Employer Paid Sick Leave, but benefits will not begin until the later of the end of the Elimination Period or the date the Employer Paid Sick Leave ends. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the Employer Paid Sick Leave, or the salary for which premium was paid.</li> <li>3. Unless you return to active, eligible status on or before the date the Employer Paid Sick Leave ends, coverage extended while on Employer Paid Sick Leave will terminate on the earlier of the date the Employer Paid Sick Leave ends or [2-365] sick leave days from the date the Employer Paid Sick Leave began, or the date you fail to pay the premium as required.</li> <li>4. If you choose not to continue coverage or your coverage terminates while on Employer Paid Sick Leave and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</li> </ol>

Section/Form Number	Description of Field	Possible Values
	New Item. J. Allows coverage to continue for an extended leave of absence. Available upon request from group.	<p>J. Unpaid Extended Leave of Absence – An Unpaid Extended Leave of Absence is an unpaid leave granted by an Employer for at least [1-3] years but not more than [1-5] years. You must have (i) [1-10] full-time years of allowable or forfeited service credit; and (ii) [1-5] years of employment in the district that is granting the leave.</p> <ol style="list-style-type: none"> <li>1. Noncontributory Coverage <ol style="list-style-type: none"> <li>a) Coverage may continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning and end dates of the unpaid extended leave of absence and the amount of your covered salary. Such documentation about your unpaid extended leave of absence must be made available to Us at Our request; and</li> <li>(2) unpaid extended leaves of absence and the right to continue coverage during unpaid extended leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid extended leave of absence. If you become disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premiums were paid.</li> <li>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began]</li> </ol> </li> <li>2. Contributory Coverage <ol style="list-style-type: none"> <li>a) coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(item J continued)	<p>and end dates of the unpaid extended leave of absence. Such documentation about your unpaid extended leave of absence must be made available to Us at our request; and</p> <p>(2) unpaid extended leaves of absence and the right to continue coverage during an unpaid extended leave of absence is available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.</p> <p>b) No benefits are payable during an unpaid extended leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premium was paid.</p> <p>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during such leave will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid extended leave of absence began/ the end of the month following the month in which the unpaid extended leave of absence began, or the date you fail to pay the premium as required.</p> <p>d) If you choose not to continue coverage or your coverage terminates during an unpaid extended leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item K. Allows coverage to continue during a Paid Educational Leave of Absence. Available upon request from group.</p>	<p>K. Paid Educational Leave of Absence - If you are on an paid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage           <ol style="list-style-type: none"> <li>a) coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your paid educational leave of absence must be made available to Us at Our request; and]</li> <li>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</li> <li>c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage           <ol style="list-style-type: none"> <li>a) Coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation about your paid educational leave of absence must be made available to us at our request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item K continued)	<p>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit the premium to us on your behalf.</p> <p>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date you fail to pay the premium as required.</p> <p>d) If you choose not to continue coverage or your coverage terminates during a paid educational leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item L. Allows coverage to continue during an Unpaid Educational Leave of Absence. Available upon request from group.</p>	<p>L. Unpaid Educational Leave of Absence - If you are on an unpaid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage           <ol style="list-style-type: none"> <li>a) coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your unpaid educational leave of absence must be made available to Us at Our request; and]</li> <li>(2) Unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid educational leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid educational leave of absence was scheduled to end. The benefit will be base on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid educational leave of absence or the salary which premium was paid.</li> <li>c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a unpaid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage           <ol style="list-style-type: none"> <li>a) Coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation about your unpaid educational leave of absence must be made available to us at our request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item L continued)	<p>(2) unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.</p> <p>b) No benefits are payable during an unpaid educational leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date you fail to pay the premium as required.</p> <p>d) If you choose not to continue coverage or your coverage terminates during a paid educational leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item M. Allows for coverage to continue while Insured person is on unpaid board-approved leave of absence for teachers. Available upon request from group.</p>	<p>M. Unpaid Board-approved Leave of Absence for Teachers. If the Insured Person is a teacher on an unpaid board-approved leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Noncontributory or Contributory Coverage. If the board determines that the Insured Person meet the requirements of an unpaid leave of absence, and grants such leave without salary to the Insured Person, the coverage may be continued. The duration of the unpaid board-approved leave of absence for teachers must be determined and shall be at least [1-9] but no more than [2-10] years. The beginning and end dates of the leave and the amount of the Insured Person's covered salary must be documented in advance of the leave. Such documentation must be made available to the Insurer at its request.</li> <li>2. No benefits are payable during an unpaid board-approved leave of absence for teachers. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid board-approved leave of absence for teachers was scheduled to end. The benefit will be based on the lesser of your earnings in the unpaid board-approved leave of absence for teachers, or the salary for which premium was paid.</li> <li>3. Unless you return to active, eligible status on or before the date the unpaid board-approved leave of absence for teachers is scheduled to end, coverage extended during such leave will terminate on the earlier of the date the leave is scheduled to end, [[1-365] [days/months/years] from the date the leave began / the end of the month following the month that the leave began, or the date the premium for your coverage is not paid as required.</li> <li>4. If you choose not to continue coverage or Your coverage terminates during an unpaid board-approved leave of absence for teachers, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>

Section/Form Number	Description of Field	Possible Values
	New Item N. Allows for coverage to continue during a reduction in hours.	<p>N. Reduction in Hours - Contributory or Noncontributory Coverage</p> <ol style="list-style-type: none"> <li>1. If You are no longer an Eligible Employee because of a reduction in your work hours below the minimum hourly work requirement, coverage will continue [for up to [1-365] [days/months/years] [following the date on which you last worked prior to the reduction in hours/ through the end [month/month following the month] in which You worked prior to the date the reduction in hours began] provided that any premium for you is paid during that period. You must be Actively at Work for the reduced number of work hours.</li> <li>2. If You choose not to continue coverage or Your coverage terminates during a reduction in hours and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and required to provide Evidence of Insurability.</li> </ol>
	New Item O. Allows for coverage to continue during a strike.	<p>O. Strike or Lockout - Contributory or Noncontributory Coverage</p> <ol style="list-style-type: none"> <li>1. If you are on strike or locked out, coverage will continue if there is a written agreement between the Employer and Us allowing for coverage to continue or if there is applicable statutory legislation or regulation requiring the continuation of insurance during a strike or lockout, provided that any premium for you is paid during the duration of the strike or lockout.</li> <li>2. No benefits are payable while You are on strike or locked out. If you become disabled during the strike or lockout, the elimination period will begin on the date the strike or lockout ends. The benefit will be based the lesser of your earnings in effect on your last full day of Active Work prior to the strike or lockout, or the salary form which premium was paid.</li> <li>3. Unless you return to active, eligible status on the date the strike or lockout ends, coverage extended during a strike or lockout will terminate on the earlier of the date the strike or lockout ends or [1-365] [days/months/years] from the date the strike or lockout began.</li> <li>4. If your coverage is contributory and you choose not to continue coverage or your coverage terminates during the strike or lockout and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>

<b>Section/Form Number</b>	<b>Description of Field</b>	<b>Possible Values</b>
GLDI-C1300-(12/06) - DEFINITION OF DISABILITY	Item D. is now optional. It will be omitted at the request of the group, otherwise included when the group has selected a "Total" definition of Disability.	[D. If, with Reasonable Accommodations, you could perform a majority of your Material Duties, you will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. Reasonable Accommodations means modifications or adjustments in the work environment or the way things are usually done that would enable you to perform your Material Duties.]
GLDI-C1401-(12/06) - CUMULATIVE ELIMINATION	Added brackets around the number of days. The range is shown within the brackets.	A. If your Disability ceases during the Elimination Period for [2-90] days or less, then the Disability will be treated as continuous. However, days that you are not Disabled will not count toward the Elimination Period
GLDI-C1402-(12/06) - CUMULATIVE ELIMINATION	Correction - replace the word "sickness" with "physical disease". "Sickness" is not defined, however "physical disease" is defined in the Definitions section.	A. If, during the Elimination Period, you return to Active Work at your Own Occupation or Any Occupation, and then become Disabled again from the same or a related cause(s), then only days of Disability due to the same or a related <a href="#">Physical Disease</a> or Injury will count towards the satisfaction of the Elimination Period, provided that [1-365] days of Disability due to the same or a related <a href="#">Physical Disease</a> completed within a [1-730] day period.]
GLDI-C1600-(12/06) WHEN LTD BENEFITS END	New optional item, included upon request by group. The bracketed # of months is determined by the group.	[12. The date immediately following [1-36] consecutive months of paid LTD Benefits while you have Work Earnings.]

Section/Form Number	Description of Field	Possible Values
GLDI-C1801-(12/06) - LTD BENEFIT CALCULATION	Optional additional text in item E. 1. The new language is blue. This is an option that is available at the request of the group. The originally filed text (in black) has not changed.	1. If the month for which benefits are being calculated falls within the All Sources Period, your monthly LTD Benefit is [equal to the monthly Gross LTD Benefit minus the excess, if any, of the monthly Gross LTD Benefit plus Deductible Income over the All Sources Threshold (subject to the Minimum Monthly Benefit).] / [ [calculated as follows (subject to the Minimum Monthly Benefit): (A ÷ B) x C, where A = monthly [Indexed] Predisability Earnings minus Work Earnings for that same period. B = monthly [Indexed] Predisability Earnings. C = monthly Gross LTD Benefit minus the excess, if any, of your monthly Gross LTD Benefit plus Deductible Income (exclusive of Work Earnings), over the All Sources Threshold.}
	Item G. 2. - additional definition of "All Sources Period". Will be used at request of group. New definition is shown in blue. Originally filed text has not changed.	2. <b>All Sources Period</b> [means the duration of benefits][means the first [24] months of benefits] [means the period during which you are Disabled with no Work Earnings; or the period during which you are Disabled with Work Earnings not exceeding [1-90%] of your Predisability Earnings].
GLDI-C1802-(12/06) LTD BENEFIT CALCULATION	Item A. 3. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.	[3. <b>LTD Benefit.</b> The monthly LTD Benefit is calculated as follows (subject to the Minimum Monthly Benefit): (A ÷ B) x C], up to 80% of the monthly Predisability Earnings], where: A = monthly [Indexed] Predisability Earnings minus Work Earnings. B = monthly [Indexed] Predisability Earnings. C = monthly Gross LTD Benefit[, using Indexed Predisability Earnings instead of Predisability Earnings,] minus any excess of the monthly Gross LTD Benefit plus the Some Sources Amount, over the Some Sources Threshold. [The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]

Section/Form Number	Description of Field	Possible Values
	<p>Item A. 4. - Alternate explanation of calculation. The calculation has not changed. We think this version is more user-friendly. This version will be the standard.</p>	<p><b>[4. LTD Benefit.</b></p> <p>a) If the Some Sources Benefit applies, your monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ol> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]</p> <p>b) If the month for which benefits are being calculated falls within the Work Incentive Period but the Some Sources Benefit does not apply, your monthly LTD Benefit is equal to your monthly Gross LTD Benefit minus Deductible Income (subject to the Minimum Monthly Benefit).</p>
	<p>Item B. 3. a) - Alternate explanation of calculation. The calculation has not changed. We think this version is more user-friendly. This version will be the standard.</p>	<p>a) If the Some Sources Benefit applies in which the month for benefits are being calculated, your monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit.</li> </ol> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>

Section/Form Number	Description of Field	Possible Values
	<p>Item B. 4. a) - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.</p>	<p>a) If the Some Sources Benefit applies in the month for which benefits are being calculated, your monthly LTD Benefit is calculated as follows (subject to the Minimum Monthly Benefit): <math>(A \div B) \times C</math>, up to 80% of the monthly Predisability Earnings], where:</p> <p>A = monthly [Indexed ]Predisability Earnings minus Work Earnings.  B = monthly [Indexed ]Predisability Earnings.  C = monthly Gross LTD Benefit[, using Indexed Predisability Earnings instead of Predisability Earnings,] minus any excess of the monthly Gross LTD Benefit plus the Some Sources Amount, over the Some Sources Threshold.</p> <p>[Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]</p>
	<p>Item B. 5. a) - Alternate explanation of calculation. The calculation has not changed, we think this version is more user-friendly. This version will be the standard.</p>	<p>a) If the month for which benefits are being calculated falls within the Work Incentive Period and the Some Sources Benefit applies, your monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit.</li> </ol> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	<p>Item B. 5. b) - Alternate explanation of calculation. The calculation has not changed, we think this version is more user-friendly. This version will be the standard.</p>	<p>b) If the month for which benefits are being calculated falls after expiration of the Work Incentive Period but the Some Sources Benefit applies, your monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit.</li> </ol> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>

Section/Form Number	Description of Field	Possible Values
	<p>Item D. 1. - Alternate explanation of calculation. The calculation has not changed, we think this version is more user-friendly. This version will be the standard.</p>	<p>1. If the Some Sources Benefit applies in the month for which benefits are being calculated, your monthly LTD Benefit is calculated as follows:</p> <ul style="list-style-type: none"> <li>a) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>b) If the total found in item a) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>c) If the total from item a) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ul> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	<p>Item E. 1. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.</p>	<p>1. If the Some Sources Benefit applies in the month for which benefits are being calculated, your monthly LTD Benefit is calculated as follows (subject to the Minimum Monthly Benefit): <math>(A \div B) \times C</math> [, up to 80% of your monthly Predisability Earnings], where:</p> <ul style="list-style-type: none"> <li>A = monthly [Indexed ]Predisability Earnings minus Work Earnings.</li> <li>B = monthly [Indexed ]Predisability Earnings.</li> <li>C = monthly Gross LTD Benefit[, using Indexed Predisability Earnings instead of Predisability Earnings,] minus any excess of your monthly Gross LTD Benefit plus the Some Sources Amount over the Some Sources Threshold.</li> </ul> <p>[Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]</p>
	<p>Item F. 1. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.</p>	<p>1. If the month for which benefits are being calculated falls within the Work Incentive Period and the Some Sources Benefit applies, your monthly LTD Benefit is calculated as follows:</p> <ul style="list-style-type: none"> <li>a) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>b) If the total found in item a) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>c) If the total from item a) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ul> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>

Section/Form Number	Description of Field	Possible Values
	Item F. 2. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.	<p>2. If the month for which benefits are being calculated falls after expiration of the Work Incentive Period but the Some Sources Benefit applies, your monthly LTD Benefit is calculated as follows:</p> <ul style="list-style-type: none"> <li>a) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>b) If the total found in item a) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>c) If the total from item a) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ul> <p>Your LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	Item G. 4. - additional definition of "Some Sources Period". Will be used at request of group. New definition is shown in blue. Originally filed text has not changed.	<p><b>2. Some Sources Period</b> [means the duration of benefits][means the first [1-24] months of benefits] [means the period during which you are Disabled with no Work Earnings; or the period during which you are Disabled with Work Earnings not exceeding [1-90%] of your Predisability Earnings] [means the first day of the month after you have been receiving benefits for [1-24] months].</p>
GLDI-C1900-(12/06) - DEDUCTIBLE INCOME	Item E. 3. a) - 4th version of Work Earnings. Original text in black has not changed since original filing. New optional text is in blue. Available upon request of group.	<p>a) [During the first [[12/24 months]] of benefits] [During the first [12/24] months of Disability with Work Earnings], if the total amount of your Gross LTD Benefit plus the amount you receive from Work Earnings exceeds 100% of your Predisability Earnings, the amount in excess of 100% of your Predisability Earnings will be included in Deductible Income</p>
	Item E. 4. - allows insured to receive Workers' Comp benefit for up to 150 days before the benefit becomes deductible income. Standard is to omit, but it is available upon request by group. New language is in blue.	<p>4. Any amount you receive or are eligible to receive because of your Disability under any of the following:</p> <ul style="list-style-type: none"> <li>a) a Workers' Compensation Law to the extent we, at our discretion, determine that these amounts are of the general character as payments provided under the Group Policy for Disability [(after the [1st-150th] day of Disability)];</li> <li>b) the Jones Act;</li> <li>c) Maritime Doctrine of Maintenance, Wages or Cure;</li> <li>d) Longshoremen's and Harbor Worker's Act;</li> <li>e) any similar act or law;</li> </ul>

Section/Form Number	Description of Field	Possible Values
	Item E. 7. - Removes reference to other group insurance. Group insurance is added as a separate item E.13.	7. Except as specifically excluded below, any amount you receive or are eligible to receive because of your Disability under automobile insurance; <del>or any group insurance coverage;</del>
	Item E. 8. a) adds brackets the phrase in blue. The previously approved text has not changed. Phrase will be included at request of group.	a) Any disability or retirement benefits you receive or are eligible to receive [because of your Disability] under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, or a plan arranged and maintained by a union or employee association for the benefit of its members;
	Item E. 12. is now optional and may be omitted at the request of the group. Standard is to include in the coverage.	[12. Any amount you receive under any "no fault" motor vehicle plan.]
	Alternate Item E. 12. May be omitted at the request of the group.	[12. Any amount you receive arising from a motor vehicle accident under all circumstances.]
	Alternate Item E. 12. - used at the request of the group, otherwise omitted.	[12. Any amount you receive under any no fault motor vehicle plan. However we will not include "no fault" motor vehicle plan benefits as Deductible Income if the benefits, according to the provisions of the 'no fault' motor vehicle plan, are calculated after the benefits under this Policy are calculated.]
	Item E. 13 - new item. The phrase that is deleted from item E. 7. is added as a stand alone item.	13. Any amount you receive or are eligible to receive because of your Disability under any group insurance coverage.
GLDI-C2200-(12/06) EXCLUSIONS	Item C. Military Leave - alternate to existing military leave exclusion. Available at request of group, otherwise the original filed version is the standard.	[C. Military Leave. You are not covered for military service in the armed forces of any state, province, country or international authority except during the first 15 days of National Guard or Military Reserve duty.]

Section/Form Number	Description of Field	Possible Values
	<p>Item F - Pre-existing Condition, Alternate version of Pre-ex that addresses a non-treatment time period.</p> <p>Items 1, 2 and 3 are optional and can be used in any of the following combinations:  1, 2, 3, 4  1, 2, 4  2, 3, 4  3, 4</p> <p>The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.</p>	<p>[F. Pre-existing Condition.</p> <p>[1. Your current LTD coverage. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless:</p> <p>a) you have not received treatment for the Pre-existing Condition for [1-365] consecutive [days/months/years] from the effective date of your insurance, or</p> <p>b) you have been continuously insured under the Group Policy for at least [1-36] months and have been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.]</p> <p>[2. If you are not covered for a Disability because of the Pre-existing Condition exclusion for Your current LTD coverage, you are not covered for that same Disability for any LTD coverage increase because of an Eligible Class or Group Policy change.]</p> <p>[3. LTD coverage increase because of an Eligible Class or Group Policy change. The amount of any LTD coverage increase because of an Eligible Class or Group Policy change is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless:</p> <p>a) you have not received treatment for the Pre-existing Condition for [1-36] consecutive months from the effective date of the LTD coverage increase, or</p> <p>b) you have been continuously insured under the Group Policy for at least [1-36] months from the effective date of the LTD coverage increase and have been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.]</p> <p>4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24] month period just before the effective date of your insurance under the Group Policy [or the effective date of the LTD coverage increase].]</p>

Section/Form Number	Description of Field	Possible Values
	<p>Item F - Pre-existing Condition, Alternate version of Pre-ex that omits a non-treatment time period.</p> <p>Items 1, 2 and 3 are optional and can be used in any of the following combinations:</p> <p>1, 2, 3, 4 1, 2, 4 2, 3, 4 3, 4</p> <p>The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.</p>	<p>[F. Pre-existing Condition.</p> <p>[1. Your current LTD coverage. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least [1-36 months] and have been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]</p> <p>[2. If you are not covered for a Disability because of the Pre-existing Condition exclusion for Your current LTD coverage, you are not covered for that same Disability for any LTD coverage increase because of an Eligible Class or Group Policy change.]</p> <p>[3. LTD coverage increase because of an Eligible Class or Group Policy change. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least [1-36 months] from the effective date of the LTD coverage increase and have been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]</p> <p>4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24 month] period just before the effective date of your insurance under the Group Policy [or the effective date of the LTD coverage increase.]</p>
GLDI-C2400-(12/06) - RESPONSIBILITIES OF DISABLED INSURED PERSONS	2nd "Return to Work Responsibility" item 2.a) added brackets around the word "Indexed". It will either be included or omitted, as dictated by the plan design.	a) During the Own Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and are able to earn at least [40-95%] of your [Indexed] Predisability Earnings, but you elect not to work.

Section/Form Number	Description of Field	Possible Values
	2nd "Return to Work Responsibility" item 2.b) added brackets around the word "Indexed". It will either be included or omitted, as dictated by the plan design.	b) During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in Any Occupation and are able to earn at least [40-95%] of your [Indexed] Predisability Earnings, but elect not to work.
	2nd "Return to Work Responsibility" item 2.c) added brackets around the word "Indexed". It will either be included or omitted, as dictated by the plan design.	Any earnings you receive from work you perform, or that you could receive if you worked as much as you are able to considering your Disability, that are less than [40-95%] of your [Indexed] Predisability Earnings will be treated as Work Earnings.]
GLDI-C2600-(12/06) - RIGHT TO REIMBURSEMENT	New item F. Will be used when group has selected a "Minimum Monthly Benefit"	[F. The Minimum Monthly Payment may be applied to recover an outstanding overpayment.]
GLDI-C5100-(12/06) CHILD-FAMILY CARE EXPENSES ADJUSTMENT	Item D. 5. was standard language. It is now marked as variable. It may be omitted at the request of the group.	[5. The Work Earnings reduction by Child-Family Care Expenses will end [2-12] months after it begins.]
GLDI-C5400-(12/06) - COST OF LIVING ADJUSTMENT BENEFIT	Alternate to current item A. Used at request of group. Date is agreed to by group and MNL.	[A. You are eligible for a COLA Benefit if you are receiving LTD Benefits under the Group Policy as of [March 1st] of any year.]
	Additional option to current item E. New optional text is blue.	E. The COLA Benefit will not be payable [in any year in which the [CPI-W] [general Social Security disability payment amount] increases by less than [3%]] / [until the accumulated COLA factor determined in paragraph C.2. is equal or greater than [1-100%]].
	Item I. is now bracketed. It may be omitted at the request of the group.	[I. In no event will the combined LTD Benefit and COLA Benefit exceed the Maximum Monthly Benefit.]
	Item K. is not bracketed. It may be omitted at the request of the group.	[K. This COLA Benefit will not apply if your LTD Benefit equals the Minimum Monthly Benefit.]

Section/Form Number	Description of Field	Possible Values
GLDI-C5700-(12/06) - LIFESTYLE LTD BENEFIT	Alternate to current item A. This will become the standard because it clarifies tie between this benefit and the "Step up to 85%" benefit. The two benefits are always used together.	<p>[A. Benefit Percent &amp; Step-Up to 85%. The LTD Benefit is [50-90%] of Predisability Earnings for the first [1-12] months and [50-90%] of Predisability Earnings for months [2-24] through [3-48]. Thereafter, all Insured Persons eligible for this benefit will be treated as if the Employer's Step-Up to 85% Insurance benefit has been in force for [one-five] full year[s] as of the effective date of the Lifestyle LTD benefit.</p> <p>In summary, for an eligible Insured Person who meets the conditions set forth in parts C. and D. under in the STEP UP TO 85% BENEFIT provision, the LTD Benefit Percentage changes as follows during a covered Disability:</p> <p>[table that was filed previously]</p> <p>For an eligible Insured Person who does not meet the conditions set forth in parts C. and D. in the STEP UP TO 85% BENEFIT provision, as follows during a covered Disability:</p> <p>[table of time periods and percentages.]</p> <p>If the conditions set forth in parts C. and D. in the STEP UP TO 85% BENEFIT provision are never met, then the [66-2/3%] LTD Benefit Percentage will continue for the duration of LTD Benefit payments.]</p>
GLDI-C5800-(12/06) LONG TERM CARE INSURANCE	Correction to item A. Replace the word "sickness" with "physical disease". "Sickness" is not defined, however "physical disease" is defined in the Definitions section.	A. Comprehensive Long Term Care Insurance Policy means an individual contract of insurance that will be issued to you upon notification of your retirement. Such policy provides reimbursement for services that are required by people who are functionally or cognitively disabled due to <b>physical disease</b> , injury, illness or aging. These services may be provided in a variety of care settings, including your home.
	Eligibility age - item C.2. - new alternative.	[2. you are age 55 or older, or you are retiring by virtue of having satisfied the normal retirement age or service requirement under your Employer's retirement plan, whichever occurs earlier;]

Section/Form Number	Description of Field	Possible Values
GLDI-C6100-(12/06) - PRESUMPTIVE DISABILITY	Alternate Item B. 4. to be used upon request from group.	4. You must establish a payment period. A payment period will be established from the later of: a. the date Presumptive Disability begins; or b. the date [one - three] month[s] before We receive written proof of your Presumptive Disability.
	Presumptive Disability - Item D. 1. g) additional "when benefit ends" parameters. Not standard, available upon request by group.	[f] [1-6] months from the date your Presumptive Disability begins;]
	Presumptive Disability Item D. 1. h) - additional "when benefit ends" parameters. Not standard, available upon request by group.	[g] the date you reach age [60-85].
GLDI-C6200-(12/06) - REASONABLE ACCOMMODATION EXPENSE BENEFIT	Item A - additional option for limit on benefit. Available upon request of the group. New option is shown in blue.	A. If you return to work in Any Occupation for any employer (but not including self-employment) as a result of a reasonable accommodation made by such employer, we will pay your employer a Reasonable Accommodation Expense Benefit of up to [\$100-\$25,000] [the greater of [\$500-\$25,000] or the equivalent of [1-12] months of your Monthly LTD Benefit], but not to exceed the expenses incurred.
	Item A - new alternative. Not standard, available upon request by group.	A. If you return to Work in Any Occupation for any employer (but not including self- employment) as a result of reasonable accommodation made by such employer, we will pay your employer a Reasonable Accommodation Expense Benefit for [1%-100]% of the expenses incurred, but not to exceed the lesser of: 1. [\$500 - \$25,000]; or 2. the expected liability for your LTD claim.

Section/Form Number	Description of Field	Possible Values
GLDI-C6300-(12/06) - REHABILITATION BENEFIT	Item C., new text in blue. Text in blue is available upon request by group.	C. While you are participating in an approved Rehabilitation Plan, your LTD Benefit will be [reduced by [1-75%] of any income earned by you for work done under the Rehabilitation Plan. If the sum of your Gross LTD Benefit and Work Earnings exceeds 100% of Predisability Earnings, the excess will be included in Deductible Income. At no time will LTD Benefits be paid beyond the Maximum Benefit Period or be less than the Minimum Monthly Benefit.] / [will be increased by [1-20%] of any income earned by you for work done under the Rehabilitation Plan. If the sum of your Gross LTD Benefit and Work Earnings exceeds 100% of your Predisability Earnings, the Excess will be included in your Deductible Income. At no time will LTD benefits be paid beyond the Maximum Benefit Period or be less than the Minimum Monthly Benefit.
GLDI-C6600-(12/06) - SUPPLEMENTAL LONG TERM DISABILITY ACCIDENT BENEFIT	Item A. The text that is stricken is removed. The phrase was mistakenly included in the original filing.	A. Eligibility. If you are insured for the maximum LTD Benefit for which you are eligible, you may also apply for a Supplemental Long Term Disability Accident Benefit by completing an enrollment form. <del>and providing Evidence of Insurability to us.</del>
GLDI-C6900-(12/06) - PENSION CONTRIBUTION BENEFIT	Item A. 1. New optional text is blue. The standard will be to include the text. It may be omitted at the request of the group.	1. If you are a participant in your Employer's pension plan on the date you become Disabled [and have been a participant for at least [1-12] months], we will pay a monthly Pension Contribution Benefit to your Employer according to the terms of the Group Policy, while you are receiving LTD Benefits. The Pension Contribution Benefit will be paid to fund your future pension benefits from your Employer's pension plan, as determined by your Employer.
	Item A. 3. a) New optional text is blue. The standard will be to include the text. It may be omitted at the request of the group.	a) [1% to 10%] of the first [\$1 to \$25,000] of your [monthly] Predisability Earnings but not to exceed [\$1 to \$25,000];
	Item A. 3. c) New optional item c). This is available to use in place of the originally filed item c)	c) the monthly average amount you contributed to your Employer's pension plan the [2-12 calendar months] preceding the date you became Disabled.

Section/Form Number	Description of Field	Possible Values
	Entire Item D. 2 is now optional. Standard is to omit.	[2. Compensation means: a) your Predisability Earnings if you are Disabled; and b) [zero dollars/your taxable LTD Benefit] if you are not Disabled.]

Section/Form Number	Description of Field	Possible Values
GLDI-P500-(12/06) - DEFINITIONS	Indexed Predisability Earnings - alternate definition. Not standard, available upon request by group.	<b>Indexed Predisability Earnings</b> means the Insured Person's Predisability Earnings adjusted annually by [3-10%]. During the first year of Disability, Indexed Predisability Earnings are the same as the Predisability Earnings. Thereafter, the Indexed Predisability Earnings are determined on each anniversary of the Insured Person's Disability using the above method. A maximum of [one - five (1-5)] such annual increases shall be made during any period or continuous Disability.
	Own Occupation - alternate definition. Not standard, available upon request of group.	<b>Own Occupation</b> means the regular job the Insured Person held just before his or her Disability began.
	Work Earnings - Last sentence of first definition, which is used when the group has selected "Total Disability" definition of disability, is now optional. The standard will be to omit the sentence.	[The Insured Person will no longer be Disabled when his or her average Work Earnings [over the last three months] exceed [80%] of his or her [Indexed] Predisability Earnings [, or when the Insured Person is capable of earning more than [80%] of his or her [Indexed] Predisability Earnings].]
GLDI-P700-(12/06) - ELIGIBILITY FOR INSURANCE	Item 3 - additional optional text. Previously approved text is black, new text is blue. Standard will be to include the new text.	3. The Insured Person must be Actively at Work and capable of sustained Active Work[ <a href="#">on the effective date of the his or her coverage and the effective date of any subsequent increase in LTD coverage because of an Eligible Class or Group Policy change</a> ].
	Alternate definition of "Material Duties". Not standard, available upon request by group.	<b>Material Duties</b> means the duties generally required of the Insured Person in his or her Own Occupation that cannot be reasonably modified or omitted. In no event will working more than an average of 40 hours per week be considered a Material Duty.
GLDI-P1000-(12/06) WHEN INSURANCE ENDS This provision applies to the Insured Person if he or she is not Disabled.	Addition to item A. 2. Additional choices for when coverage ends. Group may select from these options.	the end of the month following the date the Insured Person ceases to be an Eligible Employee/the date the Insured Person ceases to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time/the end of the month following the day the Insured Person ceases to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time
	New Item. A. 7. - available upon request from group.	7. [[1-365] [days/months] following the date employment terminates.]

Section/Form Number	Description of Field	Possible Values
	Item B.1.a) - alternate to previously approved text. Removes requirement for prior notification to insurer of FMLA leave.	[a) the FMLA leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of the Insured Person's covered salary. Such documentation of the advance approval of the leave must be available to the Insurer at its request.]
	Item C. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the Insured Person's covered salary. Such documentation of the advance approval of the paid sabbatical must be available to the Insurer at its request; and ]
	Item C. 1. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began.</a> ]
	Item C. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the Insured Person's covered salary. Such documentation of the advance approval of the paid sabbatical must be available to the Insurer at its request; and]
	Item C. 2. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began]</a> or the date the Insured Person fails to pay premium as required.
	Item D. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the Insured Person's covered salary. Such documentation of the advance approval of the unpaid sabbatical must be available to the Insurer at its request; and]
	Item D. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	Unless the Insured Person returns to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years] from the date the unpaid sabbatical began/the end of the month following the month in which the unpaid sabbatical began]</a> .

Section/Form Number	Description of Field	Possible Values
	Item D. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the Insured Person's covered salary. The documentation of the advance approval of the unpaid sabbatical must be available to the Insurer at its request; and]
	Item D. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid sabbatical began/ <a href="#">the end of the month following the month in which the unpaid sabbatical began</a> ] or the date the Insured Person fails to pay premium as required.
	Item E. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation of the advance approval of the paid leave of absence must be available to the Insurer at its request; and
	Item E. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ].
	Item E. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	[(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation of the advance approval of the leave must be available to the Insurer at its request; and]
	Item E. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid leave of absence is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ], or the date the Insured Person fails to pay the premium as required.
	Item F. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation of the advance approval of the leave must be available to the Insurer at its request; and]

Section/Form Number	Description of Field	Possible Values
	Item F. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	Unless the Insured Person returns to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the leave began</a> ].
	Item F. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation of the advance approval of the leave must be available to the Insurer at its request; and]
	Item F. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the unpaid leave of absence began</a> , or the date the Insured Person fails to pay the premium as required.
	Item G. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of the Insured Person's covered salary. Such documentation about the paid suspension must be made available to the Insurer at its request; and]
	Item G. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> ].
	Item G. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of the Insured Person's covered salary. Such documentation about the paid suspension must be made available to the Insurer at its request; and]
	Item G. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of the Insured Person's covered salary. Such documentation about the paid suspension must be made available to the Insurer at its request; and]

Section/Form Number	Description of Field	Possible Values
	Item G. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> , or the date the Insured Person fails to pay the premium as required.
	Item H.1. - Layoffs - Alternate time limits available are added. Available upon request by group. New options are in blue text.	1. If the Insured Person is on a leave of absence due to a lay-off, coverage will continue through [through the end of the month in which he or she last worked prior to the lay-off] <a href="#">[the end of the month following the month in which the lay-off began]</a> <a href="#">[for up to [2-12] months following the date he or she last worked prior to the lay-off]</a> provided that any premium for the Insured Person is paid for that period.
	Item I - new item - allows coverage to continue during employer-paid sick leave.	<p>[1. Employer Paid Sick Leave - If the Insured Person is on Employer Paid Sick Leave, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Coverage will continue, provided that: <ol style="list-style-type: none"> <li>a. The Employer's documentation regarding the Employer Paid Sick Leave is available to the Insurer at its request;</li> <li>b. the right to continue coverage while on Employer Paid Sick Leave is available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>c. the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit premium to the Insurer on the Insured Person's behalf.</li> </ol> </li> <li>2. The Elimination Period can be satisfied while on Employer Paid Sick Leave, but benefits will not begin until the later of the end of the Elimination Period or the date the Employer Paid Sick Leave ends. In the event a benefit is payable, it will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the Employer Paid Sick Leave, or the salary for which premium was paid.</li> <li>3. Unless the Insured Person returns to active, eligible status on or before the date the Employer Paid Sick Leave ends, coverage extended while on Employer Paid Sick Leave will terminate on the earlier of the date the Employer Paid Sick Leave ends or <a href="#">[2-365]</a> sick leave days from the date the Employer Paid Sick Leave began, or the date the Insured Person fails to pay the premium as required.</li> <li>4. If the Insured Person chooses not to continue coverage or coverage terminates while on Employer Paid Sick Leave and the Insured Person subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</li> </ol>

Section/Form Number	Description of Field	Possible Values
	<p>New Item. J. Allows coverage to continue for an extended leave of absence. Available upon request from group.</p>	<p>J. Unpaid Extended Leave of Absence – An Unpaid Extended Leave of Absence is an unpaid leave granted by an Employer for at least [1-3] years but not more than [1-5] years. The Insured Person must have (i) [1-10] full-time years of allowable or forfeited service credit; and (ii) [1-5] years of employment in the district that is granting the leave.</p> <ol style="list-style-type: none"> <li>1. Noncontributory Coverage <ol style="list-style-type: none"> <li>a) Coverage may continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning and end dates of the unpaid extended leave of absence and the amount of the Insured Person's covered salary. Such documentation about the unpaid extended leave of absence must be made available to the Insurer at its request; and</li> <li>(2) unpaid extended leaves of absence and the right to continue coverage during unpaid extended leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid extended leave of absence. If the Insured Person becomes disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on the last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premiums were paid.</li> <li>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began]</li> </ol> </li> <li>2. Contributory Coverage <ol style="list-style-type: none"> <li>a) coverage will continue provided that:</li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item J continued)	<p>a) coverage will continue provided that:</p> <p>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning and end dates of the unpaid extended leave of absence and the Insured Person's covered salary. Such documentation about the unpaid extended leave of absence must be made available to the Insurer at its request; and</p> <p>(2) unpaid extended leaves of absence and the right to continue coverage during an unpaid extended leave of absence is available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit premium to the Insurer on the Insured Person's behalf.</p> <p>b) No benefits are payable during an unpaid extended leave of absence. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on the last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premium was paid.</p> <p>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is schedule to end, coverage extended during such leave will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid extended leave of absence began/ the end of the month following the month in which the unpaid extended leave of absence began, or the date the Insured Person fails to pay the premium as required.</p> <p>d) If the Insured Person chooses not to continue coverage or coverage terminates during an unpaid extended leave of absence and the Insured Person subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item K. Allows coverage to continue during a Paid Educational Leave of Absence. Available upon request from group.</p>	<p>K. Paid Educational Leave of Absence - If the Insured Person is on an paid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage           <ol style="list-style-type: none"> <li>a) coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of the Insured Person's covered salary. Such documentation about the paid educational leave of absence must be made available to the Insurer at its request; and]</li> <li>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event Insured Person's earnings in effect on his or her last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</li> <li>c) Unless the Insured Person returns to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage           <ol style="list-style-type: none"> <li>a) Coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation about the paid educational leave of absence must be made available to us at our request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item K continued)	<p>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit the premium to us on the Insured Person's behalf.</p> <p>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date the Insured Person fails to pay the premium as required.</p> <p>d) If the Insured Person chooses not to continue coverage or the coverage terminates during a paid educational leave of absence and the Insured Person subsequently wish to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item L. Allows coverage to continue during an Unpaid Educational Leave of Absence. Available upon request from group.</p>	<p>L. Unpaid Educational Leave of Absence - If the Insured Person is on an unpaid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage           <ol style="list-style-type: none"> <li>a) coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of the Insured Person's covered salary. Such documentation about the unpaid educational leave of absence must be made available to the Insurer at its request; and]</li> <li>(2) Unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid educational leave of absence. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid educational leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid educational leave of absence, or the salary which premium was paid.</li> <li>c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a unpaid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage           <ol style="list-style-type: none"> <li>a) Coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation about your unpaid educational leave of absence must be made</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item L continued)	<p>available to the Insurer at its request; and</p> <p>(2) unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit premium to the Insurer on the Insured Person's behalf.</p> <p>b) No benefits are payable during an unpaid educational leave of absence. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid educational leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/ the end of the month following the month in which the leave began] or the date the Insured Person fails to pay the premium as required.</p> <p>d) If the Insured Person chooses not to continue coverage or his or her coverage terminates during a paid educational leave of absence and the Insured Person subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item M. Allows for coverage to continue while Insured person is on unpaid board-approved leave of absence for teachers. Available upon request from group.</p>	<p>M. Unpaid Board-approved Leave of Absence for Teachers. If the Insured Person is a teacher on an unpaid board-approved leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Noncontributory or Contributory Coverage. If the board determines that the Insured Person meets the requirements of an unpaid leave of absence, and grants such leave without salary, the Insured Person's coverage may be continued. The duration of the unpaid board-approved leave of absence for teachers must be determined and shall be at least [1-9] but no more than [2-10] years. The beginning and end dates of the leave and the amount of the Insured Person's covered salary must be documented in advance of the leave. Such documentation must be made available to the Insurer at its request.</li> <li>2. No benefits are payable during an unpaid board-approved leave of absence for teachers. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid board-approved leave of absence for teachers was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid board-approved leave of absence, or the salary for which premium was paid.</li> <li>3. Unless the Insured Person returns to active, eligible status on or before the date the unpaid board-approved leave of absence for teachers is scheduled to end, coverage extended during such leave will terminate on the earlier of the date the leave is scheduled to end, [[1-365] [days/months/years] from the date the leave began / the end of the month following the month that the leave began, or the date the premium for the Insured Person's coverage is not paid as required.</li> <li>4. If the Insured Person chooses not to continue coverage or the coverage terminates during an unpaid board-approved leave of absence for teachers, the Insured Person will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>

Section/Form Number	Description of Field	Possible Values
	New Item N. Allows for coverage to continue during a reduction in hours.	<p>N. Reduction in Hours - Contributory or Noncontributory Coverage</p> <p>1. If the Insured Person is no longer an Eligible Employee because of a reduction in work hours below the minimum hourly work requirement, coverage will continue [for up to [1-365] [days/months/years] [following the date on which he or she last worked prior to the reduction in hours/ through the end [month/month following the month] in which he or she last worked prior to the date the reduction in hours began] provided that any premium for the Insured Person is paid during that period. The Insured Person must be Actively at Work for the reduced number of work hours.</p> <p>2. If the Insured Person chooses not to continue coverage or his or her coverage terminates during a reduction in hours and he or she subsequently wishes to obtain coverage, the Insured Person will be treated as a Late Enrollee and required to provide Evidence of Insurability.</p>
	New Item O. Allows for coverage to continue during a strike.	<p>O. Strike or Lockout - Contributory or Noncontributory Coverage</p> <p>1. If the Insured Person is on strike or locked out, coverage will continue if there is a written agreement between the Employer and the Insurer allowing for coverage to continue or if there is applicable statutory legislation or regulation requiring the continuation of insurance during a strike or lockout, provided that any premium for the Insured Person is paid during the duration of the strike or lockout.</p> <p>2. No benefits are payable while the Insured Person is on strike or locked out. If the Insured Person becomes disabled during the strike or lockout, the elimination period will begin on the date the strike or lockout ends. The benefit will be based the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the strike or lockout, or the salary form which premium was paid.</p> <p>3. Unless the Insured Person returns to active, eligible status on the date the strike or lockout ends, coverage extended during a strike or lockout will terminate on the earlier of the date the strike or lockout ends or [1-365] [days/months/years] from the date the strike or lockout began.</p> <p>4. If the Insured Person's coverage is contributory and he or she chooses not to continue coverage or the coverage terminates during the strike or lockout and the Insured Person subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
GLDI-P1300-(12/06) - DEFINITION OF DISABILITY	Item D. is now optional. It will be omitted at the request of the group, otherwise included when the group has selected a "Total" definition of Disability.	[D. If, with Reasonable Accommodations, the Insured Person could perform a majority of his or her Material Duties, he or she will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. Reasonable Accommodations means modifications or adjustments in the work environment or the way things are usually done that would enable the Insured Person to perform his or her Material Duties.]
GLDI-P1401-(12/06) - CUMULATIVE ELIMINATION	Added brackets around the number of days. The range is shown within the brackets.	A. If the Insured Person's Disability ceases during the Elimination Period for [2-90] days or less, then the Disability will be treated as continuous. However, days that the Insured Person is not Disabled will not count toward the Elimination Period
GLDI-P1402-(12/06) - CUMULATIVE ELIMINATION	Correction - replace the word "sickness" with "physical disease". "Sickness" is not defined, however "physical disease" is defined in the Definitions section.	A. If, during the Elimination Period, the Insured Person returns to Active Work at his or her Own Occupation or Any Occupation, and then becomes Disabled again from the same or a related cause(s), then only days of Disability due to the same or a related <b>Physical Disease</b> or Injury will count towards the satisfaction of the Elimination Period, provided that [1-365] days of Disability due to the same or a related <b>Physical Disease</b> completed within a [1-730] day period.]
GLDI-P1600-(12/06) WHEN LTD BENEFITS END	New optional item, included upon request by group. The bracketed # of months is determined by the group.	[12. The date immediately following [1-36] consecutive months of paid LTD Benefits while the Insured Person has Work Earnings.]
GLDI-P1801-(12/06) - LTD BENEFIT CALCULATION	Optional additional text in item E. 1. The new language is blue. This is an option that is available at the request of the group. The originally filed text (in black) has not changed.	1. If the month for which benefits are being calculated falls within the All Sources Period, the Insured Person's monthly LTD Benefit is[equal to the monthly Gross LTD Benefit minus the excess, if any, of the monthly Gross LTD Benefit plus Deductible Income over the All Sources Threshold (subject to the Minimum Monthly Benefit).] / [ [calculated as follows (subject to the Minimum Monthly Benefit): (A ÷ B) x C, where A = monthly [Indexed] Predisability Earnings minus Work Earnings for that same period. B = monthly [Indexed] Predisability Earnings. C = monthly Gross LTD Benefit minus the excess, if any, of the Insured Person's monthly Gross LTD Benefit plus Deductible Income (exclusive of Work Earnings), over the All Sources Threshold.]

Section/Form Number	Description of Field	Possible Values
	Item G. 2. - additional definition of "All Sources Period". Will be used at request of group. New definition is shown in blue. Originally filed text has not changed.	<b>2. All Sources Period</b> [means the duration of benefits][means the first [1-24] months of benefits] [means the period during which the Insured Person is Disabled with no Work Earnings; or the period during which the Insured Person is Disabled with Work Earnings not exceeding [1-90%] of his or her Predisability Earnings] [means the first day of the month after the Insured Person has been receiving benefits for [1-24] months].
GLDI-P1802-(12/06) LTD BENEFIT CALCULATION	Item A. 3. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.	[3. <b>LTD Benefit.</b> The monthly LTD Benefit is calculated as follows (subject to the Minimum Monthly Benefit): $(A \div B) \times C$ , up to 80% of the monthly Predisability Earnings], where: A = monthly [Indexed ]Predisability Earnings minus Work Earnings. B = monthly [Indexed ]Predisability Earnings. C = monthly Gross LTD Benefit[, using Indexed Predisability Earnings instead of Predisability Earnings,] minus any excess of the monthly Gross LTD Benefit plus the Some Sources Amount, over the Some Sources Threshold. [The Insured Person's LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]
	Item A. 4. - Alternate explanation of calculation. The calculation has not changed. We think this version is more user-friendly. This version will be the standard.	[4. <b>LTD Benefit.</b> a) If the Some Sources Benefit applies, the monthly LTD Benefit is calculated as follows: 1) Add the Some Sources Amount to the Gross LTD Benefit. 2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit. 3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).] b) If the month for which benefits are being calculated falls within the Work Incentive Period but the Some Sources Benefit does not apply, the monthly LTD Benefit is equal to the monthly Gross LTD Benefit minus Deductible Income (subject to the Minimum Monthly Benefit).

Section/Form Number	Description of Field	Possible Values
	<p>Item B. 3. a) - Alternate explanation of calculation. The calculation has not changed. We think this version is more user-friendly. This version will be the standard.</p>	<p>a) If the Some Sources Benefit applies in which the month for benefits are being calculated, the monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ol> <p>The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	<p>Item B. 4. a) - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.</p>	<p>a) If the Some Sources Benefit applies in the month for which benefits are being calculated, the monthly LTD Benefit is calculated as follows (subject to the Minimum Monthly Benefit): <math>(A \div B) \times C</math>, up to 80% of the monthly Predisability Earnings], where:</p> <p>A = monthly [Indexed ]Predisability Earnings minus Work Earnings.  B = monthly [Indexed ]Predisability Earnings.  C = monthly Gross LTD Benefit[, using Indexed Predisability Earnings instead of Predisability Earnings,] minus any excess of the monthly Gross LTD Benefit plus the Some Sources Amount, over the Some Sources Threshold.</p> <p>[The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]</p>
	<p>Item B. 5. a) - Alternate explanation of calculation. The calculation has not changed, we think this version is more user-friendly. This version will be the standard.</p>	<p>a) If the month for which benefits are being calculated falls within the Work Incentive Period and the Some Sources Benefit applies, the monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit.</li> </ol> <p>The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>

Section/Form Number	Description of Field	Possible Values
	Item B. 5. b) - Alternate explanation of calculation. The calculation has not changed, we think this version is more user-friendly. This version will be the standard.	<p>b) If the month for which benefits are being calculated falls after expiration of the Work Incentive Period but the Some Sources Benefit applies, the monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>1) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>2) If the total found in item 1) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>3) If the total from item 1) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit.</li> </ol> <p>The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	Item D. 1. - Alternate explanation of calculation. The calculation has not changed, we think this version is more user-friendly. This version will be the standard.	<p>1. If the Some Sources Benefit applies in the month for which benefits are being calculated, the monthly LTD Benefit is calculated as follows:</p> <ol style="list-style-type: none"> <li>a) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>b) If the total found in item a) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>c) If the total from item a) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ol> <p>The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	Item E. 1. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.	<p>1. If the Some Sources Benefit applies in the month for which benefits are being calculated, the monthly LTD Benefit is calculated as follows (subject to the Minimum Monthly Benefit): <math>(A \div B) \times C</math>, up to 80% of the monthly Predisability Earnings], where:</p> <p>A = monthly [Indexed ]Predisability Earnings minus Work Earnings.  B = monthly [Indexed ]Predisability Earnings.  C = monthly Gross LTD Benefit[, using Indexed Predisability Earnings instead of Predisability Earnings,] minus any excess of the monthly Gross LTD Benefit plus the Some Sources Amount over the Some Sources Threshold.</p> <p>[The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).]</p>

Section/Form Number	Description of Field	Possible Values
	Item F. 1. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.	<p>1. If the month for which benefits are being calculated falls within the Work Incentive Period and the Some Sources Benefit applies, the monthly LTD Benefit is calculated as follows:</p> <ul style="list-style-type: none"> <li>a) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>b) If the total found in item a) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>c) If the total from item a) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ul> <p>The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	Item F. 2. - additional text added to the end of the item. New text is in blue. Originally approved text is black and has not changed. Standard will be to include the blue text.	<p>2. If the month for which benefits are being calculated falls after expiration of the Work Incentive Period but the Some Sources Benefit applies, the monthly LTD Benefit is calculated as follows:</p> <ul style="list-style-type: none"> <li>a) Add the Some Sources Amount to the Gross LTD Benefit.</li> <li>b) If the total found in item a) exceeds the Some Sources Threshold, the excess is subtracted from the Gross LTD Benefit.</li> <li>c) If the total from item a) does not exceed the Some Sources Threshold, the LTD Benefit is the Gross LTD Benefit</li> </ul> <p>The LTD Benefit is further reduced by any Deductible Income except any income from the Some Sources Amount items listed below (subject to the Minimum Monthly Benefit).</p>
	Item G. 4. - additional definition of "Some Sources Period". Will be used at request of group. New definition is shown in blue. Originally filed text has not changed.	<p><b>2. Some Sources Period</b> [means the duration of benefits][means the first [1-24] months of benefits] [means the period during which the Insured Person is Disabled with no Work Earnings; or the period during which the Insured Person is Disabled with Work Earnings not exceeding [1-90%] of his or her Predisability Earnings] [means the first day of the month after the Insured Person has been receiving benefits for [1-24] months].</p>
GLDI-P1900-(12/06) - DEDUCTIBLE INCOME	Item E. 3. a) - 4th version of Work Earnings. Original text in black has not changed since original filing. New optional text is in blue. Available upon request of group.	<p>a) [During the first [[12/24 months]] of benefits] [During the first [12/24] months of Disability with Work Earnings], if the total amount of the Insured Person's Gross LTD Benefit plus the amount he or she receives from Work Earnings exceeds 100% of the Insured Person's Predisability Earnings, the amount in excess of 100% of the Insured Person's Predisability Earnings will be included in Deductible Income.</p>

Section/Form Number	Description of Field	Possible Values
	Item E. 4. - allows for 150 days of Workers' Comp benefit before it becomes deductible income. Standard is to omit, but it is available upon request by group. New language is in blue.	4. Any amount the Insured Person receives or is eligible to receive because of his or her Disability under any of the following: a) a Workers' Compensation Law to the extent the Insurer, at its discretion, determines that these amounts are of the general character as payments provided under the Group Policy for Disability [(after the 150th day of Disability)]; b) the Jones Act; c) Maritime Doctrine of Maintenance, Wages or Cure; d) Longshoremen's and Harbor Worker's Act; e) any similar act or law;
	Item E. 7. - Removes reference to other group insurance. Group insurance is added as a separate item E.13.	7. Except as specifically excluded below, any amount the Insured Person receives or is eligible to receive because of his or her Disability under automobile insurance; <del>or any group insurance coverage;</del>
	Item E. 8. a) adds brackets the phrase in blue. The previously approved text has not changed. Phrase will be included at request of group.	a) Any disability or retirement benefits the Insured Person receives or is eligible to receive [because of his or her Disability] under the Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, or a plan arranged and maintained by a union or employee association for the benefit of its members;
	Item E. 12. is now optional and may be omitted at the request of the group. Standard is to include in the coverage.	[12. Any amount the Insured Person receives under any "no fault" motor vehicle plan.]
	Alternate Item E. 12. May be omitted at the request of the group.	[12. any amount the Insured Person receives arising from a motor vehicle accident under all circumstances.]
	Alternate Item E. 12. - used at the request of the group, otherwise omitted.	[12. Any amount the Insured Person receives under any no fault motor vehicle plan. However the Insurer will not include "no fault" motor vehicle plan benefits as Deductible Income if the benefits, according to the provisions of the 'no fault' motor vehicle plan, are calculated after the benefits under this Policy are calculated.]
	Item E. 13 - new item. The phrase that is deleted from item E. 7. is added as a stand alone item.	13. Any amount the Insured Person receives or is eligible to receive because of his or her Disability under any group insurance coverage.
GLDI-P2200-(12/06) EXCLUSIONS	Item C. Military Leave - alternate to existing military leave exclusion. Available at request of group, otherwise the original filed version is the standard.	[C. Military Leave. The Insured Person is not covered for military service in the armed forces of any state, province, country or international authority except during the first 15 days of National Guard or Military Reserve duty.]

Section/Form Number	Description of Field	Possible Values
	<p>Item F - Pre-existing Condition, Alternate version of Pre-ex that addresses a non-treatment time period.</p> <p>Items 1, 2 and 3 are optional and can be used in any of the following combinations:  1, 2, 3, 4  1, 2, 4  2, 3, 4  3, 4</p> <p>The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.</p>	<p>[F. Pre-existing Condition.</p> <p>[1. Current LTD coverage. An Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless:</p> <p>a) the Insured Person has not received treatment for the Pre-existing Condition for [1-365] consecutive [days/months/years] from the effective date of his or her insurance, or</p> <p>b) the Insured Person has been continuously insured under the Group Policy for at least [1-36] months and has been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.]</p> <p>[2. If an Insured Person is not covered for a Disability because of the Pre-existing Condition exclusion for his or her current LTD coverage, then he or she is not covered for that same Disability for any LTD coverage increase because of an Eligible Class or Group Policy change.]</p> <p>[3. LTD coverage increase because of an Eligible Class or Group Policy change. The amount of any LTD coverage increase because of an Eligible Class or Group Policy change is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless:</p> <p>a) the Insured Person has not received treatment for the Pre-existing Condition for [1-36] consecutive months from the effective date of the LTD coverage increase, or</p> <p>b) the Insured Person has been continuously insured under the Group Policy for at least [1-36] months from the effective date of the LTD coverage increase and have been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.]</p> <p>4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which the Insured Person consulted a Physician or other licensed medical professional, received medical treatment, services, or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24] month period just before the effective date of the Insured Person's insurance under the Group Policy [or the effective date of the LTD coverage increase].]</p>

Section/Form Number	Description of Field	Possible Values
	<p>Item F - Pre-existing Condition, Alternate version of Pre-ex that omits a non-treatment time period.</p> <p>Items 1, 2 and 3 are optional and can be used in any of the following combinations:            1, 2, 3, 4            1, 2, 4            2, 3, 4            3, 4</p> <p>The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.</p>	<p>[F. Pre-existing Condition.</p> <p>[1. Current LTD coverage. An Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless he or she has been continuously insured under the Group Policy for at least [1-36 months] and has been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]</p> <p>[2. If an Insured Person is not covered for a Disability because of the Pre-existing Condition exclusion for his or her current LTD coverage, he or she is not covered for that same Disability for any LTD coverage increase because of an Eligible Class or Group Policy change.]</p> <p>[3. LTD coverage increase because of an Eligible Class or Group Policy change. An Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless he or she has been continuously insured under the Group Policy for at least [1-36 months] from the effective date of the LTD coverage increase and has been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]</p> <p>4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which the Insured Person has consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24 month] period just before the effective date of the Insured Person's insurance under the Group Policy [or the effective date of the LTD coverage increase.]</p>
GLDI-P2400-(12/06) - RESPONSIBILITIES OF DISABLED INSURED PERSONS	2nd "Return to Work Responsibility" item 2.a) added brackets around the word "Indexed".	a) During the Own Occupation Period, no LTD Benefits will be paid for any period of Disability when the Insured Person is able to work in his or her Own Occupation and is able to earn at least [40-95%] of his or her <a href="#">[Indexed]</a> Predisability Earnings, but the Insured Person elects not to work.
	2nd "Return to Work Responsibility" item 2.b) added brackets around the word "Indexed".	b) During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when the Insured Person is able to work in Any Occupation and is able to earn at least [40-95%] of his or her <a href="#">[Indexed]</a> Predisability Earnings, but elects not to work.
	2nd "Return to Work Responsibility" item 2.c) added brackets around the word "Indexed".	c) Any earnings the Insured Person receives from work he or she performs, or that he or she could receive if he or she worked as much as he or she is able to considering the Disability, that are less than [40-95%] of the Insured Person's <a href="#">[Indexed]</a> Predisability Earnings will be treated as Work Earnings.]

Section/Form Number	Description of Field	Possible Values
GLDI-P2600-(12/06) - RIGHT TO REIMBURSEMENT	New item F. Will be used when group has selected a "Minimum Monthly Benefit"	[F. The Minimum Monthly Payment may be applied to recover an outstanding overpayment.]
GLDI-P5100-(12/06) CHILD-FAMILY CARE EXPENSES ADJUSTMENT	Item D. 5. was standard language. It is now marked as variable. It may be omitted at the request of the group.	[5. The Work Earnings reduction by Child-Family Care Expenses will end [2-12] months after it begins.]
GLDI-P5400-(12/06) - COST OF LIVING ADJUSTMENT BENEFIT	Alternate to current item A. Used at request of group. Date is agreed to by group and MNL.	[A. The Insured Person is eligible for a COLA Benefit if he or she is receiving LTD Benefits under the Group Policy as of [March 1st] of any year.]
	Additional option to current item E. New optional text is blue.	E. The COLA Benefit will not be payable [in any year in which the [CPI-W] [general Social Security disability payment amount] increases by less than [3%]] / [until the accumulated COLA factor determined in paragraph C.2. is equal or greater than [1-100]%).
	Item I. is now bracketed. It may be omitted at the request of the group.	[I. In no event will the combined LTD Benefit and COLA Benefit exceed the Maximum Monthly Benefit.]
	Item K. is now bracketed. It may be omitted at the request of the group.	[K. This COLA Benefit will not apply if the LTD Benefit equals the Minimum Monthly Benefit.]

Section/Form Number	Description of Field	Possible Values
GLDI-P5700-(12/06) - LIFESTYLE LTD BENEFIT	Alternate to current item A. This will become the standard because it clarifies tie between this benefit and the "Step up to 85%" benefit. The two benefits are always used together.	<p>[A. Benefit Percent &amp; Step-Up to 85%. The LTD Benefit is [50-90%] of Predisability Earnings for the first [1-12] months and [50-90%] of Predisability Earnings for months [2-24] through [3-48]. Thereafter, all Insured Persons eligible for this benefit will be treated as if the Employer's Step-Up to 85% Insurance benefit has been in force for [one-five] full year[s] as of the effective date of the Lifestyle LTD benefit.</p> <p>In summary, for an eligible Insured Person who meets the conditions set forth in parts C. and D. under in the STEP UP TO 85% BENEFIT provision, the LTD Benefit Percentage changes as follows during a covered Disability:</p> <p>[table that was filed previously]</p> <p>For an eligible Insured Person who does not meet the conditions set forth in parts C. and D. in the STEP UP TO 85% BENEFIT provision, as follows during a covered Disability:</p> <p>[table of time periods and percentages.]</p> <p>If the conditions set forth in parts C. and D. in the STEP UP TO 85% BENEFIT provision are never met, then the [66-2/3%] LTD Benefit</p>
GLDI-P5800-(12/06) LONG TERM CARE INSURANCE	Correction to item A. Replace the word "sickness" with "physical disease". "Sickness" is not defined, however "physical disease" is defined in the Definitions section.	A. Comprehensive Long Term Care Insurance Policy means an individual contract of insurance that will be issued to the Insured Person upon notification of his or her retirement. Such policy provides reimbursement for services that are required by people who are functionally or cognitively disabled due to <a href="#">physical disease</a> , injury, illness or aging. These services may be provided in a variety of care settings, including the Insured Person's home.
	Eligibility age - item C.2. - new alternative.	[2. the Insured Person is age 55 or older, or the Insured Person is retiring by virtue of having satisfied the normal retirement age or service requirement under the Employer's retirement plan, whichever occurs earlier;]
GLDI-P6200-(12/06) - REASONABLE ACCOMMODATION EXPENSE BENEFIT	Item A - additional option for limit on benefit. Available upon request of the group. New option is shown in blue.	A. If the Insured Person returns to work in Any Occupation for any employer (but not including self-employment) as a result of a reasonable accommodation made by such employer, the Insurer will pay the Insured Person's employer a Reasonable Accommodation Expense Benefit of up to [\$100-\$25,000] <a href="#">[the greater of [\$500-\$25,000] or the equivalent of [1-12] months of the Insured Person's Monthly LTD Benefit]</a> , but not to exceed the expenses incurred.

Section/Form Number	Description of Field	Possible Values
	Item A - new alternative. Not standard, available upon request by group.	A. If the Insured Person returns to Work in Any Occupation for any employer (but not including self-employment) as a result of reasonable accommodation made by such employer, the Insurer will pay his or her employer a Reasonable Accommodation Expense Benefit for [1%-100]% of the expenses incurred, but not to exceed the lesser of: 1. [\$500 - \$25,000]; or 2. the expected liability for the Insured Person's LTD claim.
GLDI-P6300-(12/06) - REHABILITATION BENEFIT	Item C., new text in blue. Text in blue is available upon request by group. Previously approved text is black and has not been changed.	C. While the Insured Person is participating in an approved Rehabilitation Plan, his or her LTD Benefit will be [reduced by [1-75%] of any income earned by him or her for work done under the Rehabilitation Plan. If the sum of the Insured Person's Gross LTD Benefit and Work Earnings exceeds 100% of Predisability Earnings, the excess will be included in Deductible Income. At no time will LTD Benefits be paid beyond the Maximum Benefit Period or be less than the Minimum Monthly Benefit.] / [will be increased by [1-20]% of any income earned by the Insured Person for work done under the Rehabilitation Plan. If the sum of the Insured Person's Gross LTD Benefit and Work Earnings exceeds 100% of his or her Predisability Earnings, the Excess will be included in the Insured Person's Deductible Income. At no time will LTD benefits be paid beyond the Maximum Benefit Period or be less than the Minimum Monthly Benefit.
GLDI-P6600-(12/06) - SUPPLEMENTAL LONG TERM DISABILITY ACCIDENT BENEFIT	Item A. The text that is stricken is removed. The phrase was mistakenly included in the original filing.	A. Eligibility. If the Insured Person is insured for the maximum LTD Benefit for which he or she is eligible, he or she may also apply for a Supplemental Long Term Disability Accident Benefit by completing an enrollment form. <del>and providing Evidence of Insurability to us.</del>
GLDI-P6900-(12/06) - PENSION CONTRIBUTION BENEFIT	Item A. 1. New optional text is blue. The standard will be to include the text. It may be omitted at the request of the group.	1. If the Insured Person is a participant in the Employer's pension plan on the date he or she becomes Disabled [and have been a participant for at least [1-12] months], the Insurer will pay a monthly Pension Contribution Benefit to the Employer according to the terms of the Group Policy, while the Insured Person is receiving LTD Benefits. The Pension Contribution Benefit will be paid to fund the Insured Person's future pension benefits from the Employer's pension plan, as determined by the Employer.
	Item A. 3. a) New optional text is blue. The standard will be to include the text. It may be omitted at the request of the group.	a) [1% to 10%] of the first [\$1 to \$25,000] of the Insured Person's [monthly] Predisability Earnings but not to exceed [\$1 to \$25,000];

Section/Form Number	Description of Field	Possible Values
	Item A. 3. c) New optional item c). This is available to use in place of the originally filed item c)	c) the monthly average amount the Insured Person contributed to the Employer's pension plan the [2-12 calendar months] preceding the date he or she became Disabled.
	Entire Item D. 2 is now optional. Standard is to omit.	[2. Compensation means: a) the Insured Person's Predisability Earnings if he or she is Disabled; and b) [zero dollars/the Insured Person's taxable LTD Benefit] if the Insured Person is not Disabled.]

Section/Form Number	Description of Field	Possible Values
GSDI-C400-(12/06) - SCHEDULE OF BENEFITS	State Disability Benefits - Included if members of group could be eligible for state benefits. Omitted if group does not include persons who are eligible for state benefits.	No application required for [name of state disability benefit resource]
GSDI-C500-(12/06) - DEFINITIONS	Own Occupation - alternate definition. Not standard, but is available upon request of group.	<b>Own Occupation</b> means the regular job you held just before your Disability began.
	This sentence (in the definition of Work Earnings) is now optional. It has been marked so to match with how the Long Term Disability plan was filed.	[Work Earnings includes earnings from your Employer, any other employer, or self-employment and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.]
	<b>Work Earnings</b> - Last sentence of first definition - which is used when the group has selected "Total Disability" definition of disability. The sentence is now optional. The standard will be to omit this sentence.	[You will no longer be Disabled when your average Work Earnings [over the last three months] exceed [80%] of your Predisability Earnings [, or when you are capable of earning more than [80%] of your Predisability Earnings].]
GSDI-C700-(12/06) - ELIGIBILITY FOR INSURANCE	Item 3 - additional optional text. Previously approved text is black, new text is blue. Standard will be to include the new text.	3. You must be Actively at Work and capable of sustained Active Work[ <a href="#">on the effective date of the your coverage and the effective date of any subsequent increase in STD coverage because of an Eligible Class or Group Policy change</a> ].
	Alternate definition of "Material Duties". Not standard, available upon request by group.	<b>[Material Duties</b> means the duties generally required of you in your Own Occupation that cannot be reasonably modified or omitted. In no event will working more than an average of 40 hours per week be considered a Material Duty.]

<b>Section/Form Number</b>	<b>Description of Field</b>	<b>Possible Values</b>
GSDI-C1000-(12/06) WHEN YOUR INSURANCE ENDS This provision applies to you if you are not Disabled.	Addition to item A. 2. Additional choices for when coverage ends. Group may select from these options.	the end of the month following the date you cease to be an Eligible Employee/the date you cease to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time/the end of the month following the day you cease to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time
	New Item. A. 8. - available upon request from group.	[8. [1-365] [days/months] following the date Your employment terminates.]
	Item B.1.a) - alternate to previously approved text. Removes requirement for prior notification to insurer of FMLA leave.	[a] the FMLA leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your leave must be available to Us at Our request.]
	Item C. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the amount of your covered salary. Such documentation about your paid sabbatical must be available to Us at Our request; and ]
	Item C. 1. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began.]</a>
	Item C. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and your covered salary. Such documentation about your paid sabbatical must be available to Us at Our request; and]
	Item C. 2. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began]</a> or the date you fail to pay premium as required.
	Item D. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and your covered salary. Such documentation of your unpaid sabbatical must be available to Us at Our request; and]

Section/Form Number	Description of Field	Possible Values
	Item D. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	Unless you return to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid sabbatical began/ <a href="#">the end of the month following the month in which the unpaid sabbatical began</a> ].
	Item D. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and your covered salary. Such documentation of your unpaid sabbatical must be available to Us at Our request; and]
	Item D. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid sabbatical began/ <a href="#">the end of the month following the month in which the unpaid sabbatical began</a> ] or the date you fail to pay premium as required.
	Item E. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation your paid leave of absence must be available to Us at Our request; and
	Item E. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ].
	Item E. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	[(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation of your leave must be available to Us at Our request; and]
	Item E. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ] or the date you fail to pay the premium as required.

Section/Form Number	Description of Field	Possible Values
	Item F. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation of your leave must be available to Us at Our request; and]
	Item F. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the leave began</a> ].
	Item F. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation of your leave must be available to Us at Our request; and]
	Item F. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the unpaid leave of absence began</a> , or the date you fail to pay the premium as required.
	Item G. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of your covered salary. Such documentation about your paid suspension must be available to Us at Our request; and]
	Item G. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> ].
	Item G. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of your covered salary. Such documentation about your paid suspension must be available to Us at Our request; and]

Section/Form Number	Description of Field	Possible Values
	Item G. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless you return to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> , or the date you fail to pay the premium as required.
	Item H.1. - Layoffs - Alternate time limits available are added. Available upon request by group. New options are in blue text.	1. If you are on a leave of absence due to a lay-off, coverage will continue through <a href="#">[through the end of the month in which you last worked prior to the lay-off] [the end of the month following the month in which the lay-off began]</a> <a href="#">[for up to [[1-365] [days/months/years]</a> following the date you last worked prior to the lay-off] provided that any premium for You is paid for that period.
	Item I - new item - allows coverage to continue during employer-paid sick leave.	<p>[I. Employer Paid Sick Leave - If you are on Employer Paid Sick Leave, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Coverage will continue, provided that: <ol style="list-style-type: none"> <li>a. The Employer's documentation regarding Your Employer Paid Sick Leave is available to Us at Our request;</li> <li>b. the right to continue coverage while on Employer Paid Sick Leave is available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>c. you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.</li> </ol> </li> <li>2. The Elimination Period can be satisfied while on Employer Paid Sick Leave, but benefits will not begin until the later of the end of the Elimination Period or the date the Employer Paid Sick Leave ends. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the Employer Paid Sick Leave, or the salary for which premium was paid.</li> <li>3. Unless you return to active, eligible status on or before the date the Employer Paid Sick Leave ends, coverage extended while on Employer Paid Sick Leave will terminate on the earlier of the date the Employer Paid Sick Leave ends or <a href="#">[2-365]</a> sick leave days from the date the Employer Paid Sick Leave began, or the date you fail to pay the premium as required.</li> <li>4. If you choose not to continue coverage or your coverage terminates while on Employer Paid Sick Leave and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</li> </ol>

Section/Form Number	Description of Field	Possible Values
	<p>New Item. J. Allows coverage to continue for an extended leave of absence. Available upon request from group.</p>	<p>J. Unpaid Extended Leave of Absence – An Unpaid Extended Leave of Absence is an unpaid leave granted by an Employer for at least [1-3] years but not more than [1-5] years. You must have (i) [1-10] full-time years of allowable or forfeited service credit; and (ii) [1-5] years of employment in the district that is granting the leave.</p> <ol style="list-style-type: none"> <li>1. Noncontributory Coverage <ol style="list-style-type: none"> <li>a) Coverage may continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning and end dates of the unpaid extended leave of absence and the amount of your covered salary. Such documentation about your unpaid extended leave of absence must be made available to Us at Our request; and</li> <li>(2) unpaid extended leaves of absence and the right to continue coverage during unpaid extended leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid extended leave of absence. If you become disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premiums were paid.</li> <li>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began]</li> </ol> </li> <li>2. Contributory Coverage <ol style="list-style-type: none"> <li>a) coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(item J continued)	<p>and end dates of the unpaid extended leave of absence. Such documentation about your unpaid extended leave of absence must be made available to Us at our request; and</p> <p>(2) unpaid extended leaves of absence and the right to continue coverage during an unpaid extended leave of absence is available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.</p> <p>b) No benefits are payable during an unpaid extended leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premium was paid.</p> <p>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is schedule to end, coverage extended during such leave will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid extended leave of absence began/ the end of the month following the month in which the unpaid extended leave of absence began, or the date you fail to pay the premium as required.</p> <p>d) If you choose not to continue coverage or your coverage terminates during an unpaid extended leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</p>

Section/Form Number	Description of Field	Possible Values
	New Item K. Allows coverage to continue during a Paid Educational Leave of Absence. Available upon request from group.	<p>K. Paid Educational Leave of Absence - If you are on an paid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage <ol style="list-style-type: none"> <li>a) coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your paid educational leave of absence must be made available to Us at Our request; and]</li> <li>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</li> <li>c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage <ol style="list-style-type: none"> <li>a) Coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation about your paid educational leave of absence must be made available to us at our request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item K continued)	<p>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit the premium to us on your behalf.</p> <p>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date you fail to pay the premium as required.</p> <p>d) If you choose not to continue coverage or your coverage terminates during a paid educational leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	New Item L. Allows coverage to continue during an Unpaid Educational Leave of Absence. Available upon request from group.	<p>L. Unpaid Educational Leave of Absence - If you are on an unpaid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage <ol style="list-style-type: none"> <li>a) coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your unpaid educational leave of absence must be made available to Us at Our request; and]</li> <li>(2) Unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid educational leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid educational leave of absence was scheduled to end. The benefit will be base on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid educational leave of absence or the salary which premium was paid.</li> <li>c) Unless you return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a unpaid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage <ol style="list-style-type: none"> <li>a) Coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and your covered salary. Such documentation about your unpaid educational leave of absence must be made available to us at our request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item L continued)	<p>(2) unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.</p> <p>b) No benefits are payable during an unpaid educational leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless you return to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date you fail to pay the premium as required.</p> <p>d) If you choose not to continue coverage or your coverage terminates during a paid educational leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item M. Allows for coverage to continue while Insured person is on unpaid board-approved leave of absence for teachers. Available upon request from group.</p>	<p>M. Unpaid Board-approved Leave of Absence for Teachers. If you are a teacher on an unpaid board-approved leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Noncontributory or Contributory Coverage. If the board determines that you meet the requirements of an unpaid leave of absence, and grants such leave without salary to the you, the coverage may be continued. The duration of the unpaid board-approved leave of absence for teachers must be determined and shall be at least [1-9] but no more than [2-10] years. The beginning and end dates of the leave and the amount of your covered salary must be documented in advance of the leave. Such documentation must be made available to the Us at Our request.</li> <li>2. No benefits are payable during an unpaid board-approved leave of absence for teachers. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid board-approved leave of absence for teachers was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid board-approved leave of absence for teachers, or the salary for which premium was paid.</li> <li>3. Unless you return to active, eligible status on or before the date the unpaid board-approved leave of absence for teachers is scheduled to end, coverage extended during such leave will terminate on the earlier of the date the leave is scheduled to end, [[1-365] [days/months/years] from the date the leave began / the end of the month following the month that the leave began, or the date the premium for your coverage is not paid as required.</li> <li>4. If you choose not to continue coverage or Your coverage terminates during an unpaid board-approved leave of absence for teachers, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>
	<p>New Item N. Allows for coverage to continue during a reduction in hours.</p>	<p>N. Reduction in Hours - Contributory or Noncontributory Coverage</p> <ol style="list-style-type: none"> <li>1. If You are no longer an Eligible Employee because of a reduction in your work hours below the minimum hourly work requirement, coverage will continue [for up to [1-365] [days/months/years] [following the date on which you last worked prior to the reduction in hours/ through the end [month/month following the month] in which You worked prior to the date the reduction in hours began] provided that any premium for you is paid during that period. You must be Actively at Work for the reduced number of work hours.</li> <li>2. If You choose not to continue coverage or Your coverage terminates during a reduction in hours and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and required to provide Evidence of Insurability.</li> </ol>

Section/Form Number	Description of Field	Possible Values
	New Item O. Allows for coverage to continue during a strike.	<p>O. Strike or Lockout - Contributory or Noncontributory Coverage</p> <ol style="list-style-type: none"> <li>1. If you are on strike or locked out, coverage will continue if there is a written agreement between the Employer and Us allowing for coverage to continue or if there is applicable statutory legislation or regulation requiring the continuation of insurance during a strike or lockout, provided that any premium for you is paid during the duration of the strike or lockout.</li> <li>2. No benefits are payable while You are on strike or locked out. If you become disabled during the strike or lockout, the elimination period will begin on the date the strike or lockout ends. The benefit will be based the lesser of your earnings in effect on your last full day of Active Work prior to the strike or lockout, or the salary form which premium was paid.</li> <li>3. Unless you return to active, eligible status on the date the strike or lockout ends, coverage extended during a strike or lockout will terminate on the earlier of the date the strike or lockout ends or [1-365] [days/months/years] from the date the strike or lockout began.</li> <li>4. If your coverage is contributory and you choose not to continue coverage or your coverage terminates during the strike or lockout and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>
GSDI-C1300-(12/06) - DEFINITION OF DISABILITY	Item C. is now optional. It will be omitted at the request of the group, otherwise included when the group has selected a "Total" definition of Disability.	[C. If, with Reasonable Accommodations, you could perform a majority of your Material Duties, you will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. Reasonable Accommodations means modifications or adjustments in the work environment or the way things are usually done that would enable you to perform your Material Duties.]
GSDI-C1401-(12/06) - CUMULATIVE ELIMINATION	Added brackets around the number of days. The range is shown within the brackets.	A. If your Disability ceases during the Elimination Period for [2-90] days or less, then the Disability will be treated as continuous. However, days that you are not Disabled will not count toward the Elimination Period
GSDI-C1402-(12/06) - CUMULATIVE ELIMINATION	Correction - replace the word "sickness" with "physical disease". "Sickness" is not defined, however "physical disease" is defined in the Definitions section.	A. If, during the Elimination Period, you return to Active Work at your Own Occupation or Any Occupation, and then become Disabled again from the same or a related cause(s), then only days of Disability due to the same or a related <a href="#">Physical Disease</a> or Injury will count towards the satisfaction of the Elimination Period, provided that [1-365] days of Disability due to the same or a related <a href="#">Physical Disease</a> completed within a [1-730] day period.]

Section/Form Number	Description of Field	Possible Values
GSDI-C1600-(12/06) WHEN STD BENEFITS END	New optional item, included upon request by group. The bracketed # of months is determined by the group.	[13. The date immediately following [1-36] consecutive months of paid STD Benefits while you have Work Earnings.]
GSDI-C1800-(12/06) - STD BENEFIT CALCULATION	Additional sentence, added for clarification in 3 places as items A. 1. g); A. 2. i); and A. 3. g).	[g/i) Your Gross STD Benefit will not exceed the [Maximum [Weekly/Monthly] Benefit] / [Gross [Weekly/Monthly] STD Benefit (Flat Amount)] shown on the Schedule Page.
GSDI-C1900-(12/06) - DEDUCTIBLE INCOME	Item E. 7. - Removes reference to other group insurance. Group insurance is added as a separate item E.13.	7. Except as specifically excluded below, any amount you receive or are eligible to receive because of your Disability under automobile insurance; <del>or any group insurance coverage;</del>
	Item E. 8. a) adds brackets the phrase in blue. The previously approved text has not changed. Phrase will be included at request of group.	a) Any disability or retirement benefits you receive or are eligible to receive <u>[because of your Disability]</u> under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, or a plan arranged and maintained by a union or employee association for the benefit of its members;
	Item E. 12. is now optional and may be omitted at the request of the group. Standard is to include in the coverage.	[12. Any amount you receive under any "no fault" motor vehicle plan.]
	Alternate Item E. 12. May be omitted at the request of the group.	[12. Any amount you receive arising from a motor vehicle accident under all circumstances.]
	Alternate Item E. 12. - used at the request of the group, otherwise omitted.	[12. Any amount you receive under any no fault motor vehicle plan. However we will not include "no fault" motor vehicle plan benefits as Deductible Income if the benefits, according to the provisions of the 'no fault" motor vehicle plan, are calculated after the benefits under this Policy are calculated.]
	Item E. 13 - new item. The phrase that is deleted from item E. 7. is added as a stand alone item.	13. Any amount you receive or are eligible to receive because of your Disability under any group insurance coverage.

Section/Form Number	Description of Field	Possible Values
GSDI-C2200-(12/06) EXCLUSIONS	Item C. Military Leave - alternate to existing military leave exclusion. Available at request of group, otherwise the original filed version is the standard.	[C. Military Leave. You are not covered for military service in the armed forces of any state, province, country or international authority except during the first 15 days of National Guard or Military Reserve duty.]
	Item F - Pre-existing Condition, Alternate version of Pre-ex that addresses a non-treatment time period. Items 1, 2 and 3 are optional and can be used in any of the following combinations: 1, 2, 3, 4 1, 2, 4 2, 3, 4 3, 4 The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.	[F. Pre-existing Condition. [1. Your current STD coverage. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless: a) you have not received treatment for the Pre-existing Condition for [1-365] consecutive [days/months/years] from the effective date of your insurance, or b) you have been continuously insured under the Group Policy for at least [1-36] months and have been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.] [2. If you are not covered for a Disability because of the Pre-existing Condition exclusion for Your current STD coverage, you are not covered for that same Disability for any STD coverage increase because of an Eligible Class or Group Policy change.] [3. STD coverage increase because of an Eligible Class or Group Policy change. The amount of any STD coverage increase because of an Eligible Class or Group Policy change is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless: a) you have not received treatment for the Pre-existing Condition for [1-36] consecutive months from the effective date of the STD coverage increase, or b) you have been continuously insured under the Group Policy for at least [1-36] months from the effective date of the STD coverage increase and have been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.] 4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24] month period just before the effective date of your insurance under the Group Policy [or the effective date of the STD coverage increase].]

Section/Form Number	Description of Field	Possible Values
	<p>Item F - Pre-existing Condition, Alternate version of Pre-ex that omits a non-treatment time period. Items 1, 2 and 3 are optional and can be used in any of the following combinations:  1, 2, 3, 4  1, 2, 4  2, 3, 4  3, 4  The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.</p>	<p>[F. Pre-existing Condition.  [1. Your current STD coverage. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least [1-36 months] and have been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]  [2. If you are not covered for a Disability because of the Pre-existing Condition exclusion for Your current STD coverage, you are not covered for that same Disability for any STD coverage increase because of an Eligible Class or Group Policy change.]  [3. STD coverage increase because of an Eligible Class or Group Policy change. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least [1-36 months] from the effective date of the STD coverage increase and have been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]  4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24 month] period just before the effective date of your insurance under the Group Policy [or the effective date of the STD coverage increase.]</p>
GSDI-C2600-(12/06) - RIGHT TO REIMBURSEMENT	New item F. Will be used when group has selected a "Minimum [Weekly/Monthly] Benefit"	[F. The Minimum [Weekly/Monthly] Payment may be applied to recover an outstanding overpayment.]
GSDI-C6200-(12/06) - REASONABLE ACCOMMODATION EXPENSE BENEFIT	Item A - additional option for limit on benefit. Available upon request of the group. New option is shown in blue.	A. If you return to work in Any Occupation for any employer (but not including self-employment) as a result of a reasonable accommodation made by such employer, we will pay your employer a Reasonable Accommodation Expense Benefit of up to [\$500-\$25,000] [the greater of [\$500-\$25,000] or the equivalent of [1-12] months of your Monthly STD Benefit], but not to exceed the expenses incurred.

Section/Form Number	Description of Field	Possible Values
	Item A - new alternative. Not standard, available upon request by group.	<p>A. If you return to Work in Any Occupation for any employer (but not including self employment) as a result of reasonable accommodation made by such employer, we will pay your employer a Reasonable Accommodation Expense Benefit for [1%-100]% of the expenses incurred, but not to exceed the lesser of:</p> <ol style="list-style-type: none"> <li>1. [\$500 - \$25,000]; or</li> <li>2. the expected liability for your STD claim.</li> </ol>

Section/Form Number	Description of Field	Possible Values
GSDI-P500-(12/06) - DEFINITIONS	Own Occupation - alternate definition. Not standard, but is available upon request of group.	<b>Own Occupation</b> means the regular job the Insured Person held just before his or her Disability began.
	This sentence (in the definition of Work Earnings) is now optional. It has been marked so to match with how the Long Term Disability plan was filed.	[Work Earnings includes earnings from the Employer, any other employer, or self-employment and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.]
	Work Earnings - Last sentence of first definition - which is used when the group has selected "Total Disability" definition of disability. The sentence is now optional. The standard will be to omit this sentence.	[The Insured Person will no longer be Disabled when his or her average Work Earnings [over the last three months] exceed [60-80%] of his or her Predisability Earnings [, or when he or she is capable of earning more than [60-80%] of his or her Predisability Earnings].]
GSDI-P700-(12/06) - ELIGIBILITY FOR INSURANCE	Item 3 - additional optional text. Previously approved text is black, new text is blue. Standard will be to include the new text.	3. The Insured Person must be Actively at Work and capable of sustained Active Work[ <a href="#">on the effective date of the his or her coverage and the effective date of any subsequent increase in LTD coverage because of an Eligible Class or Group Policy change</a> ].
	Alternate definition of "Material Duties". Not standard, available upon request by group.	<b>[Material Duties</b> means the duties generally required of the Insured Person in his or her Own Occupation that cannot be reasonably modified or omitted. In no event will working more than an average of 40 hours per week be considered a Material Duty.]
GSDI-P1000-(12/06) WHEN INSURANCE ENDS This provision applies to the Insured Person if he or she is not Disabled.	Addition to item A. 2. Additional choices for when coverage ends. Group may select from these options.	the end of the month following the date the Insured Person ceases to be an Eligible Employee/the date the Insured Person ceases to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time/the end of the month following the day the Insured Person cease to be an eligible employee, except during the first [1-180] days following a change in employment status from full-time to part-time
	New Item. A. 8. - available upon request from group.	[8. [1-365] [days/months] following the date the Insured Person's employment terminates.]
	Item B.1.a) - alternate to previously approved text. Removes requirement for prior notification to insurer of FMLA leave.	[a) the FMLA leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation of the leave must be available to the Insurer at its request.]

Section/Form Number	Description of Field	Possible Values
	Item C. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical. The documentation of the advance approval of the paid sabbatical beginning and end dates must be available to the Insurer at its request; and ]
	Item C. 1. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began.</a> ]
	Item C. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Sabbatical.	[(1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical. The documentation of the advance approval of the paid sabbatical beginning and end dates must be available to the Insurer at its request; and]
	Item C. 2. c) - allows additional variability of time for return to work. Previously approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]from the date the paid sabbatical began] /the end of the month following the month in which the paid sabbatical began]</a> or the date the Insured Person fails to pay premium as required.
	Item D. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the Insured Person's covered salary. Such documentation of the unpaid sabbatical must be available to the Insurer at its request; and]
	Item D. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years] from the date the unpaid sabbatical began/the end of the month following the month in which the unpaid sabbatical began]</a> .
	Item D. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Sabbatical.	[(1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the sabbatical and the Insured Person's covered salary. Such documentation of the unpaid sabbatical must be available to the Insurer at its request; and]

Section/Form Number	Description of Field	Possible Values
	Item D. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid sabbatical began/ <a href="#">the end of the month following the month in which the unpaid sabbatical began</a> ] or the date the Insured Person fails to pay premium as required.
	Item E. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. The documentation of the paid leave of absence must be available to the Insurer at its request; and
	Item E. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ].
	Item E. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Leave of Absence.	[(1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation of the leave must be available to the Insurer at its request; and]
	Item E. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid leave of absence began/ <a href="#">the end of the month following the month in which the paid leave of absence began</a> ] or the date the Insured Person fails to pay the premium as required.
	Item F. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation the leave must be available to the Insurer at its request; and]
	Item F. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the leave began</a> ].

Section/Form Number	Description of Field	Possible Values
	Item F. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Unpaid Leave of Absence.	[(1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave. The documentation of the advance approval of the leave beginning and end dates must be available to the Insurer at its request; and]
	Item F. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the unpaid leave of absence began/ <a href="#">the end of the month following the month in which the unpaid leave of absence began</a> , or the date the Insured Person fails to pay the premium as required.
	Item G. 1. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of the Insured Person's covered salary. Such documentation about the Insured Person's paid suspension must be available to the Insurer at its request; and]
	Item G. 1. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> ].
	Item G. 2. a) (1) - alternate to previously approved text. Removes requirement for prior notification to insurer of Paid Suspension.	[(1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension and the amount of the Insured Person's covered salary. Such documentation about the Insured Person's paid suspension must be available to the Insurer at its request; and]
	Item G. 2. c) - allows additional variability of time for return to work. Previous approved text is black, new text is blue.	c) Unless the Insured Person returns to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during an paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or <a href="#">[[1-365] [days/months/years]</a> from the date the paid suspension began/ <a href="#">the end of the month following the month in which the paid suspension began</a> , or the date the Insured Person fails to pay the premium as required.
	Item H.1. - Layoffs - Alternate time limits available are added. Available upon request by group. New options are in blue text.	1. If the Insured Person is on a leave of absence due to a lay-off, coverage will continue through [through the end of the month in which he or she last worked prior to the lay-off] <a href="#">[the end of the month following the month in which the lay-off began]</a> <a href="#">[for up to [2-12] months following the date he or she last worked prior to the lay-off]</a> provided that any premium for the Insured Person is paid for that period.

Section/Form Number	Description of Field	Possible Values
	Item I - new item - allows coverage to continue during employer-paid sick leave.	<p>[1. Employer Paid Sick Leave - If the Insured Person is on Employer Paid Sick Leave, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Coverage will continue, provided that:               <ol style="list-style-type: none"> <li>a. The Employer's documentation regarding the Insured Person's Employer Paid Sick Leave is available to the Insurer at its request;</li> <li>b. the right to continue coverage while on Employer Paid Sick Leave is available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>c. the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit premium to the Insurer on his or her behalf.</li> </ol> </li> <li>2. The Elimination Period can be satisfied while on Employer Paid Sick Leave, but benefits will not begin until the later of the end of the Elimination Period or the date the Employer Paid Sick Leave ends. In the event a benefit is payable, it will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the Employer Paid Sick Leave, or the salary for which premium was paid.</li> <li>3. Unless the Insured Person returns to active, eligible status on or before the date the Employer Paid Sick Leave ends, coverage extended while on Employer Paid Sick Leave will terminate on the earlier of the date the Employer Paid Sick Leave ends or [2-365] sick leave days from the date the Employer Paid Sick Leave began, or the date the Insured Person fails to pay the premium as required.</li> <li>4. If the Insured Person chooses not to continue coverage or the coverage terminates while he or she is on Employer Paid Sick Leave and he or she subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</li> </ol>

Section/Form Number	Description of Field	Possible Values
	<p>New Item. J. Allows coverage to continue for an extended leave of absence. Available upon request from group.</p>	<p>J. Unpaid Extended Leave of Absence – An Unpaid Extended Leave of Absence is an unpaid leave granted by an Employer for at least [1-3] years but not more than [1-5] years. The Insured Person must have (i) [1-10] full-time years of allowable or forfeited service credit; and (ii) [1-5] years of employment in the district that is granting the leave.</p> <ol style="list-style-type: none"> <li>1. Noncontributory Coverage <ol style="list-style-type: none"> <li>a) Coverage may continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning and end dates of the unpaid extended leave of absence and the amount of the Insured Person's covered salary. Such documentation about the unpaid extended leave of absence must be available to the Insurer at its request; and</li> <li>(2) unpaid extended leaves of absence and the right to continue coverage during unpaid extended leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid extended leave of absence. If the Insured person becomes disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premiums were paid.</li> <li>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began]</li> </ol> </li> <li>2. Contributory Coverage <ol style="list-style-type: none"> <li>a) coverage will continue provided that: <ol style="list-style-type: none"> <li>(1) The unpaid extended leave of absence is approved in advance by the employer and such approval includes documentation of the beginning</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(item J continued)	<p>and end dates of the unpaid extended leave of absence. Such documentation about the unpaid extended leave of absence must be made available to the Insurer at its request; and</p> <p>(2) unpaid extended leaves of absence and the right to continue coverage during an unpaid extended leave of absence is available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit premium to the Insurer on the Insured Person's behalf.</p> <p>b) No benefits are payable during an unpaid extended leave of absence. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid extended leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid extended leave of absence, or the salary for which premium was paid.</p> <p>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is schedule to end, coverage extended during such leave will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid extended leave of absence began/ the end of the month following the month in which the unpaid extended leave of absence began, or the date the Insured Person fails to pay the premium as required.</p> <p>d) If the Insured Person chooses not to continue coverage or his or her coverage terminates during an unpaid extended leave of absence and the Insured Person subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item K. Allows coverage to continue during a Paid Educational Leave of Absence. Available upon request from group.</p>	<p>K. Paid Educational Leave of Absence - If the Insured Person is on an paid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage           <ol style="list-style-type: none"> <li>a) coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of the Insured Person's covered salary. Such documentation about the paid educational leave of absence must be made available to the Insurer at its request; and]</li> <li>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a t earnings in effect on his or her last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</li> <li>c) Unless the Insured Person returns to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage           <ol style="list-style-type: none"> <li>a) Coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The paid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation about the paid educational leave of absence must be available to the Insurer at its request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item K continued)	<p>(2) paid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit the premium to the Insurer on the Insured Person's behalf.</p> <p>b) The Elimination Period can be satisfied during a paid educational leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid educational leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the paid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date the Insured Person fails to pay the premium as required.</p> <p>d) If the Insured Person chooses not to continue coverage or his or her coverage terminates during a paid educational leave of absence and he or she subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item L. Allows coverage to continue during an Unpaid Educational Leave of Absence. Available upon request from group.</p>	<p>L. Unpaid Educational Leave of Absence - If the Insured Person is on an unpaid educational leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Non-contributory coverage           <ol style="list-style-type: none"> <li>a) coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of the Insured Person's covered salary. Such documentation about the unpaid educational leave of absence must be made available to the Insurer at its request; and]</li> <li>(2) Unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</li> <li>(3) the Employer remits the required premium for coverage.</li> </ol> </li> <li>b) No benefits are payable during an unpaid educational leave of absence. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid educational leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid educational leave of absence or the salary which premium was paid.</li> <li>c) Unless the Insured Person returns to active, eligible status on or before the date the leave is scheduled to end, coverage extended during an unpaid educational leave of absence will terminate on the earlier of the date the leave is scheduled to end or [[1-365] [days/months/years] from the date the leave began] / the end of the month following the month in which the leave began.</li> </ol> </li> <li>2. Contributory Coverage           <ol style="list-style-type: none"> <li>a) Coverage will continue provided that:               <ol style="list-style-type: none"> <li>(1) The unpaid educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the Insured Person's covered salary. Such documentation about your unpaid educational leave of absence must be available to the Insurer at its request; and</li> </ol> </li> </ol> </li> </ol>

Section/Form Number	Description of Field	Possible Values
	(Item L continued)	<p>(2) unpaid educational leaves of absence and the right to continue coverage during such leaves are available to all Employees in the same Eligible Class under the Group Policy; and</p> <p>(3) the Insured Person continues to pay the required premium to the Employer without interruption and the Employer continues to remit premium to the Insurer on his or her behalf.</p> <p>b) No benefits are payable during an unpaid educational leave of absence. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the leave of absence was scheduled to end. The benefit will be based on the lesser of the Insured Persons earnings in effect on his or her last full day of Active Work prior to the unpaid educational leave of absence, or the salary for which premium was paid.</p> <p>c) Unless the Insured Person returns to active, eligible status on or before the date the unpaid extended leave of absence is scheduled to end, coverage extended during an unpaid extended leave of absence will terminate on the earlier of the date the unpaid extended leave of absence is scheduled to end or [[1-365] [days/months/years] from the date the unpaid leave of absence began/the end of the month following the month in which the leave began] or the date the Insured Person fails to pay the premium as required.</p> <p>d) If the Insured Person chooses not to continue coverage or his or her coverage terminates during a paid educational leave of absence and he or she subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</p>

Section/Form Number	Description of Field	Possible Values
	<p>New Item M. Allows for coverage to continue while Insured person is on unpaid board-approved leave of absence for teachers. Available upon request from group.</p>	<p>M. Unpaid Board-approved Leave of Absence for Teachers. If the Insured Person is a teacher on an unpaid board-approved leave of absence, coverage will continue subject to the following:</p> <ol style="list-style-type: none"> <li>1. Noncontributory or Contributory Coverage. If the board determines that the Insured Person meet the requirements of an unpaid leave of absence, and grants such leave without salary to the Insured Person, the coverage may be continued. The duration of the unpaid board-approved leave of absence for teachers must be determined and shall be at least [1-9] but no more than [2-10] years. The beginning and end dates of the leave and the amount of the Insured Person's covered salary must be documented in advance of the leave. Such documentation must be available to the Insurer at its request.</li> <li>2. No benefits are payable during an unpaid board-approved leave of absence for teachers. If the Insured Person becomes Disabled during such leave, the Elimination Period will begin on the date the unpaid board-approved leave of absence for teachers was scheduled to end. The benefit will be based on the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the unpaid board-approved leave of absence for teachers, or the salary for which premium was paid.</li> <li>3. Unless the Insured Person returns to active, eligible status on or before the date the unpaid board-approved leave of absence for teachers is scheduled to end, coverage extended during such leave will terminate on the earlier of the date the leave is scheduled to end, [[1-365] [days/months/years] from the date the leave began / the end of the month following the month that the leave began, or the date the premium for his or her coverage is not paid as required.</li> <li>4. If the Insured Person chooses not to continue coverage or his or her coverage terminates during an unpaid board-approved leave of absence for teachers, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>
	<p>New Item N. Allows for coverage to continue during a reduction in hours.</p>	<p>N. Reduction in Hours - Contributory or Noncontributory Coverage</p> <ol style="list-style-type: none"> <li>1. If the Insured Person is no longer an Eligible Employee because of a reduction in his or her work hours below the minimum hourly work requirement, coverage will continue [for up to [1-365] [days/months/years] [following the date on which he or she last worked prior to the reduction in hours/ through the end [month/month following the month] in which he or she worked prior to the date the reduction in hours began] provided that any premium for the Insured Person is paid during that period. The Insured Person must be Actively at Work for the reduced number of work hours.</li> <li>2. If the Insured Person chooses not to continue coverage or his or her coverage terminates during a reduction in hours and he or she subsequently wishes to obtain coverage, the Insured Person will be treated as a Late Enrollee and required to provide Evidence of Insurability.</li> </ol>

Section/Form Number	Description of Field	Possible Values
	New Item O. Allows for coverage to continue during a strike.	<p>O. Strike or Lockout - Contributory or Noncontributory Coverage</p> <ol style="list-style-type: none"> <li>1. If the Insured Person is on strike or locked out, coverage will continue if there is a written agreement between the Employer and the Insurer allowing for coverage to continue or if there is applicable statutory legislation or regulation requiring the continuation of insurance during a strike or lockout, provided that any premium for the Insured Person is paid during the duration of the strike or lockout.</li> <li>2. No benefits are payable while the Insured Person is on strike or locked out. If the Insured Person becomes disabled during the strike or lockout, the elimination period will begin on the date the strike or lockout ends. The benefit will be based the lesser of the Insured Person's earnings in effect on his or her last full day of Active Work prior to the strike or lockout, or the salary form which premium was paid.</li> <li>3. Unless the Insured Person returns to active, eligible status on the date the strike or lockout ends, coverage extended during a strike or lockout will terminate on the earlier of the date the strike or lockout ends or [1-365] [days/months/years] from the date the strike or lockout began.</li> <li>4. If the Insured Person's coverage is contributory and he or she chooses not to continue coverage or the coverage terminates during the strike or lockout and the Insured Person subsequently wishes to obtain coverage, he or she will be treated as a Late Enrollee and be required to provide Evidence of Insurability.</li> </ol>
GSDI-P1300-(12/06) - DEFINITION OF DISABILITY	Item C. is now optional. It will be omitted at the request of the group, otherwise included when the group has selected a "Total" definition of Disability.	[C. If, with Reasonable Accommodations, the Insured Person could perform a majority of his or her Material Duties, he or she will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. Reasonable Accommodations means modifications or adjustments in the work environment or the way things are usually done that would enable the Insured Person to perform his or her Material Duties.
GSDI-P1401-(12/06) - CUMULATIVE ELIMINATION	Added brackets around the number of days. The range is shown within the brackets.	A. If the Insured Person's Disability ceases during the Elimination Period for [2-90] days or less, then the Disability will be treated as continuous. However, days that the Insured Person is not Disabled will not count toward the Elimination Period
GSDI-P1402-(12/06) - CUMULATIVE ELIMINATION	Correction - replace the word "sickness" with "physical disease". "Sickness" is not defined, however "physical disease" is defined in the Definitions section.	A. If, during the Elimination Period, the Insured Person returns to Active Work at his or her Own Occupation or Any Occupation, and then becomes Disabled again from the same or a related cause(s), then only days of Disability due to the same or a related <a href="#">Physical Disease</a> or Injury will count towards the satisfaction of the Elimination Period, provided that [1-365] days of Disability due to the same or a related <a href="#">Physical Disease</a> completed with a [1-730] day period.]

Section/Form Number	Description of Field	Possible Values
GSDI-P1600-(12/06) WHEN LTD BENEFITS END	New optional item, included upon request by group. The bracketed # of months is determined by the group.	[13. The date immediately following [1-36] consecutive months of paid STD Benefits while the Insured Person has Work Earnings.]
GSDI-P1800-(12/06) - STD BENEFIT CALCULATION	Additional sentence, added for clarification in 3 places. The same sentence is added in 3 spots as items A. 1. g); A. 2. i); and A. 3. g).	[g/i) The Insured Person's Gross STD Benefit will not exceed the [Maximum [Weekly/Monthly] Benefit] / [Gross [Weekly/Monthly] STD Benefit (Flat Amount)] shown on the Schedule Page.
GSDI-P1900-(12/06) - DEDUCTIBLE INCOME	Item E. 7. - Removes reference to other group insurance. Group insurance is added as a separate item E.13.	7. Except as specifically excluded below, any amount the Insured Person receives or is eligible to receive because of his or her Disability under automobile insurance; <del>or any group insurance coverage;</del>
	Item E. 8. a) adds brackets the phrase in blue. The previously approved text has not changed. Phrase will be included at request of group.	a) Any disability or retirement benefits the Insured Person receives or is eligible to receive [because of his or her Disability] under the Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, or a plan arranged and maintained by a union or employee association for the benefit of its members;
	Item E. 12. is now optional and may be omitted at the request of the group. Standard is to include in the coverage.	[12. Any amount the Insured Person receives under any "no fault" motor vehicle plan.]
	Alternate Item E. 12. May be omitted at the request of the group.	[12. Any amount the Insured Person receives arising from a motor vehicle accident under all circumstances.]
	Alternate Item E. 12. - used at the request of the group, otherwise omitted.	[12. Any amount the Insured Person receives under any no fault motor vehicle plan. However the Insurer will not include "no fault" motor vehicle plan benefits as Deductible Income if the benefits, according to the provisions of the 'no fault" motor vehicle plan, are calculated after the benefits under this plan are calculated.]
	Item E. 13 - new item. The phrase that is deleted from item E. 7. is added as a stand alone item.	13. Any amount the Insured Person receives or is eligible to receive because of his or her Disability under any group insurance coverage.

Section/Form Number	Description of Field	Possible Values
GSDI-P2200-(12/06) EXCLUSIONS	Item C. Military Leave - alternate to existing military leave exclusion. Available at request of group, otherwise the original filed version is the standard.	[C. Military Leave. The Insured Person is not covered for military service in the armed forces of any state, province, country or international authority except during the first 15 days of National Guard or Military Reserve duty.]
	Item F - Pre-existing Condition, Alternate version of Pre-ex that addresses a non-treatment time period. Items 1, 2 and 3 are optional and can be used in any of the following combinations: 1, 2, 3, 4 1, 2, 4 2, 3, 4 3, 4 The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.	[F. Pre-existing Condition. [1. Current STD coverage. An Insured Person is covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless: a) the Insured Person has not received treatment for the Pre-existing Condition for [1-365] consecutive [days/months/years] from the effective date of his or her insurance, or b) the Insured Person has been continuously insured under the Group Policy for at least [1-36] months and have been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.] [2. If the Insured Person is not covered for a Disability because of the Pre-existing Condition exclusion for his or her current STD coverage, he or she is not covered for that same Disability for any STD coverage increase because of an Eligible Class or Group Policy change.] [3. STD coverage increase because of an Eligible Class or Group Policy change. The amount of any STD coverage increase because of an Eligible Class or Group Policy change is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless: a) the Insured Person has not received treatment for the Pre-existing Condition for [1-36] consecutive months from the effective date of the STD coverage increase, or b) the Insured Person has been continuously insured under the Group Policy for at least [1-36] months from the effective date of the STD coverage increase and has been Actively at Work for at least [1-365] full day[s] after the end of the [1-36] months.] 4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which the Insured Person has consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24 month] period just before the effective date of his or her insurance under the Group Policy [or the effective date of the STD coverage increase.]

Section/Form Number	Description of Field	Possible Values
	<p>Item F - Pre-existing Condition, Alternate version of Pre-ex that omits a non-treatment time period.</p> <p>Items 1, 2 and 3 are optional and can be used in any of the following combinations:  1, 2, 3, 4  1, 2, 4  2, 3, 4  3, 4</p> <p>The Pre-existing Condition exclusion and may be included or omitted - as decided by the group.</p>	<p>[F. Pre-existing Condition.</p> <p>[1. Current STD coverage. An Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless he or she has been continuously insured under the Group Policy for at least [1-36 months] and has been Actively at Work for at least [[1-365] full day[s]] after the end of that [1-36 months].]</p> <p>[2. If the Insured Person is not covered for a Disability because of the Pre-existing Condition exclusion for his or her current STD coverage, he or she is not covered for that same Disability for any STD coverage increase because of an Eligible Class or Group Policy change.]</p> <p>[3. STD coverage increase because of an Eligible Class or Group Policy change. The Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless he or she has been continuously insured under the Group Policy for at least [1-36 months] from the effective date of the STD coverage increase and have been / end of that [1-36 months].]</p> <p>4. <b>Pre-existing Condition</b> means a mental or physical condition whether or not diagnosed or misdiagnosed for which the Insured Person has consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [1-24 month] period just before the effective date of his or her insurance under the Group Policy [or the effective date of the STD coverage increase.]</p>
GSDI-P2600-(12/06) - RIGHT TO REIMBURSEMENT	New item F. Will be used when group has selected a "Minimum [Weekly/Monthly] Benefit"	[F. The Minimum [Weekly/Monthly] Payment may be applied to recover an outstanding overpayment.]
GSDI-P6200-(12/06) - REASONABLE ACCOMMODATION EXPENSE BENEFIT	Item A - additional option for limit on benefit. Available upon request of the group. New option is shown in blue.	A. If the Insured Person returns to work in Any Occupation for any employer (but not including self-employment) as a result of a reasonable accommodation made by such employer, the Insurer will pay the Employer a Reasonable Accommodation Expense Benefit of up to [\$500 - \$25,000] [the greater of [\$500-\$25,000] or the equivalent of [1-12] months of the Insured Person's Monthly LTD Benefit], but not to exceed the expenses incurred.
	Item A - new alternative. Not standard, available upon request by group.	<p>A. If the Insured Person returns to Work in Any Occupation for any employer (but not including self-employment) as a result of reasonable accommodation made by such employer, the Insurer will pay the employer a Reasonable Accommodation Expense Benefit for [1%-100]% of the expenses incurred, but not to exceed the lesser of:</p> <ol style="list-style-type: none"> <li>1. [\$500 - \$25,000]; or</li> <li>2. the expected liability for the Insured Person's STD claim.</li> </ol>