

LONG-TERM CARE INSURANCE

Getting caught unprepared for long-term care needs can have a considerable impact on your financial security. Long-term care is the type of care received when you need assistance—either at home or in a facility—with the activities of daily living because of an accident, illness, or advancing age. Long-term care protection will provide you with the resources you need to pay for long-term care, so you can maintain greater independence and a higher quality of life.

AM I ELIGIBLE FOR COVERAGE?

If you are a full-time active employee of LSU appointed for 75 percent or greater for one semester, or 121 days, you are eligible for UNUM Life Insurance Company of America's (UNUM) Long-Term Care Plan. Any coverage you purchase is yours and cannot be canceled as long as the premiums are paid. The coverage is also portable; therefore, if you leave LSU, you can take your coverage with you and still pay a competitive group rate.

ARE MY DEPENDENTS ELIGIBLE FOR COVERAGE?

Coverage is not available to dependent children or to individuals under age 18. However, your spouse, your parents and grandparents, and your spouse's parents and grandparents are eligible for coverage.

HOW DO I ENROLL?

To enroll, complete UNUM's Long-Term Care Benefit Election Form, which allows you to select a plan and options best suited to your needs.

WHEN SHOULD I ENROLL?

If you and/or your spouse enroll within your first 30 days of initial eligibility, both of you will automatically be accepted into the plan without having to prove good health. If you and/or your spouse wait to enroll or add coverage later, you will be subject to individual medical underwriting to prove that you are insurable.

WHAT ABOUT COVERAGE FOR OTHER FAMILY MEMBERS?

Coverage for other eligible family members will be medically underwritten. Each family member must complete a statement of good health form that will be used to determine whether he or she is insurable under the plan. Medical examinations may also be required.

HOW MUCH COVERAGE IS AVAILABLE?

You design your own insurance plan, choosing a benefit amount of \$1,000 to \$4,000 per month, in increments of \$1,000, with a benefit duration of either three or six years.

HOW IS ELIGIBILITY FOR BENEFITS DETERMINED?

The plan specifies two measures of functional capacity to determine eligibility for benefits. The first is the ability to perform routine day-to-day activities on your own. The second is based on cognitive skills. Benefits are payable if you are under the care of a physician and you lose the ability to perform at least two of the six specified "Activities of Daily Living" (ADL) or when you suffer a cognitive impairment that requires stand-by assistance or verbal cuing to ensure your own protection or the protection of others. The specified ADLs are bathing, dressing, toileting, moving from place to place, continence, and eating. ADL loss must occur while you are insured.

WHEN DO BENEFITS BEGIN?

Before benefits are payable, a 60-day waiting period requirement must be met in conjunction with the loss of two ADLs, or a cognitive loss.

HOW ARE BENEFITS PAID?

Benefit payments are made directly to you, to be used at your discretion, to help pay for care and other needs.

WHOM DO I CONTACT FOR FURTHER INFORMATION?

For additional information, contact:

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