

EXCLUSIONS

No benefit will be payable for any disability resulting from:

- Attempted suicide or intentionally self-inflicted injury while either sane or insane;
- War, declared or undeclared, any act of war, any hostile act of foreign power;
- Taking part in a felony;
- Any illness contracted or injury sustained while on a personal leave of absence other than jury duty or vacation;
- Any illness contracted or injury sustained in the course of any employment for wage or profit for which you are eligible for compensation, in whole or in part, under the provisions of any Worker's Compensation Act or Employer Liability Law. This exclusion applies whether or not you recover benefits from a third party.

The STD Benefit will stop upon the date you begin working for an employer other than your own employer or become self-employed unless you are participating in a rehabilitation program approved by us.

HOW TO ENROLL

- 1. Complete the enrollment resolution form.
- 2. Complete the census information for your Township Officers. If you choose to insure employees, complete that section also.
- Submit a check for the annual premium, along with the enrollment resolution.
- 4. Mail to:

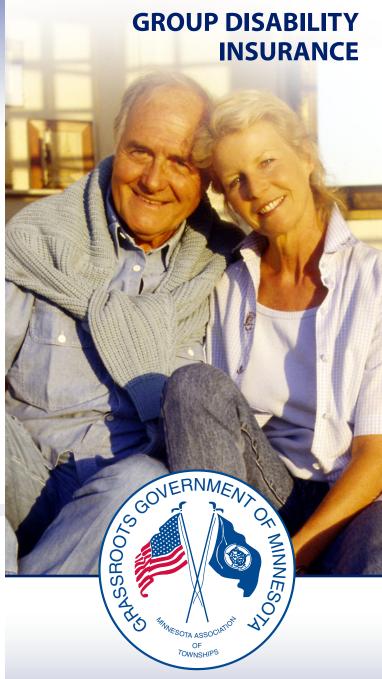
Township Group Disability Administrator 6701 Upper Afton Road Woodbury, MN 55125 This brochure outlines the basic features of the insurance and is subject to the provisions of Group Policy #42228 and #42229.

The Minnesota Benefit Association is a non-profit organization of public officials and employees.



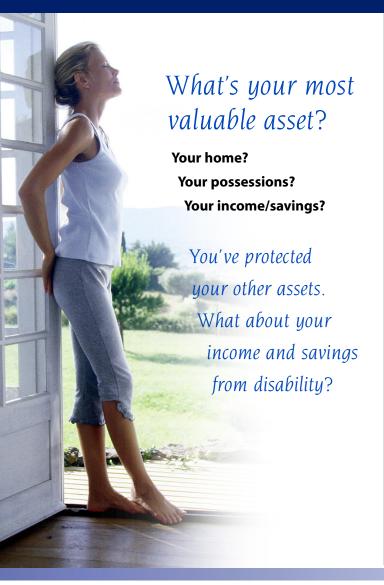
Sponsored by the **Minnesota Benefit Association** www.MinnesotaBenefitAssociation.org 800.360.6117

Underwritten by
Unicare Life & Health Insurance Company
Waukesha, WI





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BENEFITS

Group Enrollment

A Township enrolls all of its officers and has the option of including employees who work for the Township 20 hours or more per week. The Township pays the premium and requires 100% participation.



Total Disability

2

3

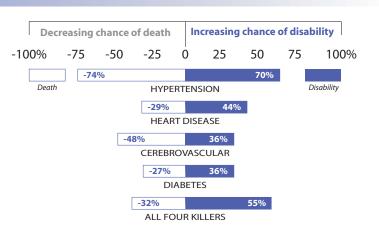
Total Disability means you are disabled if, because of illness or injury, you are unable to perform with reasonable continuity, the material duties of the occupation that you regularly perform for this group. Your disability must be based on objective medical documentation and you must be under the regular care and treatment of a physician.

Portability — **Extent of coverage**

This group plan is specially designed for Township officers and eligible employees. Your coverage will terminate upon leaving Township office or upon leaving Township employment if a covered employee of the township.

Could disability happen to you?

The four leading killers — hypertension, heart disease, cerebrovascular disease and diabetes — are now more likely to disable than to kill. The chart (right) illustrates the probability of death versus disability for each of these leading killers.



ANNUAL PREMIUM

\$171

per officer / employee

\$150 weekly benefit

for a maximum of 52 weeks

Benefits begin

15th day for accident | 30th day for illness

Eligibility

Township officer must be actively engaged in Township responsibilities.

Employees must work 20 or more hours per week (1000 hours per year)

Township is required to participate in MAT-endorsed Group Life program to be eligible for the Group Disability plan.

