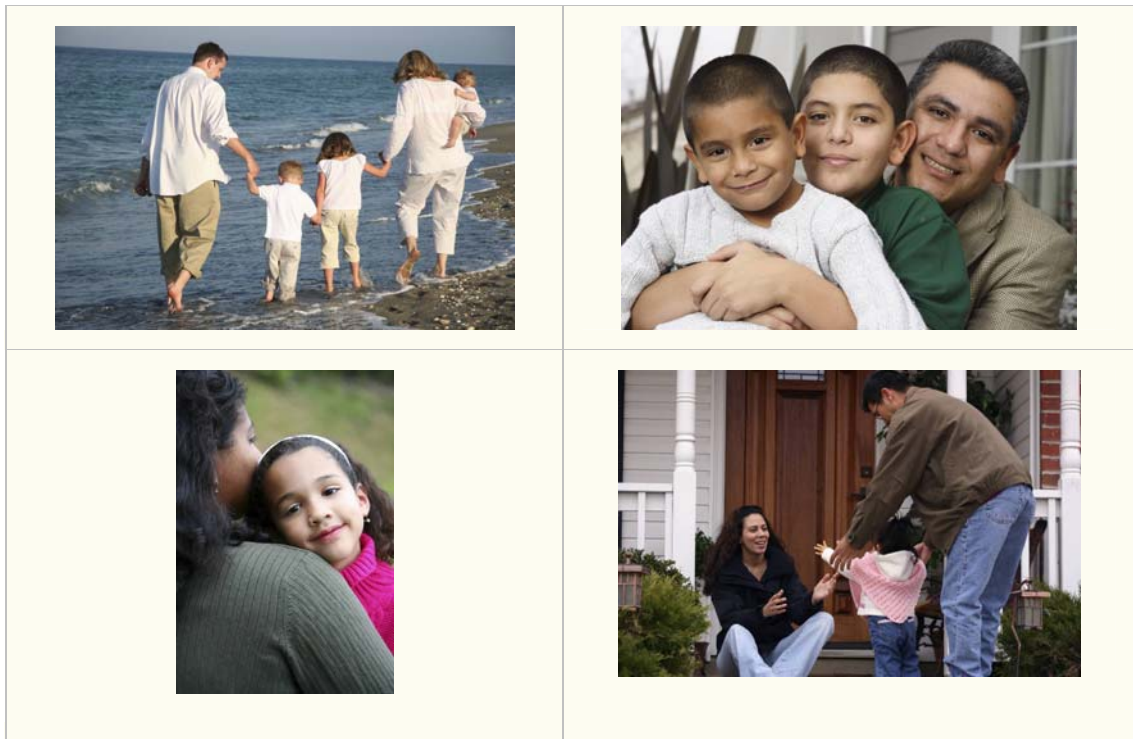


HELPING TO PROTECT YOUR FAMILY INCOME DURING THE TRANSITION



GROUP LONG TERM DISABILITY INSURANCE CONVERSION ENROLLMENT KIT

CALL 1-877-448-1999 IF YOU HAVE QUESTIONS ABOUT THIS COVERAGE

Insurance Coverage Provided By Reliance Standard Life Insurance Company

GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

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GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

INTRODUCTION

Reliance Standard Life Insurance Company (RSL) is pleased to offer you this Group Long Term Disability Insurance Conversion Plan.

The Conversion Plan allows you to convert your group LTD coverage provided by your former employer, to a plan of LTD conversion coverage. Benefits and amounts of insurance under the LTD conversion coverage may differ from those under your former employer's group LTD policy. You are responsible for payment of all LTD conversion coverage premiums under this plan. This conversion coverage is intended to be a "transition" LTD plan if you have no other group LTD coverage option at the time of termination. The LTD Conversion Plan coverage extends for up to one (1) year.

ELIGIBILITY - Who Can Convert?

You are eligible to apply for Reliance Standard Life's Conversion Plan if you were covered for at least twelve (12) consecutive months under a group LTD policy provided by your former employer, and your coverage ends due to termination of employment, other than retirement.

If you are eligible and would like to be considered for this insurance, you must apply within thirty-one (31) days after the termination of your coverage under the prior group LTD policy.

**'THE CONVERSION
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You will not be eligible to apply for this conversion insurance if any of the following apply:

- If the group policy from which you wish to convert terminated;
- You no longer belong to a class eligible for coverage under the group policy;
- You retire;
- You fail to pay any contributions required for your coverage; or
- You are disabled under the terms of the group policy.

Why Convert Your LTD Coverage?

The conversion privilege gives you the option of maintaining some level of long term disability coverage in the event employment terminates for any of the reasons stated above. It is an especially valuable benefit for you if you wish to take some time in transitioning from one employer to another. As long as you meet the eligibility requirements and apply within thirty-one (31) days of terminating your coverage under the group LTD policy, the Conversion application cannot be declined.



GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

What Benefits Does The Plan Offer?

The following is a summary of the benefits you may receive under this plan, and the limitations and exclusions that may apply. The Certificate of Insurance you will receive after your insurance becomes effective will provide more details:

Your Benefits would begin:	Following 180 consecutive days of Total Disability. You must submit written proof of claim within 90 days after the Elimination Period begins.																				
Your Monthly Benefit would be:	<p>60% of your covered monthly earnings at the time of termination, subject to a maximum monthly benefit of \$3,500, less benefits from other income.</p> <p>If your benefit percentage and/or maximum monthly benefit under the former plan are less than the above, your coverage under this conversion policy will be calculated based on the former plan's benefit percentage and/or maximum monthly benefit.</p>																				
Your Benefits will be reduced from other income you may receive or are eligible to receive:	Your Maximum Benefit will be reduced by Other Income Benefits you receive or are eligible to receive (such as Family Social Security benefits, Workers Compensation benefits, or wages).																				
Your Minimum Benefit will be:	<p>The greater of:</p> <ul style="list-style-type: none"> • \$50; or • 10% of the Monthly Benefit prior to any Other Income Benefit reductions. 																				
Maximum Duration of Benefits– your benefits will not accrue beyond the following durations:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Age at Disablement</u></th> <th style="text-align: center;"><u>Duration of Benefits</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">61 or less</td> <td style="text-align: center;">To age 65</td> </tr> <tr> <td style="text-align: center;">62</td> <td style="text-align: center;">3½ years</td> </tr> <tr> <td style="text-align: center;">63</td> <td style="text-align: center;">3 years</td> </tr> <tr> <td style="text-align: center;">64</td> <td style="text-align: center;">2½ years</td> </tr> <tr> <td style="text-align: center;">65</td> <td style="text-align: center;">2 years</td> </tr> <tr> <td style="text-align: center;">66</td> <td style="text-align: center;">1¾ years</td> </tr> <tr> <td style="text-align: center;">67</td> <td style="text-align: center;">1½ years</td> </tr> <tr> <td style="text-align: center;">68</td> <td style="text-align: center;">1¼ years</td> </tr> <tr> <td style="text-align: center;">69 +</td> <td style="text-align: center;">1 year</td> </tr> </tbody> </table>	<u>Age at Disablement</u>	<u>Duration of Benefits</u>	61 or less	To age 65	62	3½ years	63	3 years	64	2½ years	65	2 years	66	1¾ years	67	1½ years	68	1¼ years	69 +	1 year
<u>Age at Disablement</u>	<u>Duration of Benefits</u>																				
61 or less	To age 65																				
62	3½ years																				
63	3 years																				
64	2½ years																				
65	2 years																				
66	1¾ years																				
67	1½ years																				
68	1¼ years																				
69 +	1 year																				
Survivor Benefits – Your eligible survivors may be eligible for the following benefits if you die while receiving benefits under this plan:	3 times your last Monthly Benefit, payable to surviving spouse or children under 25.																				



GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

What Benefits Does The Plan Offer (continued)

Definition of Disability:	Each and every material duty of any occupation your education, training, or experience will allow.
Exclusions – Not covered under the plan includes:	<ul style="list-style-type: none"> • Commission of a felony; • Active participation in a riot or violent disorder; • Intentionally self-inflicted injury; • War, declared or undeclared; or • Injury or sickness occurring while confined in a penal or correctional institution.
Limitations – disabilities due to:	<ul style="list-style-type: none"> • Mental or Nervous Disorders – twelve (12) month limit unless hospital confined at the end of the 12 months; • Substance Abuse – 24-month limit. No benefit payable unless you are participating in rehabilitation program approved by us.
When Conversion Insurance Ends:	<p>LTD conversion coverage will terminate on the first of the following to occur:</p> <ul style="list-style-type: none"> • The end of the period for which your last premium has been paid; • Twelve (12) months from your effective date; • The date you retire; • The date you die; • The date you become covered under another group Long Term Disability policy; or • The date the Conversion policy terminates.

The above chart provides only a brief description of your coverage under the Long Term Disability (LTD) Conversion Plan. For more information, including complete details on all benefits, exclusions, limitations, and reductions in coverage, please refer to the Certificate of Insurance you will receive if you elect to become insured for LTD conversion coverage.

Certain provisions in the Certificate of Insurance you receive for your LTD Conversion Plan may vary based on any applicable state regulatory requirements.

This product is not available for groups located in Vermont.



GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

How Much Does The Coverage Cost?

The premium you pay for the coverage will depend on your age and covered monthly earnings* as of the date your premiums are due. You may request to pay your premium on an annual (once each year), semi-annual (twice each year), or quarterly (four times each year) basis.

The quarterly premium rates for the coverage are as follows:

AGE	QUARTERLY RATE (per \$100 of covered monthly earnings)
Less than 25	\$1.02
25 – 29	\$1.50
30 – 34	\$2.04
35 – 39	\$2.70
40 – 44	\$4.11
45 – 49	\$7.62
50 – 54	\$12.87
55 - 59	\$17.40
60 +	\$18.93

* Subject to a maximum covered monthly earnings amount of \$5,833.33.

There is also an additional one-time initial application fee of \$10 that is due along with the first premium payment.

How Do I Figure Out My Premium Payment?

To figure out your actual quarterly premium amount, please complete this calculation worksheet.

Step 1. Your current age: _____

Step 2. Quarterly Rate (refer to our quarterly rate chart and see the corresponding rate based on your age): _____

Step 3. Your basic monthly earnings (use the amount shown in item 8 on your Conversion Application): _____

Note: if your basic monthly earnings exceed \$5,833.33, use \$5,833.33 in your calculation.

Step 4. Multiply the amount in step 2 above by 4 to determine your annual LTD rate: _____

Step 5. Divide the amount in step 3 above by 100: _____

Step 6. Multiply the result in step 4 above, by the result in step 5 above to determine your annual LTD conversion premium: _____

**PLEASE CONTACT
CUSTOM DISABILITY
SOLUTIONS AT
1-877-448-1999
IF YOU HAVE
QUESTIONS**



GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

How Do I Figure Out My Premium Payment? (continued)

Step 7. If you chose the quarterly premium payment option, divide the amount in step 6 above by 4 to determine your quarterly premium: _____. If you chose the semi-annual premium payment option, divide the amount in step 6 above by 2 to determine your semi-annual premium: _____. If you chose the annual premium payment option, use the amount in step 6 above to determine your annual premium: _____.

Step 8. Then add \$10 to the amount figured in step 7 to determine the amount you will send to CDS with your application: _____.

There is a thirty-one (31) day grace period beginning on the date the LTD Conversion premium is due.

Please contact Custom Disability Solutions at **1-877-448-1999** if you have questions regarding the LTD Conversion Plan provided by Reliance Standard Life Insurance Company.

Will The Cost Increase?

Your premium amount will change:

1. When you reach a new age category as shown in the Quarterly Rate Schedule;
2. When the Quarterly Rate Schedule is changed;
3. When the terms of the policy change.

You will receive a written notice at least 31 days in advance of the date on which the premium rate change becomes effective.

How Do I Apply for Coverage?

If you are interested in applying for LTD conversion coverage, complete and sign the LTD Conversion Application Form that is included in this kit and send it to the following address along with your first quarterly premium:

Reliance Standard Life Insurance Company
C/O Custom Disability Solutions
Attention: LTD Conversion Administration
600 Sable Oaks Drive, Suite 200
South Portland, ME 04106

Reminders:

1. Be sure the Employer section on the first page of the application form is completed and signed by your employer.
2. Complete and sign the Employee section of the application in its entirety.



GROUP LONG TERM DISABILITY CONVERSION ENROLLMENT KIT

Reminders: (continued)

We recommend that you make copies of your application and keep a record for your files, before submitting the application to Custom Disability Solutions.

Custom Disability Solutions will review your application for completeness and verify eligibility, including confirmation that the premium for the group LTD policy is fully paid up. If we need additional information, we will contact you directly. Once your application is approved, Reliance Standard Life Insurance Company will mail you your welcome letter and LTD Conversion Certificate of Insurance.

Who Do I Call If I Have Questions About My Bill?

For billing inquiries following your first payment, please contact:

Reliance Standard Life Insurance Company
Attn: Annuity New Business
2001 Market Street, Suite 1500
Philadelphia, PA 19103-7000
1-800-351-7500 (Ext.5000)

Who Should I Contact If I Become Disabled?

You should contact Reliance Standard Life Insurance Company at **1-800-351-7500 (Ext. 4149)**. You will be provided with the necessary forms to file your claim.

All claims filed under the Reliance Standard Life Insurance Company's Conversion Plan will be administered by:

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company
Attn: LTD Claims
2001 Market Street, Suite 1500
Philadelphia, PA 19103-7000
1-800-351-7500 (Ext.4149)

When Should Notice Of A Claim Be Provided?

Written notice of a claim must be sent to Reliance Standard Life Insurance Company within 31 days after your elimination period begins, or as soon as reasonably possible.

When Should Proof Of A Claim Be Provided?

For any total disability covered by the Conversion Policy, written proof must be sent to Reliance Standard Life Insurance Company within ninety (90) days after your elimination period began. If it is not reasonably possible to provide proof within ninety (90) days, your claim will not be affected if the proof is sent as soon as possible.



**RELIANCE STANDARD LIFE INSURANCE COMPANY
EMPLOYER QUESTIONNAIRE FOR GROUP LONG TERM DISABILITY
CONVERSION INSURANCE**

This form is to be completed by the Employer when a person desires and is eligible to convert his group Long Term Disability insurance to Long Term Disability conversion coverage. The second side is to be completed by the employee and submitted, with premium, to the address shown on the following page within 31 days following the date of termination of insurance.

1. Employee's Full Name _____
2. Name of Group Policyholder The University of Texas System
Address of Group Policyholder 702 Colorado Street, Austin, TX 78701
Group Policy No. GFZ71778 Federal Employer ID No. _____
Institution Name (if different from Policyholder) _____
3. Employee's Date of Hire _____
4. Employee's effective date of insurance under your Group LTD policy: _____
5. Date person last worked _____ Date insurance terminated _____
6. If dates differ in (5), please explain _____
7. Employee's occupation on the termination date _____
8. Employee's last Basic Monthly Earnings before termination _____
9. Date notice of conversion privilege was given to employee _____
10. Was the employee covered under your present LTD policy for 12 consecutive months? Yes No
11. Did the employee leave as a result of retirement? Yes No
12. Is the employee now disabled from a Sickness or Injury? Yes No
13. Is there a disability claim for this employee pending for a disability benefit under your LTD Policy? Yes No

To the best of my knowledge the above information is correct and complete.

Preparer's Signature and Title

Date

Preparer's Telephone Number

**RELIANCE STANDARD LIFE INSURANCE COMPANY
GROUP LONG TERM DISABILITY CONVERSION APPLICATION**

The information below must be completed by the Employee and submitted, with premium and one time initial Application fee of \$10.00, to the address shown below within 31 days following the date of termination of insurance.

SEND TO: Reliance Standard Life Insurance Company
C/O Custom Disability Solutions
Attention: LTD Conversion Administration
600 Sable Oaks Drive, Suite 200
South Portland, ME 04106

1. Insured Person's Full Name _____

2. Home Address (Street & No.) _____

City _____ State _____ Zip Code _____

3. Sex

M F

4. Social Security No.

____-____-____

5. Date of Birth

____-____-____

6. Are you covered for any other Group Long Term Disability insurance?

Yes No

7. Premium Mode: Quarterly Semi-Annual Annual

The statements set forth above and on the reverse side are true to the best of my knowledge and belief.

Signature of Applicant

Date