UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE

The Guardian Blanket
Insurance Plan
GENERAL PROVISIONS

Definitions

As used in this certificate of coverage, the terms listed below are defined as follows. These terms are italicized when used in this certificate of coverage. Defined terms are specific to a particular insurance coverage as found within that coverage.

Policy means the Guardian policy of blanket insurance purchased by the policyholder. You have been issued a certificate of coverage under the policy.

Policyholder means UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE.

We, Us, Our And The Guardian means The Guardian Life Insurance Company.

You And Your means the insured student.

Limitation of Authority

No person, except by a writing signed by the President, Vice President, or a Secretary of The Guardian, has the authority to act for us to: (a) determine whether any contract, policy or certificate of insurance is to be issued; (b) waive or alter any provisions of any insurance contract or policy, or any requirement of The Guardian; (c) bind us by any statement or promise relating to any insurance contract issued or to be issued; or (d) accept any information or representation which is not in a signed application.

Incontestability

This policy is incontestable after two years from its date of issue, except for non-payment of premiums.

No statement in any application, except a fraudulent statement as determined by a court of competent jurisdiction, made by a person insured under this policy shall be used in contesting the validity of his or her insurance or in denying a claim for loss incurred, or for a disability which starts, after such insurance has been in force for two years during his or her lifetime.

If this policy replaces a policy the policyholder had with another insurer, we may rescind this policy based on misrepresentations made by the policyholder or a student in a signed application for up to two years from the effective date of this policy.
CERTIFICATE OF COVERAGE

The Guardian Life Insurance Company of America
7 Hanover Square
New York, New York 10004

We, The Guardian, certify that the student named below is entitled to the insurance benefits provided by The Guardian described in this certificate, provided the eligibility and effective date requirements of the policy are satisfied.

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<th>Blanket Policy No.</th>
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Issued To

This certificate replaces any certificate previously issued under the above policy or under any other policy providing similar or identical benefits issued to the policyholder by The Guardian.

The Guardian Life Insurance Company of America

[Signature]
Senior Vice President, Group Products and Marketing

BSC214-98-C

B825.0003
ELIGIBILITY FOR COVERAGE

Student Coverage

Eligible Students  To be eligible for student coverage under this policy, you must be: (a) an active full-time student, in good standing, engaged in the curriculum of UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE; and (b) a member of, or eligible for membership in, the American Medical Association.

"Active full-time student" means you are: (a) carrying at least the minimum credit hour requirement designated by UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE as full-time; and (b) attending classes and performing other duties as required to maintain status as a student in good standing.

To remain eligible for coverage between school sessions, you must be scheduled to return to school, on a full-time basis, at the start of the next session.

Other Conditions  If you must pay part of the cost of student coverage, we won't insure you until you enroll in this policy and agree to make the required payments. If you do this: (a) more than 31 days after you first become eligible; or (b) after you previously had coverage which ended because you failed to make a required payment, we also ask for proof that you are insurable. And you won't be covered by this policy until we approve that proof in writing.

If your active full-time enrollment ends before you meet any proof of insurability requirements that apply to you, you will still have to meet those requirements if you later return to active full-time enrollment.

When Your Coverage Starts  Your coverage under this policy is scheduled to start on your effective date. But you must be: (a) actively enrolled as a full-time student; and (b) attending classes on a full-time basis on the scheduled effective date. And you must have met all of the applicable conditions explained above, and any applicable waiting period. If you are enrolled as a full-time student, but not attending classes on a full-time basis on the date your insurance is scheduled to start, we will postpone your coverage until the date you return to active full-time student status.

Sometimes, a scheduled effective date is not a regularly scheduled class day. But your coverage will start on that date if you were: (a) actively enrolled as a full-time student; and (b) attending classes on a full-time basis, on your last regularly scheduled class day.

When Your Coverage Ends  Your coverage under this policy ends on the date your active full-time enrollment ends for any reason, except as explained below. Such reasons include disability, death and leave of absence.

Coverage also ends on the date you stop being a member of a class of students eligible for insurance under this policy, or when this policy ends for all students. And it ends when this policy is changed so that benefits for the class of students to which you belong ends.
If you fail to pay your part of the cost of this policy, your coverage ends. It ends on the last day of the period for which you made the required payments, unless coverage ends earlier for other reasons.

Read this certificate of coverage carefully if your coverage ends. You may have the right to replace certain blanket insurance benefits with converted policies.

BSC214-98-DIEL

8825.0006
LONG TERM DISABILITY HIGHLIGHTS

This page provides a quick guide to some of the Long Term Disability policy features about which people most often want to know. But it’s not a complete description of the Long Term Disability policy. Read the following pages carefully for a complete explanation of what we pay, limit, and exclude.

Elimination Period
- For total disability due to injury .............................................. 90 days
- For total disability due to sickness ............................................ 90 days

Gross Monthly Benefit
A disabled student is eligible for a benefit of $2,500 per month, prior to any reduction for earnings.

Maximum Payment Period
For disability starting before you reach age 60, the maximum payment period will last until the Social Security Retirement Age as shown in the following table:

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But if your disability starts after age 60 and you reach the end of the maximum payment period from this table before you reach the Social Security Normal Retirement Age, we will extend your maximum payment period until you reach Social Security Normal Retirement Age.
STUDENT LONG TERM DISABILITY INSURANCE

This insurance provides a monthly benefit if you are an eligible student and become disabled. What we pay and the terms for payment are explained below.

Claims Provisions

Filing A Claim For Benefits
You must send us written notice of an injury or sickness for which you intend to file a long term disability claim within 30 days of the injury or start of the sickness for which a claim is being made. This notice should include your name, Social Security number and the policy number.

We will furnish you with claim forms for filing proof of disability within 15 days of our receipt of the initial notice of your intent to file a claim. The completed claim forms must be returned to us within a reasonable period of time. If we do not furnish the forms within the time stated, we will accept a written description of the injury or sickness that is the basis for the claim in place of our form. You must detail the nature and extent of the disability for which the claim is being made. If necessary to determine our liability, as part of proof of loss, we may require certification of the extent and nature of your disability, from all doctors who have treated you for the cause of your disability.

We may require you to authorize release of medical and income data by the sources of such data, including providers of medical and/or dental services. Any information not furnished or for which the release of authorization to obtain data is not obtained can result in suspension or delay of long term disability benefit payments until such information or authorization is received by us.

Time Limit For The Filing Of A Claim
Proof of loss must be sent to Guardian within 30 days after the start of the period for which we are liable. Any claim not filed within a reasonable period of time following the end of the elimination period will be denied and no long term disability benefits will be payable unless we receive written proof that you lacked the legal capacity to file the claim or that it was not reasonably possible for you to file the claim.

Continued Proof Of Disability
Additional proof must be furnished at such intervals as we may reasonably require. Written proof of your continued disability and doctor’s care must be provided to us within 60 days of each date we make such request.

Payment Of Benefits
Benefits for the long term disability coverage are payable once every month, provided you continue to submit periodic written proof of loss and any current earnings as required by us. We pay all long term disability benefits to you, if legally competent. If you are not legally competent, we will pay all benefits to which you are entitled to the legal representative of your estate. We have the right to pay any benefits to which you are entitled which remain unpaid at your death to one of the following: (a) your estate; or (b) your spouse, parent, children or brothers and sisters.
Examination
If you make a claim for benefits, we have the right to require that you be examined by a **doctor** as often as we feel necessary. And we have the right to terminate or suspend your net monthly payments if you fail to attend such an examination. In such case, your net monthly payments may be resumed, provided that: (a) the required examination occurs within a reasonable period of time; and (b) you continue to be entitled to net monthly payments under all other provisions of the policy. We will pay for all such examinations.

Limitations Of Actions
You can’t bring a legal action against the **policy** until 60 days from the date you file proof of loss. And you can’t bring legal action against the **policy** after three years from the date you file proof of loss.

How This Policy Works

**When And How This Policy’s Monthly Payments Start**
To start getting monthly payments under this **policy**, you must meet all of the following conditions:

- you must: (a) become totally disabled while insured by this **policy**; and (b) stay both totally disabled and insured by this **policy** continuously throughout the **elimination period**.

- you must be: (a) under a **doctor’s** regular care for the cause of your **disability**; and (b) receiving appropriate medical care for the cause of your **disability** and for any other **sickness** or **injury** which exists before, or occurs during, the period you are disabled under the **policy**.

- you must submit acceptable written proof of: (a) your **disability**; and (b) any current monthly earnings.

We reserve the right to determine when you meet the above conditions.

Failure to pass your regular student physical checkup does not constitute **disability** under this **policy**. Proof of **disability** will not be accepted from a **doctor** who is: (a) yourself; or (b) your spouse, parent, child, brother or sister.

Once we approve your initial proofs of **disability**, we start to make net monthly payments. The first net monthly payment is made one month after the end of the **elimination period**.

**The Elimination Period**
The **elimination period** is the period of time you must be continuously totally disabled before long term disability benefits are payable.

- For total **disability** due to **injury**, the **elimination period** is 90 days.
- For total **disability** due to **sickness**, the **elimination period** is 90 days.
Any days of disability which result from a disability for which this policy does not pay benefits will not count toward the elimination period. Any days during which you are not totally disabled will not count toward the elimination period.

The elimination period will be considered continuous if you resume status as an active full-time student for not more than 45 days during the elimination period. The elimination period will be extended by one day for each day you temporarily resume status as an active full-time student. This interruption of the elimination period will not apply if you become eligible under any other blanket or group long term disability policy.

All Options

Continued Payment Of This Policy’s Net Monthly Payments
To continue to be entitled to net monthly payments under this policy, you must continue to provide adequate proof of:

(a) your continued disability; and

(b) continued regular doctor’s care appropriate to the cause of disability; and

(c) any current monthly earnings.

In addition, we may, at any time, require you to be examined by a doctor or medical professional of our choosing.

Your net monthly payments under this policy can be terminated or suspended if at any time you fail to comply with any of the above requirements.

How long we continue to make net monthly payments under this policy will be subject to all the terms of the policy.

When Disability Ends
Your disability ends on the earlier of: (a) the date we determine you are able to perform the requirements of a regular full-time student; or (b) after you have received 24 consecutive net monthly payments, the date we determine you are able to perform the major duties of any suitable occupation or employment.

When This Policy’s Payments End
This policy’s net monthly payments end on the earliest of:

(a) the date your disability ends;

(b) the date you die;

(c) the end of the maximum payment period;

(d) the date you fail to give us any proof of disability we require;

(e) the date you refuse to allow any physical exam we require; or

(f) the date you are no longer under the regular and continuing care of a doctor.
Maximum Payment Period

For disability starting before you reach age 60, the maximum payment period will last until the Social Security Retirement Age as shown in the following table:

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Recurring Disability

Benefits for a disability cease when your disability ends, as described above. If your benefit ceased because your disability ended, and you become disabled again under this policy we will consider the later period of disability to be a recurring disability if:

(a) you resume regular full-time attendance as a student in good standing, right after a period of disability for which this policy has paid benefits;

(b) your disability recurs less than six months after the end of the period for which you were last entitled to a monthly payment under this policy;

(c) your later disability is due to the same sickness or injury that caused the earlier period of disability;
(d) you do not become covered under any other group long term disability policy during the period you resume your status as a full-time student in good standing;

(e) this policy does not terminate during the time you’ve resumed your status as an active full-time student; and

(f) you remain covered under this policy and resume premium payment for the long term disability coverage during any time you are performing the requirements of an active full-time student in good standing.

If we consider the disability to be a recurring disability, the disability will be treated as a continuation of the earlier disability. This means you will not be required to satisfy a new elimination period before benefits will be payable under this policy for the later disability. It also means that if, during any period of time you are receiving benefits under this policy, or during the period you resume status as an active full-time student between an earlier disability and a recurring disability: (a) any of the benefit provisions under this policy change; or (b) your class changes; those changes will not apply to the recurring disability. The benefits payable for the recurring disability will be based on the terms of the policy that applied to the earlier disability.

If the later period of disability:

(a) is due to an unrelated cause;

(b) begins six months or more after the end of the period for which disability benefits were payable under this policy; or

(c) begins after the date this policy ends;

The disability will not be considered recurring and will be treated like a new period of disability.

You must provide all proof of loss required by this policy for disability before benefits will be payable for a recurring disability.

How Net Monthly Payments Are Computed

Your net monthly payment under this policy is based on the plan of benefits that applied to you on the date your disability began. For the duration of your disability, including recurring disabilities, as defined by this policy, your gross monthly benefit and net monthly payment will not be affected by changes in the plan of benefits for your classification. However, your net monthly payment will be adjusted when your current monthly earnings change.

When we compute your net monthly payments, we first calculate your gross monthly benefit. Your gross monthly benefit is $2,500.00.

BSC214-98-LTD5  B925.0051-R

All Options

Computing Your Net Monthly Payment

Your net monthly payment is your gross monthly benefit reduced by 50% of any current monthly earnings you earn while disabled.

Minimum Net Monthly Payment

The minimum net monthly payment is $100.00.
How This Policy Works (Cont.)

Payments For Partial Months
When disability lasts part of a month, we pay 1/30 of the net monthly payment for each day for which we are liable. In no event will benefits be paid for any more than 30 days for any one month.

Waiver Of Premium
We waive all premiums for your long term disability insurance which fall due while you are entitled to receive a net monthly payment.

If This Policy Ends
This long term disability insurance ends when the policy ends. It also ends when this coverage is dropped from the policy for all students, or for your class. If either happens while you are disabled, we pay you benefits as if your insurance did not end. But payments will be based on all the terms of the policy.

Overpayments - Our Recovery Rights
If we determine that we overpaid you, you must reimburse us in full. We have the right to reduce your payment or apply any benefits payable, including the minimum payment, toward recovery of the overpayment.

BSC214-98-LTD6-NY B825.0272

All Options

Rehabilitation Benefits
If you are disabled and meet selection criteria as established by Guardian, you may be selected to enter into a rehabilitation agreement with us. You may accept or reject this agreement. If you choose to participate, the agreement starts when we inform you in writing that you have been accepted into the rehabilitation program. You may be chosen for this program anytime you are disabled according to the terms of the policy. This includes during the elimination period.

The exact terms of the rehabilitation agreement may be different for each student, but all agreements will set forth a plan designed to return you to: (a) gainful employment; or (b) medical or dental school or a similar institution. Gainful employment is employment that is appropriate to your disability, skills, and experience.

If you are chosen for a rehabilitation agreement, you will be entitled to an enhanced benefit based on 110% of the net monthly payment to which you would have been entitled had you not entered into the rehabilitation agreement. If you are chosen for such an agreement with us, you will continue to be subject to all the terms of this policy.

The enhanced benefit will start on the later of:

(a) the effective date shown on the rehabilitation agreement; or
(b) the date you complete the elimination period.

Your eligibility for the enhanced benefit will extend until the earliest of:

(a) the date you are no longer disabled;
(b) the date you die;
(c) the end of the maximum payment period;


How This Policy Works (Cont.)

(d) the date you violate any of the terms of the rehabilitation agreement;

(e) the date you elect to end the rehabilitation program; or

(f) the date the rehabilitation agreement expires.

All Options

Loan Payoff Benefit We provide a loan payoff benefit if you become functionally disabled, as defined by this policy. The loan payoff benefit is explained below. But what we pay is subject to all the terms of this policy.

To be eligible for a loan payoff benefit, you must meet all of the following conditions:

(a) you must be disabled, according to the terms of this policy, and be entitled to receive net monthly payments under this policy;

(b) you must meet the definition of functional disability for a period of 12 consecutive months; and

(c) you must have an eligible loan(s).

Once we approve your proofs of disability and eligible loan(s), we start to repay your eligible loan(s). If the terms of an eligible loan change after the onset of disability, loan payoff benefit payments will be based on the lesser of the loan repayment requirements. We have the right to repay eligible loan(s) in installments. Payments will be made to the financial lending institution that made the loans.

To be eligible for payoff (an "eligible loan"), a loan:

(1) must have been made to you by a financial lending institution;

(2) must have been made to cover educational expenses for college and/or medical or dental school, including tuition, fees, textbooks, and equipment;

(3) must have been made prior to the onset of disability;

(4) must have been made prior to the date you graduated from medical or dental school; and

(5) must not be a loan which you are not required to repay.

You must provide proof of eligible debt.

Loan payoff benefits end on the earliest of:

(a) the date you are no longer functionally disabled;

(b) the date you fail to provide continued proof of disability as required by this policy;
(c) the date you are no longer entitled to monthly payments from this policy;

(d) the end of the maximum payment period, as shown in the Long Term Disability Highlights; or

(e) the date the maximum loan payoff benefit, as shown in the Long Term Disability Highlights, is reached.

All Options

Special Limitations

Mental Or Emotional Conditions, Alcohol Abuse And Drug Abuse

If you are disabled, as defined by this policy, by a mental or emotional condition, alcohol abuse or drug abuse, we limit the duration of this policy's benefits. For the long term disability income coverage of this policy, a mental or emotional condition will include, but is not limited to, any of the following:

- bipolar affective disorder (manic depressive syndrome),
- schizophrenia,
- delusional (paranoid) disorders,
- psychotic disorders,
- depressive disorders,
- anxiety disorders,
- somatoform disorders (psychosomatic illness),
- eating disorders,
- mental illness.

For each disability due to a mental or emotional condition, alcohol or drug abuse, our payments stop at the earliest of: (a) the date during any one period of disability that you have received 60 consecutive net monthly payments; (b) the end of the maximum payment period; or (c) the date disability ends.

Benefits will be limited to a total of 60 months of benefits in your lifetime for all disabilities contributed to, or caused by, any combination of the conditions shown above.

But, if at the end of benefit payments as shown above, you are being treated for the cause of your disability as an inpatient in a qualified institution for at least 14 consecutive days, we extend our payments. We extend them until the earliest of: (a) 90 days from the date of discharge; (b) the end of the maximum payment period; or (c) the date disability ends.

By "qualified institution", we mean a legally operated hospital or other public or private facility licensed to provide inpatient medical care and treatment for the cause of your disability.
All Options

Pre-Existing Conditions

A pre-existing condition is a sickness or injury, including all related conditions and complications, for which, in the 3 months before your insurance starts, you:

(a) receive advice or treatment from a doctor; take prescribed drugs; or receive other medical care or treatment, including consultation with a doctor; or (b) exhibit symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

A pregnancy which exists on the date your insurance starts is also a pre-existing condition.

We do not pay benefits for disability caused by such a condition until the later of: (a) the day following the date you are insured for 12 consecutive months; and (b) the date benefit payments would otherwise start in the absence of this provision.

We do not cover any disability which begins before your insurance starts.

If This Policy Replaces Another Policy

The pre-existing condition limitation shown above will not apply if you: (a) were insured under a long term disability policy the policyholder had with another insurer on the date that policy ended; and (b) meet the requirements shown below. But the policy must start within 60 days after the old policy ends.

The pre-existing limitation will be waived if you: (a) are an active full-time student on the effective date of the policy; and (b) have fulfilled the requirements of any pre-existing condition exclusion or limitation of the old policy.

If you: (a) are an active full-time student on the effective date of this policy; but: (b) have not fulfilled the requirements of any pre-existing condition limitation or exclusion of the old policy; then we will apply any period of time credited toward the satisfaction of the pre-existing condition limitation or exclusion under the old policy toward satisfaction of this pre-existing condition limitation.

We will deduct all payments made by the old policy under an extension provision. Any benefits for a disability caused by a pre-existing condition that we agree to pay will be subject to all other terms of the policy.

Credit For Prior Coverage

You may have been covered under a previous group or blanket disability insurance policy that was substantially similar to the policy, prior to your enrollment in the policy. When this happens, we give credit for the time you were covered under the previous policy. To determine if a condition is pre-existing, we go back to the date your coverage started under the previous policy. But, your status as an active full-time student must start within 60 days of the date your coverage ended under the previous policy. And, you must enroll for this insurance within such 60 day period; or, if later, within 31 days of the date you first become eligible for this insurance during such 60 day period.
Exclusions

- We do not cover any period of disability caused, directly or indirectly, by: (a) declared or undeclared war or act of war or armed aggression; (b) your service in the armed forces, National Guard, or military reserves of any state or country; (c) your taking part in a riot or other civil disorder; (d) your commission of, or attempt to commit, a felony; (e) your unlawful use or threat of force on another person without his or her consent; (f) intentional self-injury or attempted suicide while sane or insane; (g) job related or on-the-job injury; or (h) conditions for which benefits are payable by Workers’ Compensation or like laws.

- We do not pay benefits for any period during which you are confined to any facility as a result of your conviction of a crime or public offense.

- We do not pay benefits for any period during which you are not under the regular care and treatment of a doctor.

- We do not pay benefits for any period of disability which starts before you are insured by this policy.

In addition, no benefit will be payable for any period during which your loss of status as a regular full-time student is solely due to your disability.

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All Options

Converting Your Blanket Long Term Disability Insurance

Eligibility For Conversion

Your long term disability insurance ends if your status as an active full-time student ends. If this happens, subject to the conditions below, you may obtain a converted disability income policy if you have been insured under this policy (or a prior policy held by UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE), which this policy replaced, for at least 12 consecutive months prior to the date your blanket coverage ends.

But you cannot convert if your blanket long term disability insurance ends due to: (a) the end of blanket coverage for all students or the class of which you were a student; (b) your failure to make a required contribution; (c) your change to a class of students which is not eligible for blanket long term disability coverage; or (d) you end your status as an active full-time student prior to graduation.

And you will not be able to convert if you: (a) become eligible for long term disability coverage under another blanket or group policy within 31 days after the date on which your coverage under this policy ends; or (b) have other insurance which would result in overinsurance by our standards; or (c) are disabled under the terms of this blanket long term disability policy.
Converting Your Blanket Long Term Disability Insurance (Cont.)

To Obtain A Converted Policy
You must apply to us in writing and pay any required premium to obtain a converted disability income policy. You must do this within 31 days of the date on which your long term disability coverage ends. If you fail to apply to us in writing and pay any required premium within 31 days of the date your blanket long term disability coverage ends, you are no longer eligible to obtain a converted disability income policy.

The Converted Policy
The converted disability income policy will be renewable and will comply with the laws of the state in which you live when you apply. There is no proof of insurability required to obtain a converted long term disability income policy.

The converted policy will not provide the same benefits as your long term disability coverage. The benefit periods and levels of coverage of the converted policy may be more limited than those of this blanket long term disability benefits policy.

The premium for the converted policy will be based on: (a) the policy for which you are eligible; (b) the risk and rate class to which you belong; and (c) your attained age. Your converted policy starts on the date your blanket long term disability coverage ends.

All Options

Definitions

In this section, we define the italicized terms found in this long term disability coverage.

Active Full-Time Student means the student is: (a) carrying at least the minimum credit hour requirement designated by UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE as full-time; and (b) attending classes and performing other duties as required to maintain status as a student in good standing. To remain eligible for coverage between school sessions, the student must be scheduled to return to school, on a full-time basis, at the start of the next session. If a student's active full-time enrollment ends before he or she meets any proof of insurability requirements that apply to him or her, the student will still have to meet those requirements if he or she later returns to active full-time enrollment.

Current Monthly Earnings are the exact amount of monthly earnings a student earns from working while disabled. A student's current monthly earnings are used in determining his or her net monthly payment.

All Options

Disability means, solely due to your sickness or injury:

1. For the first 60 months for which this policy pays benefits, you are completely unable to attend UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE or a similar institution on a regular basis and maintain your status as a student in good standing.
(2) When benefits have been paid for 60 consecutive months, the definition of disability changes. For the duration of disability, disability means:

(a) you are completely unable to attend UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE or a similar institution on a regular basis and maintain your status as a student in good standing; and

(b) you are completely unable to perform on a full-time basis the major duties of any occupation or employment for which you are, or could become, qualified by education, training, or experience.

This policy only covers a disability that starts while you are insured by this policy.

You will not be considered disabled under this policy if you are not under the regular care and treatment of a doctor.

In no event will the loss of professional or occupational license, in itself, constitute disability.

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Doctor means any medical practitioner we're required by law to recognize, who: (a) is properly licensed or certified as such by the laws of the state where he or she practices; and (b) provides services that are within the lawful scope of his or her practice.

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Gross Monthly Benefit means this policy's monthly benefit before it is reduced by any current monthly earnings.

Injury means: (a) all bodily injury due to an accident that occurs, independent of all other causes, while you are insured by this policy; and (b) all complications thereof. Disability will be considered caused by an injury only if that disability: (a) is directly caused by the injury; and (b) begins within 90 days of the date of such injury.

Maximum Payment Period means the longest period that benefits are paid by this policy for continuous disability.

Net Monthly Payment means this policy's gross monthly benefit less any reduction by current monthly earnings. See "How We Compute Net Monthly Payments" for details.

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Rehabilitation Agreement means a signed, written agreement between you and The Guardian. It outlines a program of vocational rehabilitation in which you agree to participate. The program outlined in the rehabilitation agreement is designed to return you to gainful work.

Rehabilitation Specialist means a designated employee or representative of The Guardian who is trained in vocational rehabilitation.

Sickness means: (a) any illness or disease; (b) all related conditions; and (c) all complications and recurrences thereof. This policy treats pregnancy like a sickness.

Student means a student who is insured by this policy.

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