WOFFORD COLLEGE LONG TERM CARE INSURANCE PLAN #39095
SUMMARY PLAN DESCRIPTION

This long term care plan pays benefits if you suffer a Chronic Illness.

POLICYHOLDER'S ORIGINAL PLAN EFFECTIVE DATE: January 1, 2006
POLICY NUMBER: 39095

ELIGIBLE GROUP(S): All Employees and Their Family Members, Retirees and their Spouses
Employees must be in Active Employment with the Policyholder.

MINIMUM HOURS REQUIREMENT: Employees must be working at least 30 hours per week.

POLICYHOLDER PAID COVERAGE FOR EMPLOYEES:
The Policyholder pays for the following coverage for Employees. Employees can choose higher levels of coverage by paying the additional cost.
LTC Facility Monthly Benefit - $1,000
Benefit Duration - 3 years
Professional Home and Community Care - 100% of the LTC Facility Monthly Benefit

LTC FACILITY MONTHLY BENEFIT:
For eligible Employees: $1,000 - $6,000 per month in $1,000 increments
For all other eligible persons: $1,000 - $6,000 per month in $1,000 increments

BENEFIT DURATION:
Choice A: 3 years
Choice B: 6 years
Choice C: Lifetime

HOME CARE BENEFIT: You may choose either Professional Home and Community Care or Total Choice Home Care, but not both.
Professional Home and Community Care: 100% of the LTC Facility Monthly Benefit
Total Choice Home Care: 50% of the LTC Facility Monthly Benefit

ADDITIONAL BENEFITS: Optional Benefit Increase - 5% Simple

ELIMINATION PERIOD: 90 accumulated days. The Elimination Period must be satisfied within a period of 730 consecutive days. Benefits begin the day after the Elimination Period is completed.

WHO PAYS FOR THE COVERAGE:
For eligible Employees: You and the Policyholder pay the cost of your coverage.
For all other eligible persons: You pay the cost of your coverage.

EVIDENCE OF INSURABILITY LIMITS:
For eligible Employees: Evidence of Insurability will be required if you apply for a Lifetime Benefit Duration; or more than 31 days after you were eligible for coverage. After the initial enrollment period, you can apply for coverage with evidence of insurability by filling out the benefit election form and the Long Term Care Insurance Application. These forms can be obtained from the Wofford College Human Resource Office (Policyholder).
For all other eligible persons: You must always submit a Long Term Care Application and provide, at your own expense, Evidence of Insurability satisfactory to us.

WAIVER OF PREMIUM: No premium payments are required for your coverage while you are receiving monthly benefit payments under this policy.

CONTACT THE WOFFORD COLLEGE HUMAN RESOURCE OFFICE IF YOU NEED A LONG TERM CARE POLICY CERTIFICATE.