Voluntary Disability
Premium Worksheet

The premium will be payroll deducted monthly. The rate depends on your current base salary and age as of January 1st of current year, calculated per $100 of covered monthly pay. To determine your monthly payroll deduction, fill out the premium calculation worksheet. These rates are effective 1/1/14.

Premium Calculation Worksheet

Example: Employee age 35 earning $25,000 per year.

Voluntary STD

1. Enter your annual earnings, up to $250,000: $25,000
2. Divide by 12: $2,083.33
3. Divide line 2 by 100: $20.83
4. Enter your rate from the table to the right: $0.23
5. Multiply line 3 by line 4. This is your monthly premium: $4.79

Voluntary LTD

1. Enter your annual earnings, up to $250,000: $25,000
2. Divide by 12: $2,083.33
3. Divide line 2 by 100: $20.83
4. Enter your rate from the table to the right: $0.32
5. Multiply line 3 by line 4. This is your monthly premium: $6.67

How Do I Enroll?

Complete the enrollment form included in your orientation packet and return it to our plan record keeping administrator:

The MGIS Companies
P.O. Box 16110
Salt Lake City, UT 84116-0110
Fax: 801-990-2401

Send the completed enrollment form and keep a copy of it for your records. MGIS will notify you in writing about your enrollment. Questions about plan administration, record keeping, and payroll deductions may be referred to MGIS at:

(800) 969-6447 ext. 175
9:30 AM to 6:15 PM EST
Voluntary Disability Enrollment Form

Hartford Life and Accident Insurance Company

<table>
<thead>
<tr>
<th>Last Name (Legal Name)</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke Unique ID</td>
<td>□ Male</td>
<td>□ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Date of Hire or Elig.</th>
<th>Annual Salary or Hourly Rate</th>
<th>Hours Worked Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Paid Biweekly or</td>
<td>□ Paid Monthly</td>
<td></td>
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Please check the appropriate boxes that correspond to your location:

- □ Duke University
- □ Duke Regional Hospital
- □ Duke University Health System
- □ Duke Raleigh Hospital

Voluntary Short Term Disability Insurance

You have the opportunity to enroll in the Voluntary Short Term Disability (STD) insurance plan. This plan provides you with income protection to replace up to 60% of your base salary, to a maximum weekly benefit of $2,885.

□ I elect to enroll in the Voluntary STD plan.

Voluntary Long Term Disability Insurance

(for employees with less than 3 years of service without the Duke Disability Waiver)

You have the opportunity to enroll in the Voluntary Long Term Disability (LTD) insurance plan. This LTD plan provides you with income protection to replace up to 60% of your base salary, up to a maximum monthly benefit of $12,500.

□ I elect to enroll in the Voluntary LTD plan.

Employee’s Confirmation

I have been given the opportunity to enroll in my employer’s group disability insurance plan. I understand that if I decline now, but later decide to enroll, I may be required to provide satisfactory evidence of insurability to Hartford Life and understand my request for coverage may be denied.

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am not disabled, and I am performing all the duties of my occupation on a full-time basis. I understand that my monthly premium will change if my salary or age category changes.

Signature: ___________________________ Date: ________________

PLEASE RETURN THIS FORM TO:
The MGIS Companies, P.O. Box 16110, Salt Lake City, UT 84116-0110
Fax: 801-990-2401
Phone: 800-969-6447, ext. 175