

BENEFITS AT A GLANCE

SYNOPSIS

The insurance evidenced by this certificate provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

EXCLUSIONS

What disabilities are not covered under your plan:
See page LTD-BEN-8

LIMITATIONS

What disabilities have a limited pay period under your plan:
See page LTD-BEN-7

What disabilities due to a pre-existing condition have limited coverage:
See Page LTD-BEN-8

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: December 1, 2016

POLICY NUMBER: 423209 001

ELIGIBLE GROUP(S):

All Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be in active employment at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before the plan effective date: None

For employees entering an eligible group after the plan effective date: First of the month coincident with or next following the date you enter an eligible group

Employees are not eligible for coverage until the waiting period has been completed.

ENROLLMENT:

Employees who are eligible may apply for their coverage at any time.

You may cancel any coverage for which you make contributions at any time.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required:

- for any amount of coverage applied for more than 31 days after you are first eligible for coverage.
- if you reapply for coverage after it terminates.

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

You must make contributions for your coverage.

No premium contributions are required for your coverage while you are receiving benefit payments under this plan.

ELIMINATION PERIOD:

90 days

Benefits begin the day after the elimination period is completed.

MONTHLY BENEFIT:

60% of monthly earnings to a maximum benefit of \$15,000 per month.

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

MINIMUM MONTHLY BENEFIT:

The greater of:

- \$100; or
- 10% of your gross disability payment.

MAXIMUM PERIOD OF PAYMENT:

<u>Age at Disability</u>	<u>Maximum Period of Payment</u>
Less than Age 62	To Social Security Normal Retirement Age
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months
<u>Year of Birth</u>	<u>Social Security Normal Retirement Age</u>
1937 or before	65 years
1938	65 years 2 months
1939	65 years 4 months
1940	65 years 6 months
1941	65 years 8 months
1942	65 years 10 months
1943-1954	66 years
1955	66 years 2 months
1956	66 years 4 months
1957	66 years 6 months
1958	66 years 8 months
1959	66 years 10 months
1960 and after	67 years

OTHER FEATURES:

Conversion

Dependent Care Expense Benefit

Pre-Existing Limitation: 3/12

Rehabilitation and Return to Work Assistance Benefit

Survivor Benefit

Work Life Assistance Program

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage and if you make contributions to the plan, refer to your confirmation of coverage. The plan includes enrollment, risk management and other support services related to your Employer's benefit program.