

Plan Highlights

Voluntary Group Long Term Disability Insurance



Sample Company

COVERAGE

Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 20 or more hours per week.

BENEFIT AMOUNT

You may elect a monthly benefit in increments of \$100, from a minimum of \$200 up to a maximum benefit of \$7,500 per month, not to exceed 67% of your covered earnings (rounded to the next lower increment).

ELIMINATION PERIOD

Option 1: 0 days Injury / 7 days Sickness
Option 2: 14 days Injury / 14 days Sickness
Option 3: 30 days Injury / 30 days Sickness
Option 4: 60 days Injury / 60 days Sickness

If an employee is hospital confined as an in-patient because of a disability, and has selected an elimination period of 30 days or less, benefits begin immediately. In-patient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

FEATURES

- ▶ Conversion Privilege
- ▶ FMLA Continuation
- ▶ Living Benefit
- ▶ Minimum Benefit Payable – 25%
- ▶ Own Occupation Coverage – 24 months
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care provisions

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See attached Rate Sheet.

LIMITATIONS

- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
 - ▶ Mental/Nervous Illness Limitation – 24 Months out-patient
 - ▶ Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
 - ▶ Pre-Existing Condition Limitation – 3/12
 - ▶ Substance Abuse Limitation – 24 Months
- Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.