

## Summary Plan Description

### LONG TERM DISABILITY INSURANCE

<b>Purpose</b>	To provide monthly earnings during time lost from work due to a disability
<b>Elimination Period:</b>	90 Days
<b>Benefit Percentage:</b>	60% of monthly earnings
<b>Benefit Duration:</b>	5 Years
<b>Minimum Monthly Benefit:</b>	10% or \$100, whichever is greater
<b>Guarantee Issue Amount:</b>	\$6,000
<b>Maximum Monthly Benefit:</b>	\$6,000
<b>Pre-Existing Conditions:</b>	3/12 Months
<b>Mental Illness &amp; Substance Abuse Limitations:</b>	24 Months
<b>Own Occ Duration:</b>	2 Years
<b>Definition of Disability</b>	Partial/ Residual
<b>Integration Method:</b>	Social Security Family
<b>Employee Assistance Program:</b>	Included

Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.