

Offered by Life Insurance Company of North America

Employee-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: East Texas Employee Benefits Co-op

Eligibility:

All active, Full-time Employees of the Employer who are citizens or permanent residents of the United States and regularly working a minimum of 15 hours per week, excluding temporary, leased or seasonal Employees.

Employee: You will be eligible for coverage the first of the month coincident with or following date of hire.

Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
Option 1: Lesser of 30% of your monthly covered earnings or \$8,000 Option 2: Lesser of 40% of your monthly covered earnings or \$8,000 Option 3: Lesser of 50% of your monthly covered earnings or \$8,000 Option 4: Lesser of 60% of your monthly covered earnings or \$8,000 Option 5: Lesser of 70% of your monthly covered earnings or \$8,000	0/7, 14/14, 30/30, 60/60	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Employee's Monthly Cost of Coverage:

Monthly Rates by Type of Plan (Per \$100 Benefit)					
		Option 1 Select			
Duration	Accident	Please refer to the "How Long Benefits Last" section below for more details.			
	Sickness	Please refer to the "How Long Benefits Last" section below for more details.			
Benefit Waiting Period Days	Accident	0	14	30	60
	Sickness	7	14	30	60
All Ages Gross Disability Option 1		\$2.77	\$2.16	\$1.86	\$1.69
Gross Disability Option 2		\$3.03	\$2.36	\$2.03	\$1.62
Gross Disability Option 3		\$3.25	\$2.54	\$2.18	\$1.75
Gross Disability Option 4		\$3.66	\$2.86	\$2.46	\$1.97
Gross Disability Option 5		\$3.82	\$2.98	\$2.56	\$2.05

Actual per pay period premiums may differ slightly due to rounding.

How to Calculate Your Monthly Cost:

Step 1: Find the above Monthly rate based on the Duration and Benefit Waiting Period that you are choosing. Multiply this rate by your gross monthly benefit.

Step 2: Divide the total by 100. The result is your Monthly cost.

Important Definitions and Policy Provisions:

Disability - "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings - "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin - You must be continuously Disabled for your elected benefit waiting period before benefits will be payable for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to one of the following schedules, depending on your age at the time you become Disabled and the plan you select.

Select Plan: Maximum Benefit Period Schedule								
Age at Disability	Age 63 or younger	63	64	65	66	67	68	69+
Duration of Payments for Accident (months)	The later of your SSNRA or the date the 48th monthly benefit is payable, if later.	The later of your SSNRA or the date the 42nd monthly benefit is payable, if later.	36	30	27	24	21	18
Age at Disability	Age 63 or younger	63	64	65	66	67	68	69+
Duration of Payments for Sickness (months)	The later of your SSNRA or the date the 48th monthly benefit is payable, if later.	The later of your SSNRA or the date the 42nd monthly benefit is payable, if later.	36	30	27	24	21	18

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by Other Income Benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Disability benefits may be reduced by amounts received through Social Security disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will also be reduced by amounts received through other government programs, sick leave, employer's sabbatical leave, employer's assault leave plan, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description. *Note: Some of the Other Income Benefits, as defined in the group policy, will not be considered until after disability benefits are payable for 12 months.*

Earnings While Disabled - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than the percentage of Indexed Earnings, or the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. SLH 100001. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 05/2022.