

## Plan Highlights

# Group Long Term Disability Insurance



### Mechdyne Corporation

#### 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

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

#### ELIMINATION PERIOD

90 consecutive days of total disability.

#### BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of \$100/10%, to a maximum benefit of \$6,000 per month.

#### MAXIMUM BENEFIT DURATION

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

| Age at Disablement | Duration of Benefits |
|--------------------|----------------------|
| 61 or less         | To Age 65            |
| 62                 | 3 1/2 Years          |
| 63                 | 3 Years              |
| 64                 | 2 1/2 Years          |
| 65                 | 2 Years              |
| 66                 | 1 3/4 Years          |
| 67                 | 1 1/2 Years          |

|            |             |
|------------|-------------|
| 68         | 1 1/4 Years |
| 69 or more | 1 Year      |

#### FEATURES

- ▶ Extended Disability Benefit
- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Interruption and Recurrent Provisions
- ▶ Own Occupation Coverage – 60 Months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Transfer of Coverage Provision
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

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