

HUMAN RESOURCES

Long Term Disability Summary Policy #934204

Eligible Employees:

All salaried flexible staffing contract employees, part-time salaried employees and fulltime salaried employees, excluding resident house staff physicians, temporary, leased or seasonal employees in active employment in the United States

| Base Plan | 60% of basic monthly earnings to a maximum monthly benefit of \$10,000 |
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| Monthly Benefit Amount: | This benefit is paid for by your employer. |
| Buy-Up Plan | 66.67% of basic monthly earnings to a maximum monthly benefit of \$10,000 |
| Monthly Benefit Amount: | This benefit is paid for by the employee and must be elected by the |
| | employee. |
| Elimination Period: | You are eligible for benefits after 180 days of disability |
| Maximum Duration of Benefits: | To your social security retirement age/ reducing benefit duration |
| Definition of Disability: | You are considered disabled when you are limited from performing the |
| 2 year own occupation with residual | material and substantial duties of your regular own occupation due to your |
| | sickness or injury and have a 20% or more loss in your indexed monthly |
| | earnings due to the same sickness or injury. After 24 months, you are |
| | considered disabled when Unum determines that due to the same sickness or |
| | injury you are unable to perform the duties of any gainful occupation for |
| | which you are reasonably fitted by education, training or experience. |
| Pre-existing Condition Exclusion: | A pre-existing condition is a condition for which you received medical |
| 3/3/12 | treatment, consultation, care or services including diagnostic measures, or |
| | took prescribed drugs or medicines in the 3 months just prior to your effective |
| | date. Pre-existing conditions are excluded from coverage if a disability due to |
| | the condition begins in the first 12 months after your effective date of |
| | coverage, unless you have been treatment-free from the pre-existing |
| | condition for 3 consecutive months after your effective date. |
| Work Incentive Benefit | Individuals who participate in the program will still be eligible for their |
| | monthly LTD benefit for as long as they continue to meet the definition of |
| | disability and earnings requirements. They will also be eligible for the |
| | following <i>additional</i> benefits: 10% of the gross disability benefit payment to |
| | a maximum of \$1,000/month, and 3 additional months of payments if |
| | disability ends and the insured cannot find employment. |
| Taxability of Benefits: | Premiums paid by your employer will result in a taxable benefit. |
| | Premiums paid by the employee will result in a non-taxable benefit. |
| Deductible Sources of Income | Your benefit will be reduced by the standard deductible sources of income |
| | outlined within the contract |
| Delayed Effective Date | Your coverage will begin on the day you return to active employment if you |
| | are not actively at work on the original effective date. |
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For complete plan details, please refer to your Unum policy. This summary is for highlight purposes only and does not include all features, limitations or exclusions. If there are any discrepancies between this summary and the policy, the policy will prevail.