



What is it?

Long-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability coverage

Eligibility description	All full-time employees You pay the cost of your coverage 60% of your monthly earnings to a maximum of \$6,000 per month Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:	
Contributions		
Coverage amount		
Maximum benefit period		
	Age at disability	Maximum benefit period
	Under 60	To age 65
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69+	12 months
Elimination period	180 days	
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required	
Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months lookback; 12 months after effective date of coverage	
Premium waived if disabled: Premium won't need to be paid when you're receiving benefits.	Yes	
Progressive income benefit	Included	
Family care expense	Included	
<i>EmployeeConnect</i> SM services: Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance.	Included	





Long-term disability rate information

Age range	Monthly premium rate per \$100	
0 – 29	\$0.194	
30 - 34	\$0.422	
35 – 39	\$0.669	
40 - 44	\$1.020	
45 – 49	\$1.480	
50 – 54	\$1.870	
55 – 59	\$2.003	
60 +	\$1.727	





Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you're eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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LCN-6459796-030624 PDF 5/24 **Z01** Order code: GP-LTDEP-FLI001 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. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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