SECTION 9 : Long-Term Disability Insurance

Level 1, Level 1 EBL, Level 2 and Level 2 EBL

I. Introduction

The Trustees have chosen The Hartford to administer your Long-Term Disability (LTD) benefits. The Plan provides benefit for Level 1, Level 1 EBL, Level 2 and Level 2 EBL members. Members who employers have a non-voluntary long-term disability plan through their employer are not eligible for the Fund's LTD benefit.

If you have questions about your LTD benefits, please contact The Hartford customer service at 1 (888) 301-5615.

The following pages provide a brief overview of your LTD benefits.

A. Fast Facts

Fast Facts:

- *The Fund pays 100% of the premium for your coverage.*
- *Benefit amount – 60%*
- *Maximum – $2,000 or 60% of pre-disability earnings*

- *Minimum – Based on monthly income loss before the deduction of other income Benefits. The greater of $100 or 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits.*
- *Benefit Starts (elimination period) – After 180 days of disability*
- *Benefit Duration – Disabled before age 66*
- *Benefit duration: As long as you are disabled*
- *Benefit maximum benefit table:*

Age When Disabled	Benefits Payable
prior to Age 66	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

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This insurance is guaranteed issue coverage- it is available without having to provide information about your health.

This coverage is subject to a pre-existing condition exclusion, which is detailed on The Limitation and Exclusions listed on the following page.

The insurance will become effective for you on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

This insurance will end when you no longer satisfy the applicable eligibility conditions, the premium is unpaid, you leave your employer, or the coverage is no longer offered.

***Disability or Disabled** means You are prevented from performing one or more of the Essential Duties of:*
1) Your Occupation, during the Elimination Period and for the 2 year(s) following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings; and
2) After that, Any Occupation.

Your Disability must result from:
1) accidental bodily injury;
2) sickness;
3) Mental Illness;
4) Substance Abuse; or
5) pregnancy.

Your failure to pass a physical examination required to maintain a license to perform the duties of Your Occupation, alone, does not mean that You are Disabled.

LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LONG TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

• You must be under the regular care of a physician to receive benefits.
• You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
• War or act of war (declared or not)
• The commission of, or attempt to commit a felony
• An intentionally self-inflicted injury
• Your being engaged in an illegal occupation

PRE-EXISTING CONDITIONS

• Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your

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certificate, you will be covered for a disability due to that condition only if:
• You have not received treatment for your condition for 3 months before the effective date of your insurance, or
• You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
• You have already satisfied the pre-existing condition requirement of your previous insurer
LIMITATIONS
• **Mental Illness Limitation.** If you are disabled because of Mental Illness, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.
• **Substance Abuse Limitation.** If you are disabled because of alcoholism or use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.
• **Specified Condition Limitation.** If you are disabled because of any of the conditions or symptoms listed below, benefits will be payable for a maximum of 24 months in your lifetime:
• Chemical and Environmental Illness
• Chronic Fatigue Illness
• Musculoskeletal and Connective Tissue Illness
• Post concussive syndrome
• Obstructive sleep apnea
• Narcolepsy, cataplexy and other sleep syndromes
• Fibromyalgia
• Migraines, tension headaches, and cluster headaches
• Irritable bowel disease, Crohn’s disease, celiac disease, or ulcerative colitis
• Chronic Lyme disease and other chronic illnesses due to tick borne infections
• Any self-reported symptoms that have not been attributed to a specific diagnosis with objective and verifiable findings including but not limited to dizziness, fatigue, headache,
loss of energy, numbness, pain, ringing in the ear or other perceived ear tones, stiffness, or cognitive dysfunction not supported by objective diagnostic testing
OFFSETS
• Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
• Social Security disability insurance (please see next section for exceptions)
• Workers’ compensation
• Other employer-based insurance coverage you may have
• Unemployment benefits
• Settlements or judgments for income loss
• Retirement benefits that your employer fully or partially pays for (such as a pension plan)
• Your benefit payments will not be reduced by certain kinds of other income, such as:
• Retirement benefits if you were already receiving them before you became disabled
• Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
• Most personal disability policies
• Social Security cost-of-living increases
This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:
Insured’s monthly [Pre-Disability Earnings/Basic Monthly Pay] $3,000
Long term disability benefits percentage x 60%
Unreduced maximum benefit $1,800
Less Social Security disability benefit per month - $900

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Less state disability income benefit per month - $300
Total amount of long-term disability benefit per month $600

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

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