

Companion Life Louisiana Machinery Company, LLC

This is an outline of Group Long Term Disability Insurance Coverage underwritten by Companion Life Insurance Company.

Group Number 845-14-S6223-001 Group Long Term Disability Insurance ALL ACTIVE FT SALARY FFS

2 year modified own occupation with residual

12 months

3/3/12 No loss no gain

24 months (lifetime)

24 months (lifetime)

3x gross benefit

GROUP LONG TERM DISABILITY INSURANCE BENEFITS

Group Long Term Disability Insurance (LTD) coverage pays a benefit to employees who become sick or hurt off the job. Important features which are standard include Social Security filing assistance, survivor benefit, continuity of coverage, waiver of premium, cost of living freeze and direct deposit of claim.

Benefit Features

Benefits

Benefit Replacement 60% Minimum Monthly Benefit \$100 Maximum Monthly Benefit \$15,000 Elimination Period 180 days

Social Security Benefit Integration Primary and Family Benefit Duration Reducting Social Security Normal

Retirement Age

Survivor Benefit

No Loss No Gain

Drug & Alcohol

Definition of Disability

Pre-existing Conditions

Work Incentive Benefit Duration

Mental & Nervous Limitation

means You are prevented from performing one or more of the Essential Duties of: **Definition of Disability or Disabled**

- Your Regular Occupation during the Elimination Period; and Your Regular Occupation for the 24 months following the Elimination Period, and
- as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-Disability Earnings; and after that,
- Any Occupation.

Continuity of Coverage You will not lose coverage if your employer changes carriers.

No premiums will be due for you while you are disabled and receiving benefits.

We will not reduce a disability payment if you get a cost of living increase from other income sources.

The plan pays to an eligible survivor a lump sum benefit.

We will provide a monthly benefit for a partial disability if you return to part-time work but still suffer at least a 20 percent loss of income. We will pay a benefit for the Work Incentive Benefit Period of 12 months or until the maximum benefit period ends, whichever is greater.

If you are receiving a disability payment, we can help you apply for Social Security disability benefits.

Social Security Assistance

Lump Sum Survivor Benefit

Limitations of Coverage

Mental Illness and Substance Abuse Limitation

Benefit Integration

Waiver of Premium

Cost of Living Freeze

Work Incentive Benefit

We limit payment for a disability resulting from a mental illness or drug or alcohol abuse to a maximum of 24 months.

We will reduce your benefits if you receive income from any of these sources:

- Social Security primary and dependent disability and retirement payments
- Other group insurance disability payments
- Workers Compensation or any federal or state sponsored program
- A new job or retirement, pension, sick leave or salary continuation plans

Pre-existing Exclusion

We will not cover a disability that begins in the first 12 months after the effective date if it is a pre-existing condition. This applies if you received treatment for the condition within 3 months before the effective date. This exclusion does not apply if you did not receive treatment for the condition for 3 months after the effective date. The exclusion period may be shorter in certain states as required by law.

This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. These benefits are provided by Policy Form No. ICC20-CL-LTD-1000-P

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LONG TERM DISABILITY INSURANCE

Long Term Disability Insurance

Exclusions

The Policy will not pay benefits for any Disability which is a result of:

- 1) an intentionally self inflicted Injury;
- 2) declared or undeclared war, or any act of war, or which results from active duty in the armed forces of any country or international authority;
- 3) participation in a riot or insurrection;
- commission of, or attempt to commit felony;
- 5) engaging in an illegal occupation

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- 1) was sponsored by the Employer; and
- 2) was terminated before the Effective Date of the Policy, no benefits will be payable for the Disability under the Policy. If You were covered under the Prior Plan on the day before the Effective Date of the Policy, but on the Policy's Effective Date is not Actively at Work due to Disability benefits may be reduced by any benefits paid or payable by the Prior Plan.

No benefits will be payable if the Insured is not under the Regular Care, treatment, and/or attendance of a Physician whose specialty or experience is appropriate for the Disability.

Benefits are not payable for any period during which You are confined to a penal or correctional institution if the period of confinement exceeds 30 days.

LONG TERM DISABILITY INSURANCE

Limitations

Pre-Existing Condition

PRE-EXISTING CONDITION means any condition for which You have done or for which an ordinarily prudent person would ordinarily have done any of the following at any time during the 3 months just prior to Your effective date of coverage, or effective date of coverage increase amounts, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- 1) Received Medical Care
- 2) Taken or were prescribed drugs or medicine.
- 3) Received care or services, including diagnostic measures.

Pre-Existing Condition Limitation

We will not pay any benefit, or any increase in benefits, under the Policy for any Disability that results from, or is caused or contributed to by, a Pre-Existing Condition, unless, at the time You become Disabled:

- 1) You have not received Medical Care for the condition for 90 consecutive day(s) while insured under the Policy; or
- 2) You have been continuously insured under the Policy for 365 consecutive day(s).