

LTD Plan Code: LT0001LB094320

For Employers with 10-19, 20-50, 51-99, 100-300 Eligible Employees

Disability insurance from Unimerica Life Insurance Company of New York focuses on the total well-being of the employee and provides replacement income in the event the employee is unable to work due to an injury or sickness.

If the employee elects coverage during the open enrollment period, the coverage is provided on a guaranteed basis - no medical information is required. If the employee enrolls after this enrollment period, (any time after first becoming eligible), evidence of insurability will be required for all coverage amounts. The employee must be actively at work with the employer on the day coverage takes effect.

| Coverage | Benefit | Description |
|--------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Premium Contribution | Voluntary | Voluntary is when the employee pays 100% of the premium. |
| Benefit Percentage | 60% | Amount of insurance benefit, based on a percentage of the employee's pre-disability monthly earnings. |
| Maximum Monthly Benefit | \$10,000 | Maximum amount paid by the insurer to the claimant, regardless of salary. The benefit amount may be reduced by Other Income Benefits.* |
| Benefit Duration | ADEA I with SSNRA | Maximum amount of time for which disability benefits are payable.** |
| Pre-Existing Period | 3/12 | Number of months before effective date that employee must be treatment-free for a pre-existing condition / Number of months after effective date that employee must wait before receiving benefits for a pre-existing condition. |
| Elimination Period | 90 Days | Length of time employee must be continuously disabled before benefits are payable. |
| Minimum Participation | 25% | Minimum number of eligible employees that must enroll in the plan for the plan to be installed. |
| Subjective Symptoms Benefit Limitation | N/A | Not Applicable |
| Mental Illness/Substance Abuse Limitation | 24 Months | Disabilities due to mental illness or substance abuse have a per disability limit. |
| Definition of Disability | Residual | A covered person is disabled when unable to perform some or all of the duties of his regular occupation, has a 20% or more loss in pre-disability earnings, and is under the regular care of a physician. |
| Own Occupation Coverage | 24 Months | After the first 24 months of payments, the employee must be unable to do the duties of any gainful occupation in order to continue meeting the definition of disability. |

Value-Added Disability Services

- **Claims management excellence:** Our customer service professionals have in-depth product knowledge and a thorough understanding of the causes and costs of disability, enabling them to provide complete answers and innovative solutions. Our Life & Disability Claims Center may be reached by calling 888-299-2070.

Additional Notes:

- *Other income benefits include benefits from Workers Compensation, other group insurance, governmental disability income benefits, U.S. Social Security benefits, retirement benefits if received as disability benefits, no-fault motor vehicle insurance or automobile liability insurance, unemployment compensation, amounts recovered in a settlement with a third party, and similar sources of other income.
- **The benefit duration will be the greater of SSNRA or, age at disability under age 60, to age 65; age 60 - 60 Months; age 61 - 48 Months; age 62 - 42 Months; age 63 - 36 Months; age 64 - 30 Months; age 65 - 24 Months; age 66 - 21 Months; age 67 - 18 Months; age 68 - 15 Months; 69 and over - 12 Months.
- Plan codes only valid for contracts situated in NY.
- Premiums may vary by age.
- The Policy will continue, upon timely payment of premium, unless we cancel because the Policyholder did not meet his obligations stated in the Policy, including providing information needed to administer the Policy, or the participation level drops below the level stated in the Policy.
- Individual coverage will continue, upon timely payment of premium, unless terminated because the Covered Person is no longer actively at work or no longer meets the specific eligibility requirements stated in the Policy or the Policy terminates.
- The Policy will not cover a disability if it is due to: intentionally self-inflicted injuries, commission or attempted commission of a felony, participation in a riot, war, act of war or armed conflict between organized military forces.
- 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 State Insurance Department.
- Disability products are provided by Unimerica Life Insurance Company of New York. This policy includes exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Unimerica Life Insurance Company of New York is located in New York, NY.
- This Benefit Summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage received upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to the employer, the Policy shall prevail.