



Summary of Benefits

Voluntary Long Term Disability Benefit Summary

Group ID:	00519289	Member Coverage Type:	Voluntary
Group Name:	MASSEY SHARED SERVICES, LLC	Class:	0002 ALL OTHER ELIGIBLE FULL-TIME EMPLOYEES
Waiting Period:	90 day(s)	As of Date:	10/26/2016

Coverage Information

Monthly Volume	60% of monthly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Waiting Periods (Benefits begin on ...)	Accident: Day 181 Illness: Day 181
Maximum Payment Period	Social Security Normal Retirement Age

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, and an employee who is receiving treatment outside of the US or Canada and the employee's loss of earnings is not solely due to disability. This policy provides disability income insurance only. It does not provide "basic hospital", "basic

medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. due to intoxication;
5. confined to a correctional facility, or
6. receiving treatment outside US.

Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, or your loss of earnings is not due solely to disability. You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.