

Long Term Disability Insurance Benefit Summary Twin Falls County



LifeWise Assurance Company (we, us, our) is pleased to provide you with a long term disability insurance benefit package. Long Term Disability insurance pays you a portion of your income should you become disabled while insured under the policy. The following is a brief summary of the provisions for these benefits. Your plan document will provide a full description of these provisions.

Your Long Term Disability Insurance

Definition of Disability Disability or disabled means you are prevented from performing one or more of the essential duties of your occupation during the elimination period; and

1. your occupation for 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
2. after that any occupation for which you are qualified by education, training or experience and which has an earnings potential of at least 60% of your indexed pre-disability earnings, subject to the maximum monthly benefit

Your disability must result from accidental bodily injury, sickness, mental illness, substance abuse, or 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.

Maximum Duration The duration of payments is dependent upon your age at the time of disability. If you are under age 66 when you become disabled, benefit payments will continue for 24 months. If you are age 66 or older at the time of disability, the benefit duration is graded based on your age at the time of disability.

Benefit

Benefit Percentage 60%

Maximum Monthly Benefit \$5,000

Minimum Monthly Benefit \$100 or 10% of your gross monthly benefit, whichever is greater

Elimination Period 90 days or the expiration of any employer sponsored short term disability benefits or salary continuation program, excluding benefits required by state law. You may satisfy the elimination period for total and/or partial disability.

Periods of recovery during the elimination period will not interrupt the elimination period if the number of days you return to work as an active employee are less than one-half (1/2) the number of days of your elimination period.

If at the end of the elimination period, you are prevented from performing one or more of the essential duties of your occupation, but your current monthly earnings are equal to or greater than 80% of your pre-disability earnings, your elimination period will be extended for a total period of 12 months from the original date of disability, or until such time as your current monthly earnings are less than 80% of your pre-disability earnings, whichever occurs first.

Indexing We will index your pre-disability earnings on January first of each year after you have been disabled for 12 consecutive months, and if you have been receiving benefits at the time the adjustment was made. Your pre-disability earnings will be adjusted annually by the lesser of 10% or the percentage change in the Consumer Price Index.

Integration We will reduce your benefit by other income you or your spouse or children may receive as a result of your disability. If you receive income from any other source (i.e. sick leave, worker's compensation, social security, etc.), this income will be integrated with the monthly benefit we will pay.

Cost of Living Freeze The amount of any increase in other income benefits will not be included as other income benefits if such increase takes effect after the date benefits become payable under this plan; and is a general increase which applies to all persons who are entitled to such benefits.

Waiver of Premium Your premiums will be waived while you are receiving a disability benefit.

Long Term Disability (Continued)

Limitations	
Mental Illness or Substance Abuse	<p>If your disability is a result of a mental illness or substance abuse, we will limit the duration of your benefit payments.</p> <p>Benefits will be payable for as long as you are confined in a hospital or other place licensed to provide medical care for the disabling condition; or if not confined, or after you are discharged and still disabled, for a total of 24 months for all such disabilities during your lifetime.</p>
Exclusions	
Exclusions	<p>No benefit shall be paid for any disability unless you are under the regular care of a physician; that is caused or contributed to by war or act of war (declared or not); caused by your commission of or attempt to commit a felony; caused or contributed to by your being engaged in an illegal occupation; or caused or contributed to by an intentionally self-inflicted injury.</p>
Pre-existing Condition Exclusion	<p>This plan will cover a disability if it is caused by, contributed to by or results from a pre-existing condition and the disability begins after you have been insured for 12 consecutive months from your effective date of coverage.</p> <p>Pre-existing condition means any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse; or any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, mental illness, pregnancy, or substance abuse for which you received medical care during the three month period immediately prior to your effective date of coverage under this policy.</p>
Other Benefits	
Survivor Income Benefit	<p>If you are receiving a monthly disability benefit at the time of your death, we will pay a survivor income benefit. Benefit is calculated as three times the lesser of your monthly income loss multiplied by the benefit percentage in effect on the date of your death; or the maximum monthly benefit.</p>
Workplace Modification	<p>We will reimburse your employer for the expense of reasonable modifications to your workplace to accommodate your disability and enable you to return to active full-time employment. Benefits paid for such workplace modification shall not exceed the amount equal to your pre-disability earnings multiplied by the benefit percentage.</p>
Vocational Rehabilitation	<p>Rehabilitation is a process of working together to plan, adapt, and put into use, options and services to meet your return to work needs. You may be required to participate in vocational rehabilitative services if you are disabled and receiving a payment from us. These services may include vocational testing and training, alternative treatment plans such as support groups; physical therapy; occupational therapy; speech therapy; or work-place modification to the extent not otherwise provided; job placement, and similar services.</p>
Rehabilitation Bonus Benefit	<p>An additional benefit payable if the insured successfully completes an approved rehabilitation program.</p>
Family Care Credit	<p>If you are working as part of a rehabilitation program, we will, for the purpose of calculating your benefit, deduct the cost of family care from earnings received from such employment. Family care includes care or supervision of your children under age 13; or a member of your household who is mentally or physically handicapped and dependent upon you for support and maintenance.</p>
Claim Form Assistance	
Assistance	<p>You can access forms related to these benefits by contacting your Plan Administrator or visiting our website at www.lifewiseac.com.</p>

This is a brief summary and explanation of the insurance benefits and does not constitute a contract. The full terms and conditions of this coverage are set forth in a contract between LifeWise Assurance Company and your employer. Claim payments are based solely on that contract.