

ALPHASENSE, INC.

# Long Term Disability Insurance



## How does it work?

This employer-paid coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

# Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

# How much coverage can I get?

	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.
You*	Cover 60% of your monthly income, up to a

maximum payment of \$15,000.

\*See the Legal Disclosures for more information.

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

ALPHASENSE, INC. is paying the cost of this coverage so you don't have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

## **Elimination period (EP)**

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

# **Benefit duration (BD)**

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

## What else is included?

# **Work-life balance Employee Assistance Program**

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

## **Survivor benefit**

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

## Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

# **Exclusions and limitations**

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

## Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### **Benefit Duration**

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

#### **Definition of disability**

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.
   After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability. "Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

## **Pre-existing conditions**

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the
  condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of
  coverage; and
- · The disability begins in the first 12 months after your effective date of coverage

If you have a disability caused by, contributed to by, or resulting from your pre-existing condition,

- You will not be entitled to receive benefit payments during the first 12 months after your effective date of coverage;
- Benefit payments are not payable for such period and will not be paid at any time; and
- To receive benefit payments after such period, you must continue to be disabled and meet all other terms and conditions under the plan.

If — after your coverage effective date, but before the pre-existing exclusion period ends — you experience a disabling condition that is covered but pre-existing, you can begin receiving benefits when the exclusion period ends. But the payment period will be reduced by amount of time during which you suffered from the condition during the exclusion period.

#### **Deductible sources of income**

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- State compulsory benefit laws
- · Automobile liability insurance policy
- No fault motor vehicle plan
- · Third-party settlements
- Other group insurance plans
- · A group plan sponsored by your employer
- · Governmental retirement system
- · Salary continuation or sick leave plans if included
- Retirement payments
- Social Security or similar governmental programs

## **Exclusions and limitations**

Your plan does not cover any disabilities caused by, contributed to by, or resulting from your:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- · Participation in a felony

Your plan will not cover a disability due to war, declared or undeclared, or any act of war.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- · The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

The work-life balance employee assistance program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

First Unum Life Insurance Company, Garden City, New York

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