

Benefit Summary - Long Term Disability

Group name Group ID Class Contribution type Waiting period Coverage as of

ADDEPAR, INC 00579839 0002 ALL Non Contributory None 01/01/2026

ELIGIBLE NEW

YORK

EMPLOYEES

Coverage Information

Monthly Volume 60% of monthly earnings

Guaranteed Issue There is no guaranteed issue. All amounts are

approved.

Maximum Amount \$12,000

Waiting Periods Accident: Day 91

(Benefits begin on ...) Illness: Day 91

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.

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 take the policy with me if I leave the company?

No.

Do I have to answer medical questions as part of purchasing insurance?

No.

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.

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, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other substance not intended for internal consumption.

We do not pay benefits due solely to the risk of relapse, during any period in which a covered

person is confined to a correctional facility, an employee is not under the care of a doctor, 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. Contract # GP-1-LTD-15-1.0 et al.

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):

NY: If the plan is new (not transferred): During the limitation 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, Contract # GP-1-LTD-15-1.0 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. confined to a correctional facility, or

5. receiving treatment outside US.

Disability benefits are not paid 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, and for the voluntary inhalation or ingestion of poison, gas, solvent, chemical, or other

substance not intended for internal consumption.

Disability benefits are not paid due solely to the risk of relapse, during any period in which you are

in confined to a correctional facility, you are not under the care of a doctor, you are not receiving

treatment outside of the US or Canada, and 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.