

# GROUP LONG-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on August 17, 2023.

## POLICY INFORMATION

Policyholder:	Dakota 911
Policy Effective Date:	January 1, 2015
Policy Anniversary:	January 1
Policy Number:	GLTD-ATL3
Group Number:	G000ATL3
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	The first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The Elimination Period is the later of: <ul style="list-style-type: none"> <li>a) 90 calendar days; or</li> <li>b) the date your Policyholder-sponsored short-term disability benefits from us end.</li> </ul>

## BENEFITS

Monthly Benefit Percentage:	60%																				
Maximum Monthly Benefit:	\$8,000																				
Minimum Monthly Benefit:	\$100/10%																				
Maximum Benefit Period:	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b>Age at Disability</b></th> <th style="text-align: left;"><b>Maximum Benefit Period</b></th> </tr> </thead> <tbody> <tr> <td>61 or less.....</td> <td>to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;</td> </tr> <tr> <td>62.....</td> <td>Your SSNRA, or 3 years and 6 months, whichever is longer;</td> </tr> <tr> <td>63.....</td> <td>Your SSNRA, or 3 years, whichever is longer;</td> </tr> <tr> <td>64.....</td> <td>Your SSNRA, or 2 years and 6 months, whichever is longer;</td> </tr> <tr> <td>65.....</td> <td>2 years;</td> </tr> <tr> <td>66.....</td> <td>1 year and 9 months;</td> </tr> <tr> <td>67.....</td> <td>1 year and 6 months;</td> </tr> <tr> <td>68.....</td> <td>1 year and 3 months;</td> </tr> <tr> <td>69 or older.....</td> <td>1 year.</td> </tr> </tbody> </table>	<b>Age at Disability</b>	<b>Maximum Benefit Period</b>	61 or less.....	to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;	62.....	Your SSNRA, or 3 years and 6 months, whichever is longer;	63.....	Your SSNRA, or 3 years, whichever is longer;	64.....	Your SSNRA, or 2 years and 6 months, whichever is longer;	65.....	2 years;	66.....	1 year and 9 months;	67.....	1 year and 6 months;	68.....	1 year and 3 months;	69 or older.....	1 year.
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Own Occupation Definition:	3 years																				
Enhanced Disability Benefit:	10%																				
Family Care Benefit:	Included																				

Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$5,000 or an amount equal to the total Gross Monthly Benefit.
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	Voluntary 10%

**LIMITATIONS**

Substance Abuse Limitation:	24 months while insured under the Policy
Mental Disorder Limitation:	24 months while insured under the Policy
Pre-existing Condition Limitation:	3/12