

Offered by Life Insurance Company of North America

Employee-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Career Certified

Eligibility:

All active, Full-Time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage the first of the month on or after 30 days of active service.

Available Coverage:

Gross Monthly Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$5,000	90 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Employee's Monthly Cost of Coverage:

Age	Monthly Rate per \$100 of Monthly Covered Earnings
0–19	\$0.110
20–24	\$0.110
25–29	\$0.110
30–34	\$0.179
35–39	\$0.289
40–44	\$0.420
45–49	\$0.606
50–54	\$0.882
55–59	\$1.130

Age	Monthly Rate per \$100 of Monthly Covered Earnings
60–64	\$1.158
65–69	\$1.034
70–74	\$1.930
75–79	\$2.302
80–84	\$2.302
85–89	\$2.302
90–94	\$2.302
95–99	\$2.302

Actual per pay period premiums may differ slightly due to rounding.

Rates vary by age and may be subject to change in the future.

How to Calculate Your Monthly Cost:

- Step 1:** Divide your annual salary by 12 to calculate your monthly earnings.
- Step 2:** Use the chart above to find your Monthly rate based on age.
- Step 3:** Multiply this rate by your monthly earnings, or \$8,333, whichever is less.
- Step 4:** Divide the total by 100. The result is your Monthly cost.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. VDT 603456. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

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