

GROUP LONG-TERM DISABILITY INSURANCE SUMMARY OF COVERAGE



Enterprise Florida, Inc.
GLTD-1123 Revised:
April 1, 2017
All eligible employees

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Elimination Period	<p>The Elimination Period is 90 calendar days.</p> <p>For accumulating days of Total and/or Partial Disability to satisfy the Elimination Period, the following will apply:</p> <ul style="list-style-type: none"> • a period of Disability will be treated as continuous during the Elimination Period unless Total or Partial Disability stops for more than 90 accumulated days during the Elimination Period; and • days You are not Totally or Partially Disabled will not be used to satisfy the Elimination Period.
Monthly Benefit	<p>If You are Totally Disabled, the Monthly Benefit is the lesser of:</p> <ul style="list-style-type: none"> • 60% of Your Basic Monthly Earnings, less Other Income Benefits; or • the Maximum Monthly Benefit. The Maximum Monthly Benefit is \$10,000, less any Other Income Benefits. <p>You may work for wage or profit while Partially Disabled. As a work incentive, You will receive the Monthly Benefit, unless the sum of:</p> <ul style="list-style-type: none"> • the Gross Monthly Benefit while You are Partially Disabled; plus • Current Earnings; <p>exceeds 100% of Your Basic Monthly Earnings. If this sum exceeds 100% of Your Basic Monthly Earnings, the Monthly Benefit will be reduced by that excess amount.</p>

Minimum Monthly Benefit	Your Monthly Benefit will never be less than \$100.	
Maximum Benefit Period	If You are Totally or Partially Disabled because of an Injury or Sickness, We will pay benefits as follows. However, benefits for disabilities resulting from a Mental Disorder or Alcohol or Drug Abuse and/or Substance Abuse will be paid in accordance with any Mental Disorder Limitation or Alcohol and Drug Abuse and/or Substance Abuse Limitation .	
	Age at Disability	Maximum Benefit Period
	61 or less	to age 65 or to Your Social Security Normal Retirement Age, or 3 years and 6 months, whichever is longer
	62	to Your Social Security Normal Retirement Age or 3 years and 6 months, whichever is longer
	63	to Your Social Security Normal Retirement Age or 3 years, whichever is longer
	64	to Your Social Security Normal Retirement Age 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
EMPLOYEE ELIGIBILITY		
Minimum Work Hours Required	30 hours per week	
Eligibility Waiting Period	None	
Confinement Rule	<p>If an eligible Employee is confined due to an Injury or Sickness:</p> <ul style="list-style-type: none"> • in a Hospital as an inpatient; • in any institution or facility other than a Hospital; or • at home and under the supervision of a Physician; <p>insurance will begin on the day the Employee returns to Active Employment.</p> <p>If an eligible Employee is Actively Employed and is not:</p> <ul style="list-style-type: none"> • confined; and • available for work because of an Injury or Sickness; <p>insurance will begin on the day the Employee returns to Active Employment.</p>	
When Insurance Begins	An Employee will become insured on the first day of the Policy month which follows the day the Employee becomes eligible, provided the Employee is Actively Working on that day.	
When Your Classification or the Amount of Insurance Changes	<p>Any change in Your classification, coverage or amount of Your insurance will take effect on the day of the change, provided You are Actively Working on that day.</p> <p>If You are not Actively Working on the day of the change, the following conditions will apply:</p> <ul style="list-style-type: none"> • If the change involves an increase in the amount of insurance, the change will not take effect until the day You return to Active Work. • If the change involves a decrease in the amount of insurance, the change will take effect on the day of the change. <p>In no event will any change take effect during a period of Total or Partial Disability.</p>	

When Your Insurance Ends	<p>Your insurance will end at midnight at the main office of the Policyholder on the earliest of:</p> <ul style="list-style-type: none"> • the day the Policy ends; • the day any premium contribution for Your insurance is due and unpaid; • the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); or • the day You are no longer eligible. <p>You will no longer be eligible when the earliest of the following occurs:</p> <ul style="list-style-type: none"> • You are not in an eligible classification described in the Schedule; • Your employment with the Policyholder ends; • You are not Actively Employed; or • You do not satisfy any other eligibility condition described in the Policy.
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DEFINITIONS

Definition of Disability	<p>Partial Disability and Partially Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You, while unable to perform all of the Material Duties of Your Regular Occupation on a full-time basis, are:</p> <ul style="list-style-type: none"> • able to perform at least one of the Material Duties of Your Regular Occupation on a part-time or full-time basis; and • unable to generate Current Earnings which exceed 99% of Your Basic Monthly Earnings due to that same Injury or Sickness. <p>After a Monthly Benefit has been paid for 3 years, partial disability and partially disabled mean You are unable to perform all of the Material Duties of any Gainful Occupation on a part-time or full-time basis.</p> <p>Partial disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.</p> <p>Total Disability and Totally Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You are prevented from performing all of the Material Duties of Your Regular Occupation on a full-time basis.</p> <p>After a Monthly Benefit has been paid for 3 years, total disability and totally disabled mean You are unable to perform all of the Material Duties of any Gainful Occupation.</p> <p>Total Disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.</p>
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Definition of Monthly Earnings	<p>Basic Monthly Earnings means Your average monthly income received from the Policyholder and verified by premium We have received for the year immediately prior to the year in which Your Total or Partial Disability began, as verified by Your W-2 form, or, if employed for a period less than one year, Your average earnings received from the Policyholder for the number of months worked during that period.</p>
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FEATURES	
Continuation of Insurance During Total or Partial Disability	If You become Totally or Partially Disabled, Your insurance will continue without payment of premium for as long as You are entitled to receive Monthly Benefits, provided the premium is paid during the Elimination Period.
COBRA Premium Reimbursement Benefits	<p>If You are Totally or Partially Disabled and elect to continue Your coverage under the Policyholder's Medical Plan as permitted under COBRA, We will pay the Policyholder a monthly amount to be applied towards Your premium, provided You satisfy certain conditions. The amount of monthly COBRA premium reimbursement We pay will be equal to the lesser of:</p> <ul style="list-style-type: none"> • \$200; or • the actual cost of coverage for Your COBRA continuance. <p>Payment of COBRA Premium Reimbursement Benefits will not result in any reduction to Your Disability Monthly Benefit.</p> <p>In no event will the number of monthly premium reimbursement payments exceed 12.</p>
Survivor Benefit	<p>We will pay a survivor benefit to Your Eligible Survivor when We receive proof that You died:</p> <ul style="list-style-type: none"> • after being Totally and/or Partially Disabled; and • while receiving, or eligible to receive, a Monthly Benefit under the Policy. <p>The survivor benefit will be an amount equal to 3 times Your Monthly Benefit payable for the month immediately prior to Your death.</p>
LIMITATIONS AND EXCLUSIONS	
Mental Disorder Limitation	If You are Totally or Partially Disabled because of a Mental Disorder, Your benefits will be limited to a total of 24 months, unless You are confined as a resident inpatient in a Hospital at the end of that 24-month period. The Monthly Benefit will continue to be paid during such confinement.
Alcohol and Drug Abuse and/or Substance Abuse Limitation	If You are Totally or Partially Disabled because of Alcohol or Drug Abuse and/or Substance Abuse, Your benefits will be limited to a total of 24 months, unless You are confined as a resident inpatient in a Hospital at the end of that 24-month period. The Monthly Benefit will continue to be paid during such confinement.

<p>General Exclusions</p>	<p>We will not pay benefits for any Total or Partial Disability which is caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • declared or undeclared war or any act of war or armed aggression; • Your participation in a riot, insurrection or rebellion; • Your commission of a felony for which You have been charged under state or federal law; • an intentionally self-inflicted Injury or Sickness, whether You are sane or insane; • attempted suicide, whether You are sane or insane; • Alcohol and Drug Abuse and/or Substance Abuse, except as specifically provided in the Schedule; or • Mental Disorders, except as specifically provided in the Schedule. <p>We also will not pay benefits for any Total or Partial Disability:</p> <ul style="list-style-type: none"> • with respect to Alcohol and Drug Abuse and/or Substance Abuse, while You are not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or if none, by Us; • while You are incarcerated or imprisoned for any period exceeding 60 days; or • that is solely a result of a loss of a professional license, occupational license or certification.
<p>Pre-Existing Conditions</p>	<p>We will not provide benefits for Total or Partial Disability:</p> <ul style="list-style-type: none"> • caused by, contributed to by, or resulting from a Pre-existing Condition; and • which begins in the first 12 months after You are continuously insured under the Policy. <p>A Pre-existing Condition means any Injury or Sickness for which You received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the day You become insured under the Policy.</p>

Publication Date: March 9, 2016