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 January 10, 2025.

POLICY INFORMATION

Policyholder:	2nd Adventure Payroll Services
Policy Effective Date:	January 1, 2025
Policy Anniversary:	January 1
Policy Number:	GLTD-CMKF
Group Number:	G000CMKF
Classification:	All Other Salaried 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: a) 180 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end.

BENEFITS

Monthly Benefit Percentage:	60%
Maximum Monthly Benefit:	$10,000
Minimum Monthly Benefit:	$100
Maximum Benefit Period:	**Age at Disability** — **Maximum Benefit Period** 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.
Own Occupation Definition:	2 years
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:	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