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 November 26, 2019.

POLICY INFORMATION

Policyholder:	The Arc of East Central Iowa
Policy Effective Date:	December 1, 2015
Policy Anniversary:	January 1
Policy Number:	GLTD-AXZ3
Group Number:	G000AXZ3
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 days
Eligibility Future Waiting Period:	60 days
When Insurance Begins:	the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The later of: a) 180 calendar days; or b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage:	60%
Maximum Monthly Benefit:	$5,000
Minimum Monthly Benefit:	$100/10%
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
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	5%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
Mental Disorder Limitation:	24 months
Pre-existing Condition Exclusion:	3/12