# 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 October 14, 2021.

## POLICY INFORMATION

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| Policyholder: | CZ-USA |
| Policy Effective Date: | October 1, 2019 |
| Policy Anniversary: | October 1 |
| Policy Number: | GLTD-BLLM |
| Group Number: | G000BLLM |
| Classification: | All Other Eligible Employees |
| Minimum Work Hours Required: | 30 hours per week |
| Eligibility Present Waiting Period: | 60 day |
| Eligibility Future Waiting Period: | 60 day |
| 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 Elimination Period is the later of:<br>a) 180 calendar days; or<br>b) the date your Policyholder-sponsored short-term disability benefits from us end. |

## BENEFITS

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| Monthly Benefit Percentage: | 60% |
| Maximum Monthly Benefit: | $6,000 |
| 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. |

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| 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. |

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| Survivor Benefit: | 3 months |
| Vocational Rehabilitation Benefit: | 5% |

## LIMITATIONS

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| 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 |