

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 June 1, 2023.

POLICY INFORMATION

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| Policyholder: | Saint Francis High School of Mountain View |
| Policy Effective Date: | January 1, 2015 |
| Policy Anniversary: | July 1 |
| Policy Number: | GLTD-AVTC |
| Group Number: | G000AVTC |
| Classification: | All Eligible 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: <ul style="list-style-type: none"> a) 90 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end. |

BENEFITS

| Monthly Benefit Percentage: | 66 2/3% | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--------------------------|-------------------------------|-----------------|---|---------|---|---------|--|---------|---|---------|----------|---------|----------------------|---------|----------------------|---------|----------------------|------------------|---------|
| Maximum Monthly Benefit: | \$9,000 | | | | | | | | | | | | | | | | | | | | |
| Minimum Monthly Benefit: | \$100 | | | | | | | | | | | | | | | | | | | | |
| Maximum Benefit Period: | <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Age at Disability</th> <th style="text-align: left;">Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td>61 or less.....</td> <td>to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;</td> </tr> <tr> <td>62.....</td> <td>Your SSNRA, or 3 years and 6 months, whichever is longer;</td> </tr> <tr> <td>63.....</td> <td>Your SSNRA, or 3 years, whichever is longer;</td> </tr> <tr> <td>64.....</td> <td>Your SSNRA, or 2 years and 6 months, whichever is longer;</td> </tr> <tr> <td>65.....</td> <td>2 years;</td> </tr> <tr> <td>66.....</td> <td>1 year and 9 months;</td> </tr> <tr> <td>67.....</td> <td>1 year and 6 months;</td> </tr> <tr> <td>68.....</td> <td>1 year and 3 months;</td> </tr> <tr> <td>69 or older.....</td> <td>1 year.</td> </tr> </tbody> </table> | 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. |
| 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: 5%

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