BOSTON MUTUAL LIFE INSURANCE COMPANY – 1891–

FAMILY MATTERS. NO MATTER WHAT.®

Group Long Term Disability Benefit Summary

Designed for the Employees of

Hamilton Wenham Regional School District

ELIGIBILITY & BENEFIT FEATURES

Class 1: All Full Time Active Administrators working a minimum of 20 hours per week

Coverage: 24 Hour

Elimination Period: 180 days
Approved benefits will be paid at the end of the Elimination Period or **refer to Mass. Municipal Disability Addendum below.** *(whichever is greater)*

Your disability must continue through the elimination period before payments begin.

Maximum Payment Duration: Reducing Benefit Duration

Consult your benefits administrator or certificate of coverage for complete details of your benefit duration.

Maximum Monthly Benefit: 60 % of your Basic Monthly Earnings to a maximum of **$10,000** with a **minimum monthly benefit of $100 or 10% (whichever is greater)**

COST OF COVERAGE

The premium for your coverage: is paid by you

ADDITIONAL FEATURES

Cost of Living Freeze: If you receive cost of living increases in any income from other sources, your benefit payment will not be further reduced.

Waiver of Premium: While you are disabled and receiving benefits, you will not be required to pay the monthly premium for your plan.

Survivor Benefit: If an insured dies after having been disabled for a minimum of 90 consecutive days and was receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to the insured's estate. If there is no estate, no payment will be made.

Primary and Family Social Security Integration: The LTD benefit will be reduced by primary and family social security benefits and all other income benefits related to the disability such as Worker's Compensation.

Offsets at Time of Claim: Benefits may be reduced by payment under Worker's Compensation law, occupational disease law, or similar law, group insurance, SSA, state or Federal Disability, pension, salary or wage continuance plans and Federal old age benefits.

Massachusetts Municipal Disability Addendum: While you are satisfying the disability elimination period as defined within the master policy, you are allowed to use accrued sick time to make up to 100% of your pre-disability earnings. The only requirement for satisfying the elimination period is that you have a loss of ability to perform material duties only.

Once on an approved claim, Boston Mutual will not offset against accrued sick time in determining the payable benefit amount. Further, you may collect any accrued sick time in addition to the claim payment to equal up to 100% of your pre-disability earnings. In no event will you be allowed to collect an excess of 100% of your pre-disability earnings when adding the disability payment and accrued sick pay.

see other side

LIMITATIONS

Pre-existing Condition Limitation: This means that any disability caused by sickness or injury for which you have received treatment in the **3** months prior to your effective date of coverage will not be covered unless the disability began more than **12** months after your effective date of coverage.

Your disability will not be covered if you have not been treatment free for **6** consecutive months after your effective date of coverage.

We will pay benefits for up to 24 months if your disability is due to:
Mental Illness or Substance Abuse as defined in the master policy

Own Occupation Period: **2 Years**
Payment will continue for the period specified above, if due to the same sickness or injury, you are unable to perform the material and substantial duties of your regular occupation.

EXCLUSIONS

- We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law.
- No benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.
- This coverage is not portable. If your employment is terminated, all coverage is terminated.

This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim.
Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy.
For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.