

**ARCHDIOCESE OF LOUISVILLE
LONG TERM DISABILITY PLAN DESIGN
LTD POLICY # TBD**

PLAN DESIGN FEATURE	BENEFIT PROVISIONS																														
Legal Name	Roman Catholic Bishop of Louisville, a corporation sole, its parishes, agencies or participating related Catholic agencies																														
Situs State	Kentucky																														
Employer FEIN	61-0447247																														
Contributions	100% Employer Paid																														
Participation	100% 2,931 eligible employees																														
Eligibility	Class 1: Active full-time employees working 30 hours or more per week. Except any person working on a temporary or seasonal basis																														
Service Waiting Period	1 st of the month following date of hire																														
Elimination Period: <i>Period of consecutive days of total disability for which no benefit is payable</i>	180 days																														
Benefit Schedule/Benefit Percentage	Class1: 50% of monthly earnings to a monthly maximum of \$5,000																														
Maximum Monthly Benefit	\$5,000																														
Minimum Benefit	\$100																														
Benefit Duration	<p>Benefits will last the longer of (A) or (B) as stated below:</p> <p>(A)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Age at Disability</u></th> <th style="text-align: center;"><u>Duration</u></th> </tr> </thead> <tbody> <tr> <td>Prior to age 62</td> <td>to age 65</td> </tr> <tr> <td>Age 62</td> <td>42 months</td> </tr> <tr> <td>Age 63</td> <td>36 months</td> </tr> <tr> <td>Age 64</td> <td>30 months</td> </tr> <tr> <td>Age 65</td> <td>24 months</td> </tr> <tr> <td>Age 66</td> <td>20 months</td> </tr> <tr> <td>Age 67</td> <td>18 months</td> </tr> <tr> <td>Age 68</td> <td>15 months</td> </tr> <tr> <td>Age 69 and over</td> <td>12 months</td> </tr> </tbody> </table> <p>(B) Normal Retirement Age as defined by the 1983 amendments to the United States Social Security Act and determined by your year of birth:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Year of Birth</u></th> <th style="text-align: center;"><u>Normal Retirement Age</u></th> </tr> </thead> <tbody> <tr> <td>1937 or before</td> <td>65 years</td> </tr> <tr> <td>1938</td> <td>65 years and 2 months</td> </tr> <tr> <td>1939</td> <td>65 years and 4 months</td> </tr> <tr> <td>1940</td> <td>65 years and 6 months</td> </tr> </tbody> </table>	<u>Age at Disability</u>	<u>Duration</u>	Prior to age 62	to age 65	Age 62	42 months	Age 63	36 months	Age 64	30 months	Age 65	24 months	Age 66	20 months	Age 67	18 months	Age 68	15 months	Age 69 and over	12 months	<u>Year of Birth</u>	<u>Normal Retirement Age</u>	1937 or before	65 years	1938	65 years and 2 months	1939	65 years and 4 months	1940	65 years and 6 months
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Definition of Disability	24-month own occupation, then any occupation to duration																		
Partial Disability: <i>Does not require that an insured be totally disabled through the elimination period. We will allow someone to work part-time and still be eligible for LTD benefits at the end of the EP.</i>	Yes																		
Residual Disability: <i>Capable of performing the material duties of his/her occupation on a part-time basis, or some of the material duties on a full-time basis</i>	Yes																		
Pre-existing Conditions Limitation	3/12																		
Recurrent Disability: <i>Period allowed to return to work within benefit duration for non-interruption)</i>	30 days																		
Earnings Definition	Standard with commissions																		
Exclusions	Standard																		
Offsets	Full Family																		
Extended Disability	Yes																		
Specific Indemnity: <i>provides a monthly benefit if insured suffers a loss as listed in contract (e.g., sight, hearing, limb etc.) from an accident resulting in an Injury.</i>	Yes – Pays a guaranteed minimum number of monthly benefit payments																		
Travel Assistance	Yes																		
Survivor Benefit	3 months																		
<p>*Work Incentive Benefit (WIB): <i>No earnings offset from Rehabilitative employment during first 12 mos. until the sum of: (1) the Monthly Benefit prior to offsets with Other Income Benefits; and (2) earnings from Rehabilitative Employment; exceed 100% of Monthly Earnings.</i></p> <p>*Child Care Benefit: <i>Provides up to \$250 per month child care benefit if Insured is receiving benefits under the WIB, and the Insured's Child(ren) is (are) under 14 years of age.</i></p>	<p>WIB: 12 months Child Care: To age 14/\$250 month</p>																		
Rates	\$0.13 per \$100																		
Rate Guarantee	36 months through 1/1/2014																		

**if state approved, see contract for detailed description of features*