

# Plan Highlights

## Group Long Term Disability Insurance



### ZOLL Medical Corporation

#### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

Each Active Full Time Employee working 30 hours or more per week.

#### CONTRIBUTION REQUIREMENTS

Coverage is Employer Paid Gross Up.

#### ELIMINATION PERIOD

90 consecutive days of total disability.

#### BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$12,000 per month.

#### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

#### FEATURES

- ▶ Extended Disability Benefit
- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Interruption and Recurrent Provisions
- ▶ Minimum Benefit Payable – \$100 or 10%
- ▶ Own Occupation Coverage – 24 months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Transfer of Coverage Provision
- ▶ Work Incentive & Child Care Provisions

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services
- ▶ ID Theft Recovery Services

#### LIMITATIONS

- ▶ Mental/Nervous Illness Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans
- ▶ Pre-Existing Condition Limitation – 3/12

#### EXCLUSIONS

Benefits will not be payable for any disability caused or contributed to by: an intentionally self-inflicted injury; an act of war; commission of a felony; or for injury or sickness occurring while confined in any penal or correctional institution. Exclusions and Limitations may vary from state to state for a comprehensive list of exclusions and specific limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.