

LONG TERM DISABILITY INSURANCE

For The Employees of Enterprise Electric LLC

Eligibility	Active, full-time hourly employees are eligible on the first of the month on or after 60 days of active service.
When Coverage Takes Effect	Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you. If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.
Definition of Disability	Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.
Elimination Period	You must be disabled for 180 days before benefits may be payable.
Monthly Benefit	This plan pays a benefit of up to 60% of your monthly covered earnings — to a maximum of \$6,000 per month. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.
Covered Earnings	Covered earnings means your wages or salary, excluding overtime pay, bonuses, commissions and other extra compensation.
Effects of Other Income Benefits	<p>The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them.</p> <p>Other income sources that may reduce your benefits under this plan include:</p> <ul style="list-style-type: none"> • Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits. • Benefits payable by a Canadian and/or Quebec provincial pension plan. • Amounts payable under the Railroad Retirement Act. • Amounts payable under any local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer. • Employer-paid portion of company retirement plan benefits. • Amounts payable by company sponsored sick leave or salary continuation plan. • Amounts payable by any franchise or group insurance or similar plan. • Benefits payable under work-loss provisions of any mandatory "no fault" auto insurance. • Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined. • Amounts payable under any workers' compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted. <p>Income sources that WILL NOT reduce your benefits under this plan are:</p> <ul style="list-style-type: none"> • Benefits paid by personal, individual disability income policies. • Individual deferred compensation agreements. • Employee savings plans, including thrift plans, stock options or stock bonuses. • Individual retirement funds, such as IRA or 401(k) plans. • Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.
Earnings While Disabled	During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

Additional Benefit Features	Family Survivor Benefit: If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.																		
Benefit Duration	<p>Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period, or until you no longer qualify for benefits, whichever occurs first.</p> <p>Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to the later of your SSNRA* or the following schedule, depending on your age at the time you become disabled.</p> <table border="1" data-bbox="321 464 1507 562"> <thead> <tr> <th>Age at Disability</th> <th>Age 62 or younger</th> <th>63</th> <th>64</th> <th>65</th> <th>66</th> <th>67</th> <th>68</th> <th>69+</th> </tr> </thead> <tbody> <tr> <td>Duration of Payments (months)</td> <td>To age 65 or the date the 42nd monthly benefit is payable, if later</td> <td>36</td> <td>30</td> <td>24</td> <td>21</td> <td>18</td> <td>15</td> <td>12</td> </tr> </tbody> </table> <p><i>*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.</i></p>	Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+	Duration of Payments (months)	To age 65 or the date the 42 nd monthly benefit is payable, if later	36	30	24	21	18	15	12
Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+											
Duration of Payments (months)	To age 65 or the date the 42 nd monthly benefit is payable, if later	36	30	24	21	18	15	12											
Termination of Disability Benefits	Your benefits will terminate when your disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than 80% of your indexed earnings. (refer to your plan's definition of disability), or (2) the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.																		
Limited Benefit Period	<p>Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses).</p> <p>Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted. Once the 24-month outpatient benefits are exhausted, the plan pays no further benefits.</p> <p>Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Alcoholism, drug addiction or abuse.</p> <p>Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted. Once the 24-month outpatient benefits are exhausted, the plan pays no further benefits.</p>																		
Pre-Existing Conditions	<p>Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.</p> <p>Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been under this plan for 12 consecutive months.</p>																		
Exclusions	<p>This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.</p> <p>In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.</p>																		
Plan Termination	Coverage terminates if the group policy is terminated, if you cease to be in active service, or if you are no longer a member of an eligible class of employees.																		

**How Much
Your Coverage
Will Cost**

The cost of this insurance program is paid by you. Indicate your disability plan choice (or your decision not to select coverage) on your enrollment form. Use the chart below to help calculate the amount for your age group. *Costs are subject to change.*

If you are between these ages:	Your monthly cost per \$100 of monthly covered earnings
Under 20	\$.10
20 to 24	.10
25 to 29	.17
30 to 44	.20
45 to 54	.77
55 to 59	1.55
60 or over	1.60

(Please Note: All benefits in this plan are paid on a monthly basis, regardless of your regular pay period.)

This information is a brief description of the important features of this plan. It is not a contract. Terms and conditions of the coverage are set forth in Group Policy No. LK-964113, on Policy Form TL-004700, issued in Tennessee and subject to its laws. The availability of this offer may change. Please keep this material as a reference, and file it with your certificate, should you become insured.

Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192



Class 2
03/2014