

# Policyholder: AE Insurance LLC



## Group long-term disability insurance Benefit summary for all other members

Policy anniversary: November 1

| Eligibility              |                                                                    |
|--------------------------|--------------------------------------------------------------------|
| Eligible employees       | All active, full-time employees working at least 30 hours a week   |
| Benefits                 |                                                                    |
| Primary monthly benefit  | 60% of your earnings up to \$15,000                                |
| Benefit amount           | Your primary monthly benefit minus other income sources            |
| Elimination period       | 90 days                                                            |
| Own occupation period    | 2 year                                                             |
| Benefit payment period   | Varies based on your age when you become disabled, see chart below |
| Limitations & exclusions |                                                                    |
| Pre-existing conditions  | 3 months prior / 12 months insured                                 |
| Other limitations        | A complete list is included in your booklet                        |

### What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to \$15,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage with bonus and commissions. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

## When do I begin receiving disability benefits?

Your elimination period is 90 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

## Once I start receiving benefits, how long will they continue?

| Age disability occurs | Benefits are payable until the later of:                   |
|-----------------------|------------------------------------------------------------|
| Under age 65          | Social Security Normal Retirement Age (SSNRA) or 36 months |
| Age 65-67             | SSNRA or 24 months                                         |
| Age 68-69             | SSNRA or 18 months                                         |
| Age 70-71             | SSNRA or 15 months                                         |
| Age 72 and over       | SSNRA or 12 months                                         |

## Do I need to provide health information?

- Amounts above \$15,000 require you to provide health information.

## What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 80% of your indexed income prior to your disability.

## Do I qualify if I have a preexisting condition?

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

## Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
  - o A mental health condition for up to a lifetime maximum of 24 months
  - o Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months

## Additional benefits:

|                                         |                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Work incentive benefit</b>           | If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability. You must work to your full medical and vocational capacity. If you don't, your benefits will be paid as if you are working at your full capacity. |
| <b>Rehabilitation plan</b>              | If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.<br><br>You may also receive this benefit if you're not disabled but have a condition that prevents you from working.                                                                                                     |
| <b>Rehabilitation incentive benefit</b> | If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.                                                                                                                                                                                                                                     |
| <b>Survivor benefit</b>                 | If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit.                                                                                                                                                                                                                                                   |

## What are the limitations and exclusions of my coverage?

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preexisting conditions</b> | <p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none"><li>• Received medical treatment, consultation, care or service; or</li><li>• Were prescribed or took prescription medications</li></ul> <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p> |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Treatment of mental health conditions and drug and alcohol abuse conditions**

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.



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This is a summary of long-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

The benefits shown here are the benefits available as of 04/01/2022.

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