

## Plan Highlights

# Group Long Term Disability Insurance



### Americhem, Inc.

#### 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

All Active Full-Time Executives in active employment in the United States with the employer working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

#### ELIMINATION PERIOD

180 days of total disability.

#### BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of \$100/10%, to a maximum benefit of \$15,000 per month.

#### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your 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
- ▶ Own Occupation Coverage – To Age 65
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Survivor Benefit – 3 months
- ▶ Transfer of Coverage Provision
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

#### VALUE-ADDED SERVICES

- ▶ Employee Assistance Program
- ▶ Travel Assistance Services
- ▶ ID Theft Recovery Services

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
- ▶ Mental & Nervous 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

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY

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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.