## GROUP LONG-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 5, 2024.

## **POLICY INFORMATION**

Roman Catholic Diocese of Owensboro Policyholder: Policy Effective Date: September 1, 2023 Policy Anniversary: January 1 Policy Number: GLTD-BD32 Group Number: G000BD32 Classification: All Eligible Lay Employees Working 20 Hours Per Week and Teachers Who are Teaching 1/2 of a Normal Workload, Excluding Members of Religious Orders, Secular Priests, Independent Contractors, Volunteers, etc., Whose Income is Not Subject to FICA Minimum Work Hours Required: 20 hours per week None

None

Eligibility Present Waiting Period: Eligibility Future Waiting Period: When Insurance Begins:

Elimination Period:

The day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate. The Elimination Period is the later of:

- a) 90 calendar days: or
- b) the date your Policyholder-sponsored short-term disability benefits from us end.

## **BENEFITS**

Monthly Benefit Percentage: 60%

Maximum Monthly Benefit: \$5,000

Minimum Monthly Benefit: \$100

Maximum Benefit Period: Age at

,000 00 ne at Disability Maxi

Age at Disability	<b>Maximum Benefit Period</b>
61 or less	to age 65, Your SSNRA, or
	3 years and 6 months,
	whichever is longest;
62	Your SSNRA, or 3 years
	and 6 months, whichever
	is longer;
63	Your SSNRA, or 3 years,
	whichever is longer;
64	Your SSNRA, or 2 years
	and 6 months, whichever
	is longer;
65	2 years;
66	1 year and 9 months;
67	1 year and 6 months;
68	1 year and 3 months;
69 or older	1 year.

Own Occupation Definition: 2 years Childcare Benefit: Included

Reasonable Accommodation Benefit: The lesser of 100% for covered services expenses, \$5,000 or

an amount equal to the total Gross Monthly Benefit.

Survivor Benefit: 3 mont Vocational Rehabilitation Benefit: 10%

## **LIMITATIONS**

Substance Abuse Limitation: 24 months while insured under the Policy Mental Disorder Limitation: 24 months while insured under the Policy

Pre-existing Condition Limitation: 3/6/12