NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Offered by Life Insurance Company of North America

Long Term Disability Insurance

Summary of Benefits

Prepared for: Sacred Heart University
Class 1

Eligibility:
All active, Full-Time Employees of the Employer regularly working a minimum of 35 hours per week in the United States, who are citizens or permanent resident aliens of the United States.
Employee: You will be eligible for coverage immediately.

Available Coverage:

	Gross Monthly Disability Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
Employer Paid - Your Employer provides the following coverage at no cost to you.	60% of your monthly covered earnings	$2,500	180 Days	Please refer to the "How Long Benefits Last" section below for more details.
Employee Paid - You have the option to elect this plan to enhance what your Employer provides.	60% of your monthly covered earnings	$7,500	180 Days	Please refer to the "How Long Benefits Last" section below for more details.

Employee's Bi-Weekly Cost of Coverage:

Age	Bi-Weekly Rate per $100 Covered Payroll	Age	Bi-Weekly Rate per $100 Covered Payroll
0-19	$0.066	60-64	$0.279
20-24	$0.066	65-69	$0.342
25-29	$0.066	70-74	$0.342
30-34	$0.066	75-79	$0.342
35-39	$0.066	80-84	$0.342
40-44	$0.111	85-89	$0.342
45-49	$0.156	90-94	$0.342
50-54	$0.207	95-99	$0.342
55-59	$0.256		

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

How to Calculate Your Bi-Weekly Cost:
Step 1: Divide your annual salary by 12 to calculate your monthly earnings amount.
Step 2: Use your monthly earnings amount or the monthly Employer Paid covered payroll maximum of $18,056, whichever is less, in Step 4.
Step 3: Use your monthly earnings amount or the monthly Employee Paid covered payroll maximum of $54,167, whichever is less, in Step 4.
Step 4: Subtract the Employer amount found in Step 2 from the Employee amount found in Step 3. Now you have found your Excess Volume.

Step 5: Use the chart above to find your Bi-Weekly rate based on age. Multiply this rate by your Excess Volume.
Step 6: Divide the total by 100. The result is your **Bi-Weekly** cost.

Important Definitions and Policy Provisions:
Disability - "Disability" or "Disabled" means if 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 covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.
Covered Earnings - "Covered Earnings" means your wages or salary, not including bonuses, commissions, overtime pay and other extra compensation.
When Benefits Begin - You must be continuously Disabled for 180 days before benefits will be payable for a covered Disability.
How Long Benefits Last - 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. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Commencement of Disability	**Duration of Benefit Period**
Age 62 or younger	To age 65 or the date the 42nd monthly benefit is payable, if later.
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:
Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. 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. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.
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.
Limited Benefit Period - 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) or Substance Abuse. 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.
Pre-existing Condition Limitation - 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. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.
Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane; 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 an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 0967316. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue, New York, NY 10010.

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