

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 7, 2021.

POLICY INFORMATION

Policyholder:	Cardington Yutaka Technologies, Inc.
Policy Effective Date:	April 1, 2012
Policy Anniversary:	April 1
Policy Number:	GLTD-AL1W
Group Number:	G000AL1W
Classification:	All Eligible Hourly Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	none
Eligibility Future Waiting Period:	none
When Insurance Begins:	the first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The later of: <ul style="list-style-type: none"> a) 180 calendar days; or b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage:	60%								
Maximum Monthly Benefit:	\$4,000								
Minimum Monthly Benefit:	\$100/10%								
Maximum Benefit Period:	<table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="text-align: right;">Age at Disability</td> <td style="text-align: left;">Maximum Benefit Period</td> </tr> <tr> <td>Under 65.....</td> <td>5 years;</td> </tr> <tr> <td>65 through 68.....</td> <td>to age 70;</td> </tr> <tr> <td>69 and over.....</td> <td>1 year.</td> </tr> </table>	Age at Disability	Maximum Benefit Period	Under 65.....	5 years;	65 through 68.....	to age 70;	69 and over.....	1 year.
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Under 65.....	5 years;								
65 through 68.....	to age 70;								
69 and over.....	1 year.								
Own Occupation Definition:	2 years								
Survivor Benefit:	6 months								
Vocational Rehabilitation Benefit:	5%								

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
Mental Disorder Limitation:	24 months
Self-Reported Symptoms Limitation:	24 months
Specific Conditions Limitation:	24 months
Pre-existing Condition Exclusion:	3/12

