

# 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 October 19, 2017.

## POLICY INFORMATION

Policyholder:	City of Fargo
Policy Effective Date:	November 1, 2017
Policy Anniversary:	November 1
Policy Number:	GLTD-AEH6
Group Number:	G000AEH6
Classification:	All Eligible Employees
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	none
Eligibility Future Waiting Period:	none
When Insurance Begins:	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"> <li>a) 120 calendar days; or</li> <li>b) the date Your short-term Disability ends.</li> </ul>

## BENEFITS

Monthly Benefit Percentage:	60%																				
Maximum Monthly Benefit:	\$10,000																				
Minimum Monthly Benefit:	\$100/10%																				
Maximum Benefit Period:	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b>Age at Disability</b></th> <th style="text-align: left;"><b>Maximum Benefit Period</b></th> </tr> </thead> <tbody> <tr> <td>61 or less.....</td> <td>to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;</td> </tr> <tr> <td>62 .....</td> <td>Your SSNRA, or 3 years and 6 months, whichever is longer;</td> </tr> <tr> <td>63 .....</td> <td>Your SSNRA, or 3 years, whichever is longer;</td> </tr> <tr> <td>64 .....</td> <td>Your SSNRA, or 2 years and 6 months, whichever is longer;</td> </tr> <tr> <td>65 .....</td> <td>2 years;</td> </tr> <tr> <td>66 .....</td> <td>1 year and 9 months;</td> </tr> <tr> <td>67 .....</td> <td>1 year and 6 months;</td> </tr> <tr> <td>68 .....</td> <td>1 year and 3 months;</td> </tr> <tr> <td>69 or older.....</td> <td>1 year.</td> </tr> </tbody> </table>	<b>Age at Disability</b>	<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.
<b>Age at Disability</b>	<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																				

Enhanced Disability Benefit:	10%
Portability:	Included
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	10%

**LIMITATIONS/EXCLUSIONS**

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
Mental Disorder Limitation:	24 months
Pre-existing Condition Exclusion:	3/12