

## Plan Highlights

### Voluntary Group Long Term Disability Insurance



#### Central Garden & Pet

#### 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 eligible employees as defined by your employer.

#### CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

#### ELIMINATION PERIOD

180 consecutive days of total disability.

#### BENEFIT AMOUNT

You may elect a monthly benefit equal to 60% of your covered earnings, up to a maximum benefit of \$15,000 per month.

#### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
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

- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Interruption and Recurrent Provisions
- ▶ Minimum Benefit Payable – \$100
- ▶ Own Occupation Coverage – 24 months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
  - \*This policy includes a limitation benefit schedule for disbursement
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services
- ▶ ID Theft Recovery Services

#### LIMITATIONS

- ▶ Mental/Nervous Illness 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
- ▶ Pre-Existing Condition Limitation – 3/6

## **EXCLUSIONS**

Benefits will not be payable for any disability caused or contributed to by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; or for injury or sickness occurring while confined in any penal or correctional institution. Exclusions and Limitations may vary from state to state. For a comprehensive list of exclusions and specific limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.