

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 April 3, 2025.

POLICY INFORMATION

Policyholder:	Miller Manufacturing Company Inc dba The Miller Group
Policy Effective Date:	April 1, 2025
Policy Anniversary:	April 1
Policy Number:	GLTD-CPZR
Group Number:	G000CPZR
Classification:	All Eligible Salaried Employees
Minimum Work Hours Required:	25 hours per week
Eligibility Present Waiting Period:	60 day
Eligibility Future Waiting Period:	60 day
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 Elimination Period is the later of: <ul style="list-style-type: none"> 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:	\$8,000																				
Minimum Monthly Benefit:	\$100																				
Maximum Benefit Period:	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Age at Disability</th> <th style="text-align: left;">Maximum Benefit Period</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>	Age at Disability	Maximum Benefit Period	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.
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Own Occupation Definition:	2 years																				
Family Care Benefit:	Included																				
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$5,000 or																				

Survivor Benefit:	an amount equal to the total Gross Monthly Benefit.
Vocational Rehabilitation Benefit:	3 months
	5%

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:	3/12 months