Plan Highlights
Group Long Term Disability Insurance

Broward Health

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
Each active, Full-time, benefits-eligible employee working 32 hours or more per week, and Part-time, benefits-eligible employee working 20 or more hours per week. All Physicians and Management are subject to other plan provisions.

BENEFIT AMOUNT
The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of $8,000 per month.

ELIMINATION PERIOD
180 consecutive days of total disability

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

<table>
<thead>
<tr>
<th>Age at Disablement</th>
<th>Duration of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 or less</td>
<td>to age 65</td>
</tr>
<tr>
<td>62</td>
<td>3½ years</td>
</tr>
<tr>
<td>63</td>
<td>3 years</td>
</tr>
<tr>
<td>64</td>
<td>2½ years</td>
</tr>
<tr>
<td>65</td>
<td>2 years</td>
</tr>
<tr>
<td>66</td>
<td>1½ years</td>
</tr>
<tr>
<td>67</td>
<td>1½ years</td>
</tr>
<tr>
<td>68</td>
<td>1 year</td>
</tr>
<tr>
<td>69 or more</td>
<td></td>
</tr>
</tbody>
</table>

CONTRIBUTION REQUIREMENTS
You are required to contribute toward the cost of this insurance. Your contributions are being made on a post-tax basis. This means that (under the law as of the date the policy was issued) your monthly Benefit may be treated as non-taxable for the purposes of filing your Federal Income Tax Return. It is recommended that you contact your personal tax advisor.

VALUE ADDED SERVICES
• Travel Assistance Service
• Identity Theft Recovery Services

FEATURES
• Activities of Daily Living Benefit
• Conversion Privilege
• Interruption and Recurrent provisions
• Mental/Nervous Illness Limitation – 24 month out-patient
• Minimum Benefit Payable – $100
• Own Occupation Coverage – 24 months
• Pre-Existing Condition Limitation – 6/6/12
• Rehabilitation provision
• Residual and Partial Disability
• Substance Abuse Limitation – 24 months
• Survivor Benefit – 3 months
• Work Incentive & Child Care provisions
• Transfer of Coverage provision

OFFSETS
Benefit payments will be reduced by other income you receive or are eligible to receive due to your disability such as, but not limited to:
• Disability or retirement plans paid for by your employer
• Disability or retirement benefits under Social Security
• Disability benefits under another group plan
• Workers Compensation
• State Disability Plans

EXCLUSIONS
Benefits will not be payable for any disability caused by:
• an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, 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.

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