

## Summary of Benefits

### Short Term Disability - Short Term Disability Option

Short Term Disability		
<b>Class Description</b>	All Active Owners Electing Flat \$1,000 Benefit (30 Hours)	All Other Active Full Time EEs electing non-contributory 50% to \$1,000 (30 Hours)
<b>Weekly Benefit Amount</b>	Flat Benefit Increments of \$1000	50%
<b>Maximum Weekly Benefit</b>	\$1,000	\$1,000
<b>Minimum Weekly Benefit*</b>	\$20	\$20
<b>Elimination Period</b>	Accident – 7 days	Accident – 7 days
	Sickness – 7 days	Sickness – 7 days
<b>Benefit Duration</b>	26 weeks	26 weeks
<b>Rehabilitation Incentives included in quote</b> (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.		

Short Term Disability		
<b>Class Description</b>	All Active Owners Electing 50% to \$1,000 Benefit (30 Hours)	All Active Owners Electing 60% to \$1,500 Benefit (30 Hours)
<b>Weekly Benefit Amount</b>	50%	60%
<b>Maximum Weekly Benefit</b>	\$1,000	\$1,500
<b>Minimum Weekly Benefit*</b>	\$20	\$20
<b>Elimination Period</b>	Accident – 7 days	Accident – 7 days
	Sickness – 7 days	Sickness – 7 days
<b>Benefit Duration</b>	26 weeks	26 weeks
<b>Rehabilitation Incentives included in quote</b> (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.		

<b>Short Term Disability</b>		
<b>Class Description</b>	All Other Active FT EEs electing contributory 50% to \$1,000 (30 Hours)	All Other Active FT EES Electing 60% to \$1,500 (30 Hours)
<b>Weekly Benefit Amount</b>	50%	60%
<b>Maximum Weekly Benefit</b>	\$1,000	\$1,500
<b>Minimum Weekly Benefit*</b>	\$20	\$20
<b>Elimination Period</b>	Accident – 7 days	Accident – 7 days
	Sickness – 7 days	Sickness – 7 days
<b>Benefit Duration</b>	26 weeks	26 weeks
<b>Rehabilitation Incentives included in quote</b> (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.		

<b>The following limitations and definitions apply to all plans</b>	
<b>Limitations and Definitions</b>	
<b>Definition of Disability</b>	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> <li>▪ the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and</li> <li>▪ is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer.</li> </ul>
<b>Pre-Existing Condition</b>	<b>None</b>
<b>Pre-Existing Condition Limitation</b>	None
<b>Reduction of Benefits:</b>	<p>Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.</p> <p>If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.</p> <p>We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits</p> <p>We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.</p>
<b>Occupational Benefits:</b>	Non-Occupational Coverage

<b>Definition of Predisability Earnings – For Owners</b>	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings plus commissions earned averaged over W2 Reportable Income. K1 earnings</b></p> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li> <li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li> <li>• Any other compensation from the Employer.</li> </ul>
<b>Definition of Predisability Earnings – For All Other Employees</b>	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings plus commissions earned averaged over 12 months.</b></p> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li> <li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li> <li>• Any other compensation from the Employer.</li> </ul>
<b>Work Incentive</b>	<p>While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Predisability Weekly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits.</p>
<b>Rehabilitation Incentive</b>	<p>10% increase in the Weekly Benefit if participating in an approved Rehabilitation Program.</p>
<b>Family Care Incentive</b>	<p>If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to \$100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period.</p>
<b>Moving Expense Incentive</b>	<p>If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.</p>
<b>Temporary Recovery</b>	<p>If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled, they will have to complete a new elimination period. If the employee returns to Active Work, after they begin to receive Weekly Benefits, for a period of 60 days or less than becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.</p>
<b>Continuity of Coverage</b>	<p>Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.</p>
<b>Organ Donor Benefit</b>	<p>10% increase in the Weekly Benefit if Disability is a result of an Organ Transplant Procedure.</p>

#### Exclusions

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Any injury for which You are entitled to benefits under Workers' Compensation or a similar law
- Attempted suicide; or
- Commission of or attempt to commit a felony.

NYDBL	
<b>Class Description</b>	All Active Owners and Full Time Employees
<b>Weekly Benefit Amount</b>	50%
<b>Maximum Weekly Benefit</b>	\$170
<b>Minimum Weekly Benefit*</b>	\$20
<b>Elimination Period</b>	Accident – 7 days
	Sickness – 7 days
<b>Benefit Duration</b>	26 weeks
<b>Rehabilitation Incentives included in quote</b> (details in limitations and definitions)	
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.	

NYPFL			
Class Description		NYPFL Eligible Employees	
<u>Effective Date</u>	<u>Amount of Paid Family Leave Per Any 52-Week Calendar Period</u>	<u>Benefit Percentage</u>	<u>Maximum Benefit</u>
July 1, 2018	8 weeks	50% of EE's average weekly wage	\$653

<b>All Active Owners and Full Time Employees</b>	
<b>Limitations and Definitions</b>	
<b>Definition of Disability</b>	<p>"Disability," during employment, means the inability of an employee, as a result of injury or sickness not arising out of and in the course of an employment, to perform the regular duties of their employment or the duties of any other employment which their employer may offer them at their regular wages and which their injury or sickness does not prevent them from performing.</p> <p>"Disability," during unemployment, means the inability of an employee, as a result of injury or sickness not arising out of and in the course of an employment, to perform the duties of any employment for which they are reasonably qualified by training and experience.</p> <p>"Disability," also includes disability caused by or in connection with a pregnancy.</p>
<b>Pre-Existing Condition</b>	<b>None</b>
<b>Pre-Existing Condition Limitation</b>	None
<b>Reduction of Benefits:</b>	Plan benefits may be reduced if benefits are received as part of a permanent disability benefit or annuity under any governmental system or program; or under any permanent disability policy or program of the employer.
<b>Occupational Benefits:</b>	Non-Occupational Coverage
<b>Definition of Wages</b>	The money rate at which employment is recompensed including the reasonable value of room and board or similar advantage received under the contract of hiring.
<b>Temporary Recovery</b>	Successive periods of disability are considered a single period of disability if the periods are due to the same or a related injury or sickness and are separated by less than three (3) months.

All Active NYPFL eligible Employees	
Limitations and Definitions	
Definition of Family Leave	<p>"Family Leave" shall mean any leave taken by an employee from work: to participate in providing care for a family member of the employee made necessary by a serious health condition of a family member, or to bond with the employee's child during the first 12 months after the child's birth, placement of an adopted child or foster care, or because of a qualifying exigency, with the spouse, domestic partner, child, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the armed forces of the United States.</p> <p>"Family member" means a child, parent, grandparent, grandchild, spouse, or domestic partner.</p> <p>"Child" means a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis.</p>
Definition of Wages	<p>Average Weekly Wage (AWW)" means, for the purpose of computing the rate of payment of family leave benefits, the amount determined by dividing either the total wages of such employee in the employment of his last covered employer for the eight weeks or portion thereof that the employee was in such employment immediately preceding and including his last day worked prior to the first day of paid family leave, or the total wages of the last eight weeks or portion thereof immediately preceding and excluding the week in which the paid family leave began, whichever is the higher amount, by the number of weeks or portion thereof of such employment.</p>



#### NYDBL Exclusions

The benefits required under the New York Disability Benefits Law are subject to limitations and exclusions contained in the Law, including the following:

- Disability for which the employee is not under the care of a duly licensed physician or other provider recognized under the New York Disability Benefit Law is excluded.
- Disability resulting from any injury or sickness sustained in the perpetration by the employee of an illegal act.
- Disability occasioned by the willful intention of the employee to bring about injury to or the sickness of themselves or another.
- No benefits are payable for any day of disability during which the employee performed work for remuneration or profit, even if done at home.
- No benefits are payable for any day of disability for which an employee is entitled to receive from their employer remuneration or maintenance in an amount equal to or greater than that to which they would be entitled under the New York Disability Benefits Law.
- No benefits are payable for any week in which payments are received under the unemployment insurance law or similar law.
- Disability due to an act of war, declared or undeclared, is excluded.

#### NYPFL Exclusions

The benefits required under the New York Disability Benefits Law are subject to limitations and exclusions contained in the Law, including the following:

- For leaves involving care of a family member, the care recipient is not under the care of a duly licensed physician or other provider recognized under the New York Disability Benefit Law is excluded.
- No benefits are payable for any day of family leave during which the employee performed work for remuneration or profit, even if done at home.
- No benefits are payable for any day of family leave for which an employee is entitled to receive from their employer remuneration or maintenance in an amount equal to or greater than that to which they would normally receive for a day of work.
- No benefits are payable for any day in which payments are received under the unemployment insurance law or similar law.

<b>Short Term Disability Coverage Highlights</b>
Broker Commissions included in the rate: None
<p>Expected Participation</p> <p>STD</p> <p>All Active Owners Electing Flat \$1,000 Benefit: 100%</p> <p>All Other Active Full Time EEs non-contributory electing 50% to \$1,000: 100%</p> <p>All Active Owners Electing 50% to \$1,000 Benefit: 50%</p> <p>All Active Owners Electing 60% to \$1,500 Benefit: 100%</p> <p>All Other Active FT EEs electing contributory 50% to \$1,000: 50%</p> <p>All Other Active FT EES Electing 60% to \$1,500: 100%</p>
<p>Employee Contributions</p> <p>STD</p> <p>All Active Owners Electing Flat \$1,000 Benefit: 0%</p> <p>All Other Active Full Time EEs electing non-contributory 50% to \$1,000: 0%</p> <p>All Active Owners Electing 50% to \$1,000 Benefit: 100%</p> <p>All Active Owners Electing 60% to \$1,500 Benefit: 0%</p> <p>All Other Active FT EEs electing contributory 50% to \$1,000: 100%</p> <p>All Other Active FT EES Electing 60% to \$1,500: 0%</p>
Financial Arrangement: Non-retrospectively Experience Rated
Situs is NEW YORK
<p>States With Mandated Employees:</p> <p>This quote specifically addresses short-term disability coverage that is supplemental to any state mandated benefits and does not replace the employers responsibility to provide state mandated benefits coverage for non-occupational disabilities to their employees in these states:</p> <p>STD</p> <p>All Active Owners Electing Flat \$1,000 Benefit:</p> <p>All Other Active Full Time EEs electing non-contributory 50% to \$1,000:</p> <p>All Active Owners Electing 50% to \$1,000 Benefit:</p> <p>All Active Owners Electing 60% to \$1,500 Benefit:</p> <p>All Other Active FT EEs electing contributory 50% to \$1,000:</p> <p>All Other Active FT EES Electing 60% to \$1,500:</p>
Actively at Work provision applies
Taxability: Post-Tax Payroll Deduction
Rehabilitation Program Participation: Disability benefit payments will end on the date the employee ceases or refuses to participate in a Rehabilitation Program that MetLife requires.
MetLife has made every effort to quote a plan that matches the substance of the requested plan design to the best of our ability, based on the plan documentation made available at the time of quote. The actual language used in the contracts will reflect what is filed in the applicable jurisdictions. Our rates are based on the plan design illustrated in this Cost & Benefit Summary.

<b>NYPFL Coverage Highlights</b>
Broker Commissions included in the rate: None
Expected Participation: 100%
Employee Contributions: 100%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is NEW YORK
Actively at Work provision applies
Taxability: Post-Tax Payroll Deduction

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MetLife has made every effort to quote a plan that matches the substance of the requested plan design to the best of our ability, based on the plan documentation made available at the time of quote. The actual language used in the contracts will reflect what is filed in the applicable jurisdictions. Our rates are based on the plan design illustrated in this Cost & Benefit Summary.

## Summary of Benefits

### Long Term Disability - Long Term Disability Option

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<b>Monthly Benefit</b>	Flat Benefit Amount of \$5,000.00	60% of Predisability Earnings																																																
<b>Maximum Monthly Benefit</b>	\$5,000.00	\$10,000.00																																																
<b>Minimum Monthly Benefit*</b>	\$100.00	\$100.00																																																
<b>Elimination Period</b>	180 Days or until the end of the STD Maximum Benefit Period.	180 Days or until the end of the STD Maximum Benefit Period.																																																
<b>Own Occupation Period</b>	24 months	24 months																																																
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<b>Long Term Disability</b>		
<b>Class Description</b>	All Active Owners Electing 50% to \$5,000 benefit (30 Hours)	All Other Active Full Time EEs electing 50% to \$5,000 benefit (30 Hours)
<b>Monthly Benefit</b>	50% of Predisability Earnings	50% of Predisability Earnings
<b>Maximum Monthly Benefit</b>	\$5,000.00	\$5,000.00
<b>Minimum Monthly Benefit*</b>	\$100.00	\$100.00
<b>Elimination Period</b>	180 Days or until the end of the STD Maximum Benefit Period.	180 Days or until the end of the STD Maximum Benefit Period.
<b>Own Occupation Period</b>	24 months	24 months
<b>Social Security Integration</b>	Family Social Security	Family Social Security
<b>Benefit Duration</b>	RBD w/ SSNRA	RBD w/ SSNRA
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<b>Employee Assistance Program</b>	Employee Assistance Program is not included.	Employee Assistance Program is not included.
<b>Cost of Living Adjustment</b>	Cost of Living Adjustment does not apply.	Cost of Living Adjustment does not apply.
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66	21 months																																																	
67	18 months																																																	
68	15 months																																																	
69 and over	12 months																																																	
<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>																																																	
less than 60	to age 65																																																	
60	60 months																																																	
61	48 months																																																	
62	42 months																																																	
63	36 months																																																	
64	30 months																																																	
65	24 months																																																	
66	21 months																																																	
67	18 months																																																	
68	15 months																																																	
69 and over	12 months																																																	
<b>Rehabilitation Incentives included in quote</b> (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive																																																
<b>Employee Assistance Program</b>	Employee Assistance Program is not included.	Employee Assistance Program is not included.																																																
<b>Cost of Living Adjustment</b>	Cost of Living Adjustment does not apply.	Cost of Living Adjustment does not apply.																																																
*The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives.																																																		

<b>The following limitations and definitions apply to all plans</b>	
<b>Limitations and Definitions</b>	
<b>Definition of Disability</b>	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> <li>• The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and</li> <li>• During the elimination period and the next 24 months is unable to earn more than 80% of predisability earnings at their Own Occupation for any employer in their Local economy, and</li> <li>• After such period, is unable to earn more than 60% of their predisability earnings from any employer in their Local economy at any gainful occupation for which they are reasonably qualified taking into account their training, prior education and experience.</li> </ul>
<b>Definition of Predisability Earnings – For Owners</b>	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings plus commissions earned averaged over W2 Reportable Income.</b></p> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li> <li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li> <li>• Any other compensation from the Employer.</li> </ul>
<b>Definition of Predisability Earnings – For All Other Employees</b>	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings plus commissions earned averaged over 12 months.</b></p> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li> <li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li> <li>• Any other compensation from the Employer.</li> </ul>
<b>Pre Existing Conditions</b>	3/12
<b>Pre-Existing Condition Limitation</b>	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> <li>• Received medical treatment, consultation, care, or services; or</li> <li>• Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect.</li> </ul>
<b>Pre Existing Conditions Limitation</b>	<p>In determining whether a Disability is due to a Pre-existing Condition, if within 60 days of the date this insurance takes effect the employee was covered under another plan providing group disability income coverage, We will credit the employee for any time the employee was covered under such plan.</p>

<b>Work Incentive</b>	While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 24 months following the employees return to work, MetLife will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.
<b>Rehabilitation Incentive</b>	10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program.
<b>Family Care Incentive</b>	If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 24 months of benefit payments.
<b>Moving Expense Incentive</b>	Moving Expense Incentive: If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
<b>Temporary Recovery</b>	<p>If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled again due to the same or related condition, a new Elimination Period is not required provided the return to full time work is within a period of 60 work days or less. MetLife will count the days worked while Disabled toward the satisfaction of the Elimination Period. If the return to Active Work is greater than 60 work days, a new Elimination Period is required.</p> <p>If the employee returns to Active Work, after they begin to receive Monthly Benefits, for a period of 180 continuous days or less and becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.</p>
<b>Zero Day Residual</b>	If the employee continues to meet the Definition of Disability, the elimination period may be satisfied during part-time employment.
<b>Continuity of Coverage</b>	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
<b>Cost of Living Freeze</b>	Cost of Living Freeze is included in this quote.
<b>Waiver of Premium</b>	Premium payments for Disabled employees are waived while benefits are payable.
<b>Indexing</b>	For the purposes of determining whether an employee continues to be Disabled and for calculating the Work Incentive, we will add to the employee's Predisability Earnings an amount equal to the lesser CPI or 7%



Specific Disabilities	
<b>Mental or Nervous Disorders or Diseases unless due to schizophrenia, dementia or organic brain disease</b>	<p>If the employee is Disabled, Disability benefits are limited to a per occurrence maximum of 24 months. BiPolar Disorder will not be limited.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
<b>Chronic Fatigue Syndrome and Related Disorders</b>	<p>No Limitation</p>
<b>Neuromuscular, Musculoskeletal or Soft Tissue Disorder</b>	<p>No Limitation</p>
<b>Alcohol, Drug or Substance Abuse or Addiction</b>	<p>If the employee is Disabled, Disability benefits are limited to a per occurrence maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>

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Exclusions
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We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Attempted suicide; or
- Commission of or attempt to commit a felony.

<b>Long Term Disability Coverage Highlights</b>
Broker Commissions included in the rate: None
Expected Participation LTD All Active Owners Electing \$5,000 benefit: 100% All Active Owners Electing 60% to \$10,000 benefit: 100% All Active Owners Electing 50% to \$5,000 benefit: 50% All Other Active Full Time EEs electing 50% to \$5,000 benefit: 50% All Other Active Full Time EEs electing 60% to \$10,000 benefit: 100% All Other Active Full Time EEs electing 60% to \$5,000 benefit: 100%
Employee Contributions LTD All Active Owners Electing \$5,000 benefit: 0% All Active Owners Electing 60% to \$10,000 benefit: 0% All Active Owners Electing 50% to \$5,000 benefit: 100% All Other Active Full Time EEs electing 50% to \$5,000 benefit: 100% All Other Active Full Time EEs electing 60% to \$10,000 benefit: 0% All Other Active Full Time EEs electing 60% to \$5,000 benefit: 0%
Financial Arrangement(s): Non-retrospectively Experience Rated
Situs is NEW YORK
Foreign National(s): Does Not Apply
Actively at Work provision applies
Taxability: Post-Tax Payroll Deduction
Rehabilitation Program Participation: Disability benefit payments will end on the date the employee ceases or refuses to participate in a Rehabilitation Program that MetLife requires.

Reductions: Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.

If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.

We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits  
We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.

MetLife has made every effort to quote a plan that matches the substance of the requested plan design to the best of our ability, based on the plan documentation made available at the time of quote. The actual language used in the contracts will reflect what is filed in the applicable jurisdictions. Our rates are based on the plan design illustrated in this Cost & Benefit Summary.