Short Term Disability Insurance

Summary of Benefits

Prepared for: Weather Group, LLC
Class 1

Eligibility:
All active, Full-time Employees of the Employer, classified as Weather Group Employees, regularly scheduled to work 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States.
Employee: You will be eligible for coverage after 90 days of active service.

Available Coverage:

	Gross Weekly Disability Benefit	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period *(includes benefit waiting period)*
90 days but less than 2 years Weeks 2-9	80% of your weekly covered earnings	None	5 days for Accident 5 days for Sickness	19 weeks for Accident 19 weeks for Sickness
2 years or more Weeks 2-9	100% of your weekly covered earnings	None	5 days for Accident 5 days for Sickness	19 weeks for Accident 19 weeks for Sickness
90 days but less than 2 years Weeks 10-18	60% of your weekly covered earnings	None	5 days for Accident 5 days for Sickness	19 weeks for Accident 19 weeks for Sickness
2 years or more Weeks 10-18	80% of your weekly covered earnings	None	5 days for Accident 5 days for Sickness	19 weeks for Accident 19 weeks for Sickness

Important Definitions and Policy Provisions:
Disability - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.
Covered Earnings - "Covered Earnings" means your wages or salary, not including bonuses, commissions, overtime pay and other extra compensation.
When Benefits Begin - You must be continuously Disabled for 5 days for an Accident and 5 days for a Sickness before benefits will be paid for a covered Disability.
How Long Benefits Last - Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 19 weeks for an Accident and 19 weeks for a Sickness. Disability benefits will end sooner if you no longer qualify for benefits.
When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:
Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance. Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy**.**

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane; War or any act of war, whether or not declared; Active participation in a riot; Commission of a felony; The revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy; Any cosmetic surgery or surgical procedure that is not Medically Necessary; An Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law; An Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. SHD0962776. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference.

Created on 10/2023