

# Policyholder: Wall to Wall, LLC

# Group long-term disability insurance Benefit summary for all members

Your coverage renews every January 1.

This summary was created on 02/15/2024 and shows benefits available at that time.

Eligibility		
Eligible employees	All active, full-time employees working at least 30 hours a week	
Benefits payable		
Primary monthly benefit	60% of your earnings up to \$10,000	
Benefit amount	Your primary monthly benefit minus other income sources	
Elimination period	Benefits begin after 90 days	
Own occupation period	2 year	
Benefit payment period	Varies based on your age when you become disabled, see chart below	
Limitations & exclusions		
Pre-existing conditions	3 months prior / 12 months insured	
Other limitations	A complete list is included in your booklet	

#### What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to \$10,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

#### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

## When do I begin receiving disability benefits?

Your elimination period is 90 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

# Once I start receiving benefits, how long will they continue?

Age disability occurs	Benefits are payable until the later of:
Under age 65	Social Security Normal Retirement Age (SSNRA) or 36 months
Age 65-67	SSNRA or 24 months
Age 68-69	SSNRA or 18 months
Age 70-71	SSNRA or 15 months
Age 72 and over	SSNRA or 12 months

### What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

#### Residual disability

• You're not totally disabled and while working in your own occupation, as a result of sickness or injury, you are unable to earn 80% or more of your income prior to your disability.

#### **Total disability**

• You're unable to perform with reasonable continuity, the substantial and material duties necessary to pursue your own occupation and you're not working in your own occupation.

After completing the own occupation period, one of the following must apply:

#### **Residual Disability**

• You're not totally disabled and while working in an occupation, as a result of sickness or injury, you're unable to engage with reasonable continuity in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life and physical and mental capacity.

#### **Total Disability**

• You're unable to perform with reasonable continuity in any occupation for which you are or could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

## Do I qualify if I have a preexisting condition?

• You may, if you had symptoms or conditions which would cause a reasonable person to seek a diagnosis, care, or treatment. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

# Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
  - o A mental health condition for up to a lifetime maximum of 24 months
  - o Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months

#### Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.  You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Survivor benefit	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit minus other income sources, which includes but is not limited to Social Security.

# What are the limitations and exclusions of my coverage?

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Preexisting conditions	<ul> <li>A preexisting condition is any sickness or injury for which you:</li> <li>Received medical treatment, care or services for a diagnosed condition in the three month period before you became insured under this policy; or</li> <li>Took prescribed medications for a diagnosed condition in the three month period before you became insured under this policy; or</li> <li>Suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your application: o for which you recieved a physician's advice or treatment within 24 months before you became insured under this policy; or</li> <li>which caused symptoms within 12 months before you became insured under this policy for which a prudent person would usually seek medical advice or treatment; and</li> </ul>	
	Benefits will not be paid for a disability that is caused or substantially contributed by a preexisting condition unless, on the date you became disabled, you were actively at work for one full day after completing 12 consecutive months during which you were insured under this policy.	

Treatment of mental health conditions and drug and alcohol abuse conditions

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for: Mental health conditions – 24 months Alcohol, drug or chemical abuse conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.



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This is a summary of long-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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