

**YOUR EMPLOYEE  
LONG TERM DISABILITY  
BENEFIT PLAN**

**THE LINCOLN ELECTRIC COMPANY**

## INTRODUCTION

We are pleased to present you with a Certificate of Insurance for group disability insurance. This Certificate states your benefits and summarizes some special services available to you at no additional cost. All of us appreciate the financial protection that group benefit plans provide in the event of illness or injury. Group disability insurance is an especially important benefit since it replaces a reasonable portion of your income lost due to a disability.

Your Employer recognizes the value of your services and the impact your absence can have on the organization. Therefore your benefit plan has been designed with a goal of rehabilitation and return to work in mind. The plan offers financial incentives for returning to work, while still receiving a benefit.

The benefits outlined in this Certificate are the foundation for comprehensive managed disability services. These special services focus on your abilities, versus a disability, and are available to you at no additional cost. They are tailored to meet your individual needs and are designed to help you to return to work as soon as possible. Managed disability services may also coordinate with other benefit programs in which you participate.

Your comprehensive disability program includes:

**Financial Incentives** for returning to work.

**Rehabilitation Program** that focuses on vocational rehabilitation, which means identifying the necessary training, therapy, job modifications and accommodations that can help you return to work.

**Early Assistance Program** offering rehabilitation assistance both before and after you file a claim for Long Term Disability Benefits.

**Social Security Assistance Program** to help make the Social Security Insurance application and approval process easier for you.

**Easy Claim Application Process** that may be started simply by calling an "800" claims hotline or sending us a claim form. Initial submission of the claim should be made no later than 12 weeks following your original date of disability or as soon as reasonably possible thereafter.

This Certificate is in an easy-to-read format and we urge you to read it carefully. We also recommend you keep it with your other important records for future reference. If you have any questions about the Certificate or the benefits it provides, please contact your Employer.



Metropolitan Life Insurance Company  
One Madison Avenue, New York, New York 10010-3690

**CERTIFICATE OF INSURANCE  
for the Employees of**

**The Lincoln Electric Company  
(called the Employer)**

This is your Certificate of Insurance for Long Term Disability Insurance as long as you are insured under This Plan. The Group Policy and this Certificate may be changed or canceled according to the terms, conditions and provisions of the Group Policy. This Certificate describes the benefits under the Plan in effect as of January 1, 2003. Any prior Certificate relating to the coverage set forth herein is void.

MetLife in its discretion has authority to interpret the terms, conditions, and provisions of the entire contract. This includes the Group Policy, Certificate and any Amendments.

The Group Policy is delivered in and administered according to the laws of the governing jurisdiction.

Whenever a reference to "you" or "your" is made in this Certificate of Insurance, it means the covered Employee. Reference to "we", "us" or "our" means MetLife. Reference to "This Plan" means that part of the Employer's plan of employee benefits that is insured by MetLife.

A handwritten signature in black ink, appearing to read "Robert H. Benmosche", is written over a circular stamp or seal.

Robert H. Benmosche  
Chairman, President and Chief Executive Officer

Group Policy No.:102667-G

**Florida Residents: The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.**

**For Maryland residents: The group insurance policy providing coverage under this certificate was issued in a jurisdiction**

**other than Maryland and may not provide all of the benefits  
required by Maryland law.**

Form G.24303-Cert.

**For Texas Residents:**

**Para Residentes de Texas:**

**IMPORTANT NOTICE**

**AVISO IMPORTANTE**

To obtain information or make a complaint:

Para obtener informacion o para someter una queja:

You may call MetLife's toll-free telephone number for information or to make a complaint at

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-638-5433

1-800-638-5433

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

1-800-252-3439

You may write the Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
Fax # 512 - 475-1771

Puede escribir al Departamento de Seguros de Texas  
P.O. Box 149104  
Austin, TX 78714-9104  
Fax # 512 - 475-1771

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact MetLife first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**ATTACH THIS NOTICE TO YOUR CERTIFICATE:**

This notice is for information only and does not become a part or condition of the attached document.

**UNA ESTE AVISO A SU CERTIFICADO:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

**Arkansas residents please be advised of the following:**

**IMPORTANT NOTICE**

**IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER OR GROUP ACCOUNT ADMINISTRATOR. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:**

**1-800-638-5433**

**IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:**

**ARKANSAS INSURANCE DEPARTMENT  
CONSUMER SERVICES DIVISION  
1200 WEST THIRD  
LITTLE ROCK, ARKANSAS 72201-1904**

**California residents please be advised of the following:**

**IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT METLIFE AT:**

**METROPOLITAN LIFE INSURANCE  
COMPANY  
1 MADISON AVENUE  
NEW YORK, NY 10010  
ATTN: CORPORATE CONSUMER RELATIONS  
DEPARTMENT  
1-800-638-5433**

**IF, AFTER CONTACTING METLIFE REGARDING A COMPLAINT, YOU FEEL THAT A SATISFACTORY RESOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:**

**CALIFORNIA DEPARTMENT OF INSURANCE  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
1-800-927-4357 (within California)  
1-213-897-8921 (outside California)**



**Georgia residents please be advised of the following:**

**IMPORTANT NOTICE**

**The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.**

**Utah residents please be advised of the following:**

### **NOTICE TO POLICYHOLDERS**

Insurance companies licensed to sell life insurance, health insurance, or annuities in the State of Utah are required by law to be members of an organization called the Utah Life and Health Insurance Guaranty Association ("ULHIGA"). If an insurance company that is licensed to sell insurance in Utah becomes insolvent (bankrupt), and is unable to pay claims to its policyholders, the law requires ULHIGA to pay some of the insurance company's claims. The purpose of this notice is to briefly describe some of the benefits and limitations provided to Utah insureds by ULHIGA.

#### **PEOPLE ENTITLED TO COVERAGE**

- You must be a Utah resident.
- You must have insurance coverage under an individual or group policy.

#### **POLICIES COVERED**

- ULHIGA provides coverage for certain life, health and annuity insurance policies.

#### **EXCLUSIONS AND LIMITATIONS**

Several kinds of insurance policies are specifically excluded from coverage. There are also a number of limitations to coverage. The following are not covered by ULHIGA:

- Coverage through an HMO.
- Coverage by insurance companies not licensed in Utah.
- Self-funded and self-insured coverage provided by an employer that is only administered by an insurance company.
- Policies protected by another state's Guaranty Association.
- Policies where the insurance company does not guarantee the benefits.
- Policies where the policyholder bears the risk under the policy.

- Re-insurance contracts.
- Annuity policies that are not issued to and owned by an individual, unless the annuity policy is issued to a pension benefit plan that is covered.
- Policies issued to pension benefit plans protected by the Federal Pension Benefit Guaranty Corporation.
- Policies issued to entities that are not members of the ULHIGA, including health plans, fraternal benefit societies, state pooling plans and mutual assessment companies.

### **LIMITS ON AMOUNT OF COVERAGE**

Caps are placed on the amount ULHIGA will pay. These caps apply even if you are insured by more than one policy issued by the insolvent company. The maximum ULHIGA will pay is the amount of your coverage or \$500,000 — whichever is lower. Other caps also apply:

- \$100,000 in net cash surrender values.
- \$500,000 in life insurance death benefits (including cash surrender values).
- \$500,000 in health insurance benefits.
- \$200,000 in annuity benefits — if the annuity is issued to and owned by an individual or the annuity is issued to a pension plan covering government employees.
- \$5,000,000 in annuity benefits to the contract holder of annuities issued to pension plans covered by the law. (Other limitations apply).
- Interest rates on some policies may be adjusted downward.

## **DISCLAIMER**

### ***PLEASE READ CAREFULLY:***

. COVERAGE FROM ULHIGA MAY BE UNAVAILABLE UNDER THIS POLICY. OR, IF AVAILABLE, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS. THE DESCRIPTION OF COVERAGES CONTAINED IN THIS DOCUMENT IS AN OVERVIEW. IT IS NOT A COMPLETE DESCRIPTION. YOU CANNOT RELY ON THIS DOCUMENT AS A DESCRIPTION OF COVERAGE. FOR A COMPLETE DESCRIPTION OF COVERAGE, CONSULT THE UTAH CODE, TITLE 31A, CHAPTER 28.

. COVERAGE IS CONDITIONED ON CONTINUED RESIDENCY IN THE STATE OF UTAH.

. THE PROTECTION THAT MAY BE PROVIDED BY ULHIGA IS NOT A SUBSTITUTE FOR CONSUMERS' CARE IN SELECTING AN INSURANCE COMPANY THAT IS WELL-MANAGED AND FINANCIALLY STABLE.

. INSURANCE COMPANIES AND INSURANCE AGENTS ARE REQUIRED BY LAW TO GIVE YOU THIS NOTICE. THE LAW DOES, HOWEVER, PROHIBIT THEM FROM USING THE EXISTENCE OF ULHIGA AS AN INDUCEMENT TO SELL YOU INSURANCE.

. THE ADDRESS OF ULHIGA, AND THE INSURANCE DEPARTMENT ARE PROVIDED BELOW.

Utah Life and Health Insurance  
Guaranty Association  
955 E. Pioneer Rd.  
Draper, Utah 84114

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114

**Virginia residents please be advised of the following:**

**IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Metropolitan Life Insurance Company  
1 Madison Avenue  
New York, New York 10010  
Attn: Corporate Customer Relations Department

To phone in a claim related question, you may call Claims Customer Service at:

1-800-638-5433

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Life and Health Division  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23209

1-800-552-7945 - In-state toll-free  
1-804-786-3741 - Out-of-state

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

**Wisconsin residents please be advised of the following:**

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Metropolitan Life Insurance Company  
Corporate Consumer Relations Department  
1 Madison Avenue  
New York, NY 10010  
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 outside of Madison or 266-0103 in Madison.

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## PLAN HIGHLIGHTS

This Plan Highlights section is a summary of your Long Term Disability Benefits and provisions. See the rest of your Certificate for more information.

It is important to read the rest of your Certificate. It describes your benefits as well as any exclusions and limitations that apply to these benefits. Please read it carefully. You should talk with your Employer if you have any questions.

You will notice that some of the terms used in your Certificate begin with capital letters. These terms have special meanings. They are explained in this Certificate.

## EMPLOYEE ELIGIBILITY

**Eligible Employee:** All employees working at least 15 hours each week. However, if you do not have regular work hours you will be an Eligible Employee if you have worked at least an average of 15 hours a week during the preceding 12 calendar months (or during your period of employment if less than 12 months).

### **Eligibility Waiting Period:**

**Active Employees on and after January 1, 2003:** 6 months of continuous service as an Employee

**Eligibility Date:** January 1, 2003 or the first day of the calendar month after you complete the Eligibility Waiting Period, whichever is later.

## LONG TERM DISABILITY BENEFITS

**Monthly Benefit:** You are covered for Plan A - Non-Contributory Insurance subject to the provisions set forth in "Effective Date of Coverage" set forth in "EMPLOYEE ELIGIBILITY".



If you elect Plan B - Contributory Insurance or Plan C - Contributory Insurance, the change in your amount of Monthly Benefit is subject to the provisions set forth in "Changes in Amount of Monthly Benefit" set forth in "EMPLOYEE ELIGIBILITY".

If you have elected Plan B - Contributory Insurance or Plan C - Contributory Insurance and you fail to make the required contribution for such insurance when due, you will automatically become covered under Plan A - Non-Contributory Insurance and your amount of Monthly Benefit will be adjusted to the amount shown for Plan A below.

**Plan A - Non-Contributory Insurance**

40% of the first \$8,333 of your Predisability Earnings, reduced by Other Income Benefits. Other Income Benefits are described in Section B. of Long Term Disability Benefits.

**Elimination Period:** 180 days of continuous Disability

**Maximum Monthly Benefit:** \$3,333

**Plan B - Contributory Insurance – Available to All Eligible Employees**

60% of the first \$8,333 of your Predisability Earnings, reduced by Other Income Benefits. Other Income Benefits are described in Section B. of Long Term Disability Benefits.

**Elimination Period:** 180 days of continuous Disability

**Maximum Monthly Benefit:** \$5,000

**Plan C - Contributory Insurance – Available only to Hourly and Piecework Employees**

60% of the first \$8,333 of your Predisability Earnings, reduced by Other Income Benefits. Other Income Benefits are described in Section B. of Long Term Disability Benefits.

**Elimination Period:** 90 days of continuous Disability

**Maximum Monthly Benefit:** \$5,000

**Applicable to All Plans:**

**Minimum Monthly Benefit:** \$100. The Minimum Monthly Benefit will not apply if you are in an Overpayment situation or are receiving income from employment.

**Maximum Benefit Duration:** The duration shown below:

<u>Age on Date Disability Starts</u>	<u>Maximum 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

**Work Incentive:**

**Work while Disabled:** No offset for employment earnings during the first 12 months after you have satisfied your Elimination Period. However, your Monthly Benefit may be reduced if the total income you are receiving (including Rehabilitation Incentive and Family Care Expenses) exceeds 100% of your Predisability Earnings or Indexed Predisability Earnings.

**Rehabilitation Incentive:** Your Monthly Benefit, before reduction for Other Income Benefits, is increased by 10% while participating in an approved Rehabilitation Program.

**Family Care Expenses:** While participating in an approved Rehabilitation Program, up to \$250 per month incurred for Eligible Family Care Expenses for each Eligible Family Member during the first 24 months after you have satisfied the Elimination Period.

**Cost of Living Adjustment:**

**Benefit Percentage:** 3%

**Number of Adjustments:** 5

**First Adjustment Begins:** After the 12th Monthly Benefit payment.

**Survivors Benefit:** A lump sum equal to 3 times the Monthly Benefit before reductions for Other Income Benefits.

**LIMITATIONS**

**Limitation for Pre-existing Conditions:** Coverage for Pre-existing Conditions begins 12 months after your Effective Date of coverage.

**Limitation For Disabilities Due to Particular Conditions**

**Limitation for Disability due to (i) Mental or Nervous Disorders or Diseases; or (ii) Neuromusculoskeletal and Soft Tissue Disorder; or (iii) Chronic Fatigue Syndrome:**

24 Monthly Benefits in your lifetime, or the Maximum Benefit Duration, whichever is less. Benefits may be paid beyond 24 months as described in the provision, subject to certain requirements.

**Limitation for Drug, Alcohol or Substance Abuse or Dependency:**

One period of Disability in your lifetime for up to: 24 Monthly Benefits; your successful completion of an approved

rehabilitative program; your ceasing or refusing to participate in a rehabilitative program; or the Maximum Benefit Duration; whichever is less.

#### **CONTRIBUTIONS**

If you elect Contributory Insurance, your Long Term Disability Benefits are paid for by you.

If you elect Non-Contributory Insurance, your Long Term Disability Benefits are paid for by your Employer.

#### **BENEFITS CHECKLIST**

In order to receive benefits under This Plan, you must provide to us at your expense, and subject to our satisfaction, all of the following documents. These are explained in this Certificate. Initial submission of these documents should be made no later than the 12th week following your original date of disability.

- ✓ Proof of Disability.
- ✓ Evidence of continuing Disability.
- ✓ Proof that you are under the Appropriate Care and Treatment of a Doctor throughout your Disability.
- ✓ Information about Other Income Benefits.
- ✓ Any other material information related to your Disability which may be requested by us.

Form G.24303-A

## **EMPLOYEE ELIGIBILITY**

### **Active Employee**

You are an Active Employee if you:

1. are an Eligible Employee working for the Employer doing all the material duties of your occupation at (i) your usual place of business; or (ii) some other location that your Employer's business requires you to be;
2. are a citizen or legal resident of the United States or Canada; and
3. are not a temporary or seasonal employee.

You will be deemed an Active Employee if:

1. you meet the above conditions; and
2. you are absent from work solely due to vacation days, holidays, scheduled days off, or approved leaves of absence not due to Disability.

### **Effective Date of Coverage**

Your Employer has established a flexible benefits plan which meets criteria set forth in the Internal Revenue Code. Under such plan, you will be covered for Non-Contributory Long Term Disability Benefits under This Plan. You will be able to choose to be covered for Contributory Long Term Disability Benefits under this Plan subject to the rules of the plan. Such rules include time frames during which you may change your benefits under This Plan as set forth below. Such rules also establish a time frame for when changes in the amount of your benefits are made as a result of a change in your class or earnings. Your Employer can provide you with more information regarding the flexible benefits plan. In order to make any changes under This Plan, you must make a written request to the Employer on the flexible benefits form furnished by the Employer.

Under This Plan, you will be covered for Non-Contributory Long Term Disability Benefits and Contributory Long Term Disability Benefits that

you elect within thirty-one days of your date of hire on the later of the following dates:

1. your Eligibility Date as described in Plan Highlights; or
2. the date you meet the Active Employee requirements.

Requests for changes in your Long Term Disability Benefits under This Plan may only be made:

1. during the annual enrollment period, as designated by the Employer and reported to you; or
2. within thirty-one days of a Qualifying Event.

If you make a request to become covered for an amount of Contributory Insurance or to increase the amount of your Contributory Insurance under This Plan within thirty-one days of a Qualifying Event or during an annual enrollment period, but after:

1. your Eligibility Date as described in Plan Highlights; or
2. electing only Non-Contributory Insurance at your initial eligibility date;

you will be required to provide Evidence of Good Health satisfactory to us. Your coverage will become effective when we approve your Evidence of Good Health.

If you were eligible for Contributory Insurance under the prior plan but did not elect to be covered under the prior plan, you will be required to provide Evidence of Good Health satisfactory to us. Your coverage will become effective when we approve your Evidence of Good Health.

If you make a request to become covered for an amount of Contributory Insurance or to increase or decrease the amount of your Contributory Insurance under This Plan within thirty-one days of a Qualifying Event, you will become covered for, or the change in such Contributory Insurance will become effective, on the later of the following dates:

1. the first day of the month following the date we approve your Evidence of Good Health; or
2. the first day of the month following the date of your request; or
3. the date you meet the Active Employee requirements.

If you make a request to become covered for an amount of Contributory Insurance or to increase or decrease the amount of your Contributory Insurance under This Plan during an annual enrollment period, you will become covered for, or the change in such Contributory Insurance will become effective on the latest of the following dates:

1. the first day of the month following the date we approve your Evidence of Good Health, if applicable; or
2. the first day of the calendar year following the annual enrollment period; or
3. the date you meet the Active Employee requirements.

"Evidence of Good Health" is a statement providing your medical history. We will use this statement to determine your insurability under This Plan. This statement must be provided to us at your expense.

"Qualifying Event" means a change in your family status due to one or more of the following events:

1. changes in Your legal marital status, such as by marriage, divorce, legal separation, death of spouse or annulment;
2. changes in the number of Your dependents, such as by birth, adoption, placement for adoption or death of a dependent;
3. your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage;
4. a change in your or your dependent's employment status, such as beginning or ending employment, strike, lockout, taking a leave of absence, changes in worksite or work

schedule, if it causes you or your dependent to gain or lose eligibility for group coverage.

### **Continuity of Coverage upon Replacement of Plans**

In order to prevent a loss of coverage because of a transfer of insurance carriers, This Plan will provide coverage for you if:

1. you were covered under the prior carrier's plan that This Plan replaced at the time of transfer; and
2. you are an Eligible Employee and you are not an Active Employee.

Coverage will only be provided if the required payment toward the cost of your coverage is made to us.

The benefit payable will be that which would have been paid by the prior carrier had coverage remained in force, less any benefit for which the prior carrier is liable.

### **Changes in Amount of Monthly Benefit**

The amount of your Monthly Benefit may change as a result of a change in your earnings or class. The new Monthly Benefit amount:

1. will take effect on the following January 1; and
2. will apply only to Disabilities commencing thereafter.

However, if you are not an Active Employee on the above date, the new Monthly Benefit amount will take effect on the date you are again an Active Employee.

Form G.24303-B



## **LONG TERM DISABILITY BENEFITS**

### **A. Monthly Benefit**

You will be paid a Monthly Benefit, in accord with Plan Highlights, if we determine that:

1. you are Disabled; and
2. you became Disabled while covered under This Plan.

Benefits will begin to accrue on the date following the day you complete your Elimination Period. Payment of the Monthly Benefit will start on the date one month after completion of the Elimination Period. Subsequent payments will be made each month thereafter. Payment is based on the number of days you are Disabled during each one month period.

Contributions are not required for the time that Monthly Benefits are payable.

After we determine that you are Disabled, your Monthly Benefits will not be affected by:

1. termination of This Plan;
2. termination of your coverage; or
3. any plan change that is effective after the date you became Disabled.

### **When Benefits End**

Monthly Benefits will end on the earliest of the following dates:

1. the end of the Maximum Benefit Duration;
2. the end of the period specified in the Limitation for Disabilities Due to Particular Conditions and the Limitation For Alcohol, Drug or Substance Abuse or Dependency;

3. the date you are no longer Disabled;
4. the date you fail to provide us with any of the information listed in Plan Highlights under Benefits Checklist;
5. the day you die;
6. the date you cease or refuse to participate in a Rehabilitation Program as described in Work Incentive; or
7. the date you fail to attend a medical examination requested by us as described in Medical Examination.

### **Elimination Period**

Your Elimination Period begins on the day you become Disabled. It is a period of time during which no benefits are payable. Your Elimination Period is shown in Plan Highlights. You must be under the continuous care of a Doctor during your Elimination Period. You may temporarily recover from your Disability during your Elimination Period. If you then become Disabled again due to the same or related condition, you may not have to begin a new Elimination Period.

### **Temporary Recovery During Your Elimination Period**

If you return to work for 30 days or less during your Elimination Period, those days will count towards your Elimination Period. However, if you return to work for more than 30 days before satisfying your Elimination Period, you will have to begin a new Elimination Period.

Temporary Recovery means you cease to be Disabled. During a period of Temporary Recovery you will not qualify for any change in coverage caused by a change in any of the following:

1. the rate of earnings used to determine your Predisability Earnings; or
2. the terms, provisions, or conditions shown in your Certificate of Insurance.

### **Definition of Disability**

"Disabled" or "Disability" means that, due to sickness, pregnancy or accidental injury, you are receiving Appropriate Care and Treatment from a Doctor on a continuing basis; and

1. you are unable to earn more than 80% of your Predisability Earnings or Indexed Predisability Earnings at any occupation with the Employer; or
2. if you become no longer employed by the Employer, you are unable to earn more than 40% of your Indexed Predisability Earnings from any employer in your Local Economy at any gainful occupation for which you are reasonably qualified taking into account your training, education, experience and Predisability Earnings.

Your loss of earnings must be a direct result of your sickness, pregnancy or accidental injury. Economic factors such as, but not limited to, recession, job obsolescence, paycuts and job-sharing will not be considered in determining whether you meet the loss of earnings test.

For an employee whose occupation requires a license, "loss of license" for any reason does not, in itself, constitute Disability.

"Appropriate Care and Treatment" means medical care and treatment that meet all of the following:

1. it is received from a Doctor whose medical training and clinical experience are suitable for treating your Disability;
2. it is necessary to meet your basic health needs and is of demonstrable medical value;
3. it is consistent in type, frequency and duration of treatment with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies;
4. it is consistent with the diagnosis of your condition; and

5. its purpose is maximizing your medical improvement.

"Doctor" means a person who: (i) is legally licensed to practice medicine; and (ii) is not related to you. A licensed medical practitioner will be considered a Doctor:

1. if applicable state law requires that such practitioners be recognized for the purposes of certification of disability; and
2. the care and treatment provided by the practitioner is within the scope of his or her license.

"Local Economy" means the geographic area surrounding your place of residence which offers reasonable employment opportunities. It is an area within which it would not be unreasonable for you to travel to secure employment. If you move from the place you resided on the date you became Disabled, we may look at both that former place of residence and your current place of residence to determine local economy.

### **Work Incentive**

While you are Disabled, you are encouraged to work or participate in a Rehabilitation Program during your Elimination Period or while Monthly Benefits are being paid to you. Reimbursement for Eligible Family Care Expenses may also be available when you work or participate in an approved Rehabilitation Program while Disabled.

When you work while Disabled, you will receive the sum of the following amounts:

1. your Monthly Benefit (including your Rehabilitation Incentive when applicable);
2. the amount of your earnings for working while Disabled; and
3. the amount of Family Care Expenses for which you are eligible.

During the 12 month period following your Elimination Period, your Monthly Benefit will be reduced if the total amount you receive from the above sources and Other Income Benefits exceeds 100% of your Predisability Earnings or Indexed Predisability Earnings. Your Monthly

Benefit will be reduced by that portion of the amount you receive which exceeds 100% of your Predisability Earnings or Indexed Predisability Earnings.

After the 12 month period described above, your Monthly Benefit will be reduced by 50% of your earnings from working while Disabled. Your Monthly Benefit will be further reduced if the total amount you receive from the above sources and Other Income Benefits exceeds 100% of your Indexed Predisability Earnings. Your Monthly Benefit will be reduced by that portion of the amount you receive which exceeds 100% of your Indexed Predisability Earnings.

If your Monthly Benefit is reduced as a result of your receiving earnings from any work or service while Disabled, the Minimum Monthly Benefit will not apply.

Monthly Benefit payments will cease on the date you refuse to participate in a Rehabilitation Program in which we determine you are able to participate.

"Rehabilitation Program" means:

1. a return to active employment by you on either a part-time or full-time basis in an attempt to enable you to resume gainful employment or service in an occupation for which you are reasonably qualified taking into account your training, education, experience and past earnings; or
2. participating in vocational training or physical therapy. This must be deemed by one of our rehabilitation coordinators to be appropriate.

#### **Rehabilitation Incentive**

While Disabled, your Monthly Benefit, before reduction for Other Income Benefits, is increased by 10% when you participate in a Rehabilitation Program approved by us.

#### **Family Care Expenses**

**This provision applies during the first 24 months following the date you have satisfied the Elimination Period.**

While Disabled, when you work or participate in a Rehabilitation Program approved by us, you will be reimbursed for Eligible Family Care Expenses incurred with respect to each Eligible Family Member.

“Eligible Family Member” means a person who is:

1. living with you as part of your household; and
2. chiefly dependent on you for support.

"Eligible Family Care Expenses" mean the monthly expenses incurred by you in order for you to participate in a Rehabilitation Program, up to \$250 for each Eligible Family Member. These are expenses incurred:

1. to provide child care with respect to an Eligible Family Member under age 13. Child care must be provided by a licensed child care facility or other qualified child care provider. The child care provider may not be a member of your immediate family or living in your residence.
2. to provide care to an Eligible Family Member who as a result of a mental or physical impairment, is incapable of caring for himself or herself. Family Care Expenses for services provided by a member of your immediate family or any one living in your residence will not be reimbursed.

Eligible Family Care Expenses do not include expenses for which you are eligible for reimbursement under any other group plan or from any other source.

You must provide satisfactory proof to us that you incurred such charges. You must give us proof that the Eligible Family Member is incapable of caring for himself or herself and is chiefly dependent on you for support. The proof must be satisfactory to us.

## **Predisability Earnings**

Your Monthly Benefit will be based on your Predisability Earnings in effect on January 1 preceding your last full day of Active Work. Any subsequent change in your Predisability Earnings after that last full day of Active Work will not affect your Monthly Benefit.

"Predisability Earnings" means your average W2 monthly earnings from your Employer for the 24 calendar month period ending on the second preceding December 31, or over the period of your employment ending on the second preceding December 31, or over the period of your employment ending on the second preceding December 31 if less than 24 months. If you were not employed by the employer on the second preceding December 31, Predisability Earnings means your W2 monthly rate of earnings from your Employer as of the date you become an Employee.

Predisability Earnings are rounded to the next higher multiple of \$100, if not already a multiple of \$100.

Predisability Earnings include:

1. commissions averaged over the period described above; and
2. Awards and bonuses averaged over the period described above, subject to the following:
  - a. awards and bonuses are not included in Predisability Earnings for Monthly Benefits payable for a calendar year in which a Bonus Benefit will be paid; and
  - b. awards and bonuses are included in Predisability Earnings for Monthly Benefits payable for any other calendar year.
3. overtime pay and shift differential pay;
4. contributions you make through a salary reduction agreement with your Employer to any of the following:
  - a. an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;

- b.** an executive nonqualified deferred compensation arrangement; and
- c.** amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings do not include:

- 1.** your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan; or
- 2.** any other compensation, including Workers' Compensation.

If you do not have regular work hours, your Predisability Earnings are based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months). In no event will the number of hours be more than 173 hours.

## **BONUS BENEFIT**

### **1. ELIGIBILITY**

You are eligible for a Bonus Benefit in December of the following Bonus Years, provided Monthly Benefits have been payable for any period during the prior Bonus Year:

- a.** the Bonus Year in which you become Disabled;
- b.** the following Bonus Year; and
- c.** any Bonus Year in which you return to work for the Employer.

### **2. BONUS BENEFIT DETERMINATION**

- a.** No Bonus Benefit is payable for a calendar year in which your employment terminates, if your employment terminates prior to August 1. This rule will not apply if your employment terminates because of your death or your retirement under the Employer's retirement program. Effective September 25, 2003,



this rule will also not apply if your employment terminates under the Employer's Long Term Absence Policy.

- b.** The Bonus Benefit is payable in addition to the Monthly Benefit.
- c.** The Bonus Benefit is payable only in the month of December.
- d.** The Bonus Benefit, when added to your Monthly Benefit and Other Income Benefits for any one calendar year, may not exceed:
  - i.** 40% of the first \$100,000 of your Annual Earnings if you are insured under Plan A only; or
  - ii.** 60% of the first \$100,000 of your Annual Earnings if you are insured under Plan B or Plan C.
- e.** The Bonus Benefit is earned only for the period Monthly Benefits are paid.

"Bonus Earnings" means your average annual bonus from the Employer for the 24 month period ending on the second preceding December 31 before your last full day of Active Work, or your annual bonus for the period of your employment if you received only one bonus from the Employer. However, if your employment terminates prior to November 1, Bonus Earnings means 1/12<sup>th</sup> (one-twelfth) your average annual bonus as determined above, times the number of months you were employed by the Employer during the current calendar year. Effective September 25, 2003, this rule will not apply if your employment terminates under the Employer's Long Term Absence Policy.

"Annual Earnings" means 12 times your Predisability Earnings (for a calendar year in which a Bonus Benefit is paid) plus your Bonus Earnings.

"Bonus Year" means the period from November 1 through October 31.

## **Indexed Predisability Earnings**

Indexed Predisability Earnings means your Predisability Earnings increased by 7%.

The first increase will take place on the date the 13th Monthly Benefit is payable. Subsequent increases will take effect on each anniversary of the first increase. You must have been continually receiving Monthly Benefits under This Plan.

### **B. Reduction of Benefits - Other Income Benefits**

Your Monthly Benefit is reduced by Other Income Benefits shown below. The Monthly Benefit payable to you:

1. will not be less than the amount shown in Plan Highlights under Minimum Monthly Benefit (except in the case of an Overpayment or while receiving work earnings);
2. will not be further reduced due to cost-of-living increases payable under Other Income Benefits after the correct reduction has been determined;
3. will not be reduced by any reasonable attorney fees included in any award or settlement; and
4. will not be reduced by any sources other than those shown below.

If you receive Other Income Benefits in a lump sum instead of in monthly payments, you must provide to us satisfactory proof of the breakdown of: (i) the amount attributable to lost income; and (ii) the time period for which the lump sum is applicable. If you do not provide this information to us, we may reduce your Monthly Benefit by an amount equal to the Monthly Benefit otherwise payable. We will reduce the Monthly Benefit each month until the lump sum has been exhausted. However, if we are given proof of the time period and amount attributable to lost income, we will make a retroactive adjustment.

### **List of Sources of Other Income Benefits**

- 1. Federal Social Security Act, Railroad Retirement Act, Canada Pension Plan, or any provincial pension or disability plan, or the Canada Old Age Security Act**
  - a. benefits that you receive, are entitled to receive or would have been eligible to receive upon making timely application because of your disability or retirement will be counted; and
  - b. benefits available with respect to your spouse and dependents (regardless of marital status or their place of residence) because of your disability or retirement will be counted. If you are divorced or legally separated, benefits paid directly to your dependents and not taken into constructive receipt by you will not be counted.

### **Estimating Social Security Benefits**

We reserve the right to reduce your Monthly Benefit by estimating the Social Security disability benefits you may be eligible to receive.

Your Monthly Benefit will not be reduced by estimated Social Security disability benefits during the first 24 months of Monthly Benefit payments if, prior to the end of the 6 month period following the date you became disabled:

1. you provide proof that you have applied for Social Security disability benefits;
2. you have signed the Reimbursement Agreement which confirms that you will repay all Overpayments; and
3. you have signed the form authorizing the Social Security Administration to release information on awards directly to us.

If you have not received approval or final denial of your claim from the Social Security Administration by the end of this 24

month period, we will begin reducing your Monthly Benefit by an estimate of Social Security disability benefits. For purposes of this section, final denial of your claim means that you have received a "Notice of Denial of Benefits" from an Administrative Law Judge.

In any case, when you do receive approval or final denial of your claim from the Social Security Administration:

1. your Monthly Benefit will be adjusted; and
2. you must promptly refund to us an amount equal to all Overpayments. If you do not promptly make such a refund to us, we may, at our option, reduce or offset against any future benefits payable to you, including the Minimum Benefit.

**2. Group Insurance Policies**

Group insurance policies will be counted if the Employer contributes towards them or makes payroll deduction for any of the following:

- a. other group health insurance policies will be counted to the extent that they provide benefits for loss of time from work due to disability; and
- b. a group life policy that provides installment payments for permanent total disability will be counted.

**3. Work Earnings, Rehabilitation Incentive, and Family Care Expenses** will not be used to reduce your Monthly Benefit except as described in Work Incentive.

**4. Employer's Retirement Plan**

Benefits for disability and/or retirement that you receive under the Employer's retirement plan will be counted to the extent they are attributable to the Employer's contributions.

Benefits under the Employer's retirement plan that are payable for disability is money which:

- a.** is payable under a retirement plan due to a disability as defined in that plan; and
- b.** does not reduce the amount of money which would have been paid as retirement benefits at the normal retirement age under the plan if the disability had not occurred. (If the payment does cause such a reduction it will be deemed a retirement benefit as defined below.)

Benefits under the Employer's retirement plan that are payable upon retirement is money which:

- a.** is payable under the Employer's retirement plan either in a lump sum or in the form of periodic payments;
- b.** is payable upon:
  - i.** the later of age 62 or normal retirement age as defined in the retirement plan;
  - ii.** early retirement age as defined in the retirement plan. (You must have voluntarily elected to receive payments prior to your normal retirement age); or
  - iii.** disability as defined in the retirement plan. (You must have voluntarily elected to receive payment prior to your normal retirement age and such payment does reduce the amount of money which would have been paid at the normal retirement age under the plan if the disability had not occurred); and

NOTE: You will be considered to have voluntarily elected to receive payments if you file an application for benefits with the Retirement Plan and request the start of payments prior to your normal retirement age.

- c. does not represent contributions made by you. Payments which represent your contributions are deemed to be received over your expected remaining life regardless of when such payments are actually received.

The Employer's Retirement Plan is a plan which provides retirement benefits to Employees and which is not funded wholly by Employee contributions. The term shall not include the following, regardless of the source of contributions:

- a. profit sharing plans;
- b. thrift or savings plans;
- c. non-qualified plans of deferred compensation;
- d. plans under IRC Section 401(k) or 457;
- e. individual retirement accounts (IRA);
- f. tax sheltered annuities (TSA) under IRC Section 403(b);
- g. stock ownership plans; or
- h. Keogh (HR-10) plans.

**5. No-fault Auto Laws**

Only the basic reparations portion for loss of income of a law providing for payments without determining fault in connection with automobile accidents will be counted. Supplemental disability benefits you buy under a no-fault auto law will not be counted.

**6. Other Programs or Plans including:**

- a. a compulsory benefit program of any government which provides payment for loss of time from your job because of your disability will be counted; or

- b. any other group disability income plan, fund, or other arrangement, no matter what called, if the Employer contributes toward it or makes payroll deductions for it, will be counted.

**7. Workers' Compensation or a Similar Law**

Periodic benefits and substitutes and exchanges for periodic benefits will be counted.

**8. Occupational Disease Laws**

**9. Maritime Maintenance & Cure**

**10. Third Party Recovery**

The amount of recovery you receive for loss of income as a result of claims against a third party by judgment, settlement or otherwise.

**11. Unemployment Insurance Law or Program**

**Exceptions to Other Income Benefits**

Other Income Benefits will not include:

- 1. group credit or mortgage disability insurance benefits; or
- 2. early retirement benefits not taken into constructive receipt; or
- 3. individual insurance policies.

**C. Supplemental Benefits**

**Cost of Living Adjustment (COLA)**

The first increase will take place on the date the 13th Monthly Benefit is payable. Additional increases will take effect on each anniversary of the first increase. You must have been continually receiving Monthly Benefits under This Plan. Additional increases are limited to 5 adjustments, subject to the Maximum Benefit Duration.

Your Cost of Living Adjustment amount will be calculated by multiplying your current Monthly Benefit by 3%. The adjusted amount will be added to each Monthly Benefit.

Cost of Living Adjustments are not applicable to amounts paid under the Work Incentive provision or any other supplementary benefits.

### **Survivors Benefit**

If you die while you are receiving benefit payments under This Plan, your spouse or unmarried children under age 25 may be eligible for a lump sum Survivors Benefit.

The amount of the Survivors Benefit is equal to 3 times the Monthly Benefit before reductions for Other Income Benefits. The amount of Survivors Benefit payable is reduced by any Overpayment which we are entitled to recover.

We will pay the Survivors Benefit to your Eligible Survivor, if the following conditions are met:

1. you have completed your Elimination Period;
2. you are eligible to receive a Monthly Benefit at the time of death;
3. you have an Eligible Survivor; and
4. proof of your death is provided to us.

An Eligible Survivor is one of the following:

1. your surviving spouse; or
2. if there is no surviving spouse, your unmarried children or your spouse's unmarried children under age 25. The term children also includes adopted children and children placed for adoption until legal adoption. Payment will be divided into equal shares among the eligible children.

We will pay a Survivors Benefit to your Eligible Survivor on the date one month after the last Monthly Benefit payment was made before



your death. However, if there is no Eligible Survivor on the date payment is due to be paid, no payment will be made.

Payment to a minor child may be made to an adult who submits proof satisfactory to us that he/she has assumed custody and support of the child.

**D. Temporary Recovery**

Once benefits become payable under This Plan, you may Temporarily Recover from your Disability. If you become Disabled again due to the same or related condition, you may not have to begin a new Elimination Period.

Once you have satisfied your Elimination Period, a period of Temporary Recovery is your return to work for less than 6 months for each period of Temporary Recovery.

During the Temporary Recovery you will not qualify for any change in coverage caused by a change in any of the following:

1. the rate of earnings used to determine your Predisability Earnings; or
2. the terms, provisions, or conditions shown in your Certificate of Insurance.

If your recovery lasts longer than the Temporary Recovery period allowed, when you become Disabled again you will have to begin a new Elimination Period.

**E. Concurrent Disability**

If a new Disability occurs while Monthly Benefits are payable, it will be treated as part of the same period of Disability. Monthly Benefits will continue while you remain Disabled. They will be subject to both of the following:

1. the Maximum Benefit Duration; and
2. Limitations and Exclusions that apply to the new cause of Disability.

## **F. Limitations**

### **Limitation for Pre-existing Conditions**

You may be Disabled due to a Pre-existing Condition. No benefits are payable under This Plan in connection with that Disability unless your Elimination Period starts after you have been an Active Employee under This Plan for 12 consecutive months.

A Pre-existing Condition is an injury, sickness, or pregnancy for which you in the 3 months before your Effective Date:

1. received medical treatment, consultation, care, or services;
2. took prescription medications or had medications prescribed;  
or
3. had symptoms or conditions which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

If you cannot satisfy the above limitation and you were covered under the plan that This Plan replaced at the time of transfer, benefits may be payable under This Plan. We will give consideration towards the continuous time you were covered under the prior plan and This Plan. If you then satisfy the above limitation, the maximum Monthly Benefit payable under This Plan will not exceed the lesser of: (i) the Maximum Benefit under This Plan; and (ii) the maximum benefit under the prior plan.

### **Limitation For Disabilities Due to Particular Conditions**

Monthly Benefits are limited to 24 months during your lifetime if you are Disabled due to a:

1. Mental or Nervous Disorder or Disease, unless the Disability results from:
  - a. schizophrenia;
  - b. bipolar disorder;
  - c. dementia; or

- d. organic brain disease.

"Mental or Nervous Disorder or Disease" means a medical condition of sufficient severity to meet the diagnostic criteria established in the current Diagnostic And Statistical Manual Of Mental Disorders. You must be receiving Appropriate Care and Treatment for your condition by a mental health Doctor.

- 2. Neuromusculoskeletal and soft tissue disorder including, but not limited to, any disease or disorder of the spine or extremities and their surrounding soft tissue; including sprains and strains of joints and adjacent muscles, unless the Disability has objective evidence of:
  - a. seropositive arthritis;
  - b. spinal tumors, malignancy, or vascular malformations;
  - c. radiculopathies;
  - d. myelopathies;
  - e. traumatic spinal cord necrosis; or
  - f. musculopathies.

#### **Glossary of Terms Used in This Section**

**Seropositive Arthritis:** An inflammatory disease of the joints supported by clinical findings of arthritis plus positive serological tests for connective tissue disease.

**Spinal:** Components of the bony spine or spinal cord.

**Tumors:** Abnormal growths which may be malignant or benign.

**Vascular Malformations:** Abnormal development of blood vessels.

**Radiculopathies:** Disease of the peripheral nerve roots supported by objective clinical findings of nerve pathology.

Myelopathies: Disease of the spinal cord supported by objective clinical findings of spinal cord pathology.

Traumatic Spinal Cord Necrosis: Injury or disease of the spinal cord resulting from traumatic injury with resultant paralysis.

Musculopathies: Disease of muscle fibers, supported by pathological findings on biopsy or electromyography (EMG).

3. Chronic fatigue syndrome and related conditions.

In no event will Monthly Benefits be payable longer than the Maximum Benefit Duration shown in the Plan Highlights.

**Limitation For Alcohol, Drug or Substance Abuse or Dependency**

If you are Disabled due to alcohol, drug or substance abuse or dependency, Monthly Benefits are limited to one period of Disability during your lifetime. You must be participating in an available rehabilitative program recommended by a Doctor. An available rehabilitative program is a program available to you through either: (i) another group plan of your Employer (such as an Employee Assistance Program or Medical Plan); or (ii) services generally available to the public through local community services at no or minimal cost to you. In no event will Monthly Benefit payments be made beyond the earlier of:

1. the date 24 Monthly Benefit payments have been made;
2. the date you are no longer participating in the rehabilitative program;
3. the date you refuse to participate in an available rehabilitative program; or
4. the date you complete the rehabilitative program.

**G. Exclusions**

This Plan does not cover any Disability which results from or is caused by or contributed to:

1. war, insurrection, or rebellion;
2. active participation in a riot;
3. intentionally self-inflicted injuries or attempted suicide; or
4. committing a felony.

Form G.24303-1

**TERMINATION OF COVERAGE**

**This provision applies to you if you are not Disabled.**

You will cease to be covered on the earliest of the following dates:

1. the date This Plan terminates;
2. the date you cease to be an Eligible Employee;
3. the date you stop making any required contributions;
4. the date you go on strike or are locked out; or
5. the date you are laid-off.

**Approved Leave of Absence**

Your Employer may continue your coverage for an approved leave of absence by paying the required premium payments. Coverage may continue until the earliest of:

1. the date the Employer stops paying the required premium;

2. the date the leave ends; or
3. the last day of the month in which your leave of absence begins.

In the event the leave qualifies under the Family and Medical Leave Act of 1993 (FMLA), the period may be extended for a period agreed to by you and your Employer. It may not exceed 12 weeks following the date the leave begins. Your Employer must continue to pay the required premium.

### **Reinstatement of Coverage**

If your coverage ends, you may become covered again as an Eligible Employee. Coverage is subject to the following:

1. If your coverage ends because you cease to be an Eligible Employee, and if you become an Eligible Employee again within 1 month, the Eligibility Waiting Period will be waived. You will not have to provide Evidence of Good Health.
2. If your coverage ends because you cease making the required contribution while on an approved Family Medical Leave Act (FMLA) leave of absence, and you become an Eligible Employee again within 31 days of the earlier of:
  - a. the end of the period of leave you and your Employer agreed upon; or
  - b. the end of the 12 week period following the date your leave began;

the Eligibility Waiting Period will be waived and you will not have to provide Evidence of Good Health.

3. In all other cases, if your coverage ends because you fail to make the required contribution, you must provide Evidence of Good Health to become covered again.
4. If you become covered again as described in 1. and 2. above, the Pre-existing Condition Limitation will be applied as if there had been no gap in coverage.

Form G.24303-D

### **EXTENSION OF BENEFITS**

**This provision applies if your coverage ceases while you are Disabled.**

During your Elimination Period your coverage will continue while you are continuously Disabled until the end of your Elimination Period. Benefits will begin after the end of your Elimination Period. Your coverage will continue in either of the following situations:

1. This Plan terminates; or
2. you cease to be an Eligible Employee but required payments are made to us.

Benefits are payable if your Disability began while coverage was in force and continues without interruption after termination.

Extension of benefits beyond the period coverage was in force is limited to the Maximum Benefit Duration. Extension of benefits is subject to all of the following:

1. your Elimination Period; and
2. payment of any required contributions; and

3. all other applicable provisions of This Plan.

Form G.24303-C

## **CLAIMS**

### **Notice of Disability**

Notify us of your Disability as soon as you are able.

To notify us you may call us directly. You may obtain this phone number from your Employer. You will be instructed on how to give proof of Disability. You will be required to answer all questions concerning your Disability.

If you do not receive statements or instructions within 15 days after you have notified us, you may submit your statement in a letter.

### **Proof of Disability**

Provide proof of Disability within 3 months after the end of your Elimination Period.

No benefits are payable for claims submitted more than one year after the date of Disability. However, you can request that benefits be paid for late claims if you can show that:

1. it was not reasonably possible to give written proof of Disability during the one year period; and
2. proof of Disability satisfactory to us was given to us as soon as was reasonably possible.



### **Documentation**

At your expense, you must provide documented proof of your Disability. Proof includes, but is not limited to:

1. the date your Disability started;
2. the cause of your Disability; and
3. the prognosis of your Disability.

You will be required to provide signed authorization for us to obtain and release medical and financial information, and any other items we may reasonably require in support of your Disability.

These will include but are not limited to:

1. proof of continuing Disability;
2. proof you have applied, or are not eligible, for Other Income Benefits. If you do not provide proof you have applied for Other Income Benefits, we may reduce your Monthly Benefit. The reduction will be based on our estimate of what you would be eligible to receive through proper and timely pursuit;
3. proof that you applied for Social Security disability benefits until denied at the Administrative Law Judge level; and
4. proof you have applied for Workers' Compensation benefits or benefits under a similar law. If you do not provide proof that you have applied for these benefits, we may reduce your Monthly Benefit. The reduction will be based on our estimate of what you would be eligible to receive through proper and timely pursuit.

If you do not provide satisfactory documentation within 60 days after the date we ask for it, your claim may be denied.

### **Method of Payment**

When we determine you are Disabled:

1. Monthly Benefits are paid one month after you qualify for them. Such benefits will be paid on a monthly basis thereafter.
2. Benefits will be paid to you. However, benefits unpaid at your death will be paid to:
  - a. your spouse, if living; otherwise
  - b. your children, if living, divided equally;
  - c. your estate. If benefits are payable to your estate, we may pay up to \$1,500 to someone related to you by blood or by marriage whom we deem entitled to this amount. We will be discharged to the extent of any payment made in good faith.
3. Monthly Benefits due for a period of less than a month will be paid at a daily rate of 1/30th of the Monthly Benefit payable.

#### **Right To Recover Overpayments**

We have the right to recover from you any amount that we determine to be an Overpayment. You have the obligation to refund to us any such amount. Our rights and your obligations in this regard are also set forth in the reimbursement agreement you are required to sign when you become eligible for benefits under This Plan. This agreement: (i) confirms that you will repay all Overpayments; and (ii) authorizes us to obtain any information relating to Other Income Benefits.

An Overpayment occurs when we determine that the total amount paid by us on your claim is more than the total of the benefits due under This Plan. This includes any Overpayments resulting from:

1. retroactive awards received from sources shown in the List of Other Income Benefits;
2. fraud; or
3. any error we make in processing your claim.

The Overpayment equals the amount we paid in excess of the amount we should have paid under This Plan. In the case of a recovery from a

source other than This Plan, our Overpayment recovery will not be more than the amount of the recovery.

You have the right to appeal any Overpayment recovery.

An Overpayment also occurs when payment is made by us that should have been made under another group plan. In that case, we may recover the payment from one or more of the following:

1. any other insurance company;
2. any other organization; or
3. any person to or for whom payment was made.

We may, at our option, recover the Overpayment by:

1. reducing or offsetting against any future benefits payable to you or your survivors;
2. stopping future benefit payments (including Minimum Benefits) which would otherwise be due under This Plan. Payments may continue when the Overpayment has been recovered; or
3. demanding an immediate refund of the Overpayment from you.

### **Legal Actions**

No legal action of any kind may be filed against us:

1. within the 60 days after proof of Disability has been given; or
2. more than three years after proof of Disability must be filed. This will not apply if the law in the area where you live allows a longer period of time to file proof of Disability.

### **Medical Examinations**

We will have the right to have you examined at reasonable intervals by medical specialists of our choice. The examination will be at our expense. Failure to attend a medical examination or cooperate with

the medical examiner may be cause for denial or suspension of your benefits.

### **Incontestability of Coverage**

This Plan cannot be declared invalid after it has been in force for 2 years. It can be declared invalid due to non-payment of premium.

No statement of health used by any person to get coverage can be used to declare coverage invalid if the person has been covered under This Plan for 2 years. In order to use a statement of health to deny coverage before the end of 2 years, it must have been signed by the person. A copy of the signed statement must be given to the person or the person's beneficiary.

### **Assignment**

You may not assign your benefits. This means that you may not give or transfer your benefits to anyone else.

### **Workers' Compensation**

This Plan is not in lieu of, and does not affect, any requirement for coverage by Workers' Compensation Insurance or any government mandated temporary disability income benefits law.

Form G.24303-E

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## **SPECIAL SERVICES**

### **SOCIAL SECURITY ASSISTANCE PROGRAM**

If you become Disabled MetLife provides you with assistance in applying for Social Security disability benefits. Before outlining the details of this assistance, you should understand why applying for Social Security disability benefits is important.

#### **Why You Should Apply For Social Security Disability Benefits**

Both you and your Employer contribute payroll taxes to Social Security. A portion of those tax dollars are used to finance Social Security's program of disability protection. Since your tax dollars help fund this program, it is in your best interest to apply for any benefits to which you may be entitled. Your spouse and children may also be eligible to receive Social Security disability benefits due to your Disability.

There are several reasons why it may be to your financial advantage to receive Social Security disability benefits. Some of them are:

**1. Avoids reduced retirement benefits**

Should you become disabled and approved for Social Security disability benefits, Social Security will freeze your earnings record as of the date Social Security determines that your disability has begun. This means that the months/years that you are unable to work because of your disability will not be counted against you in figuring your average earnings for retirement and survivors benefit.

**2. Medicare Protection**

Once you have received 24 months of Social Security disability benefits, you will have Medicare protection for hospital expenses. You will also be eligible to apply for the medical insurance portion of Medicare.

### **3. Trial Work Period**

Social Security provides a trial work period for the rehabilitation efforts of disabled workers who return to work while still disabled. Full benefit checks can continue for up to 9 months during the trial work period.

### **4. Cost of Living Increases Awarded by Social Security Will Not Reduce Your Disability Benefits**

MetLife will not decrease your Disability benefit by the periodic cost of living increases awarded by Social Security. This is also true for any cost of living increases awarded by Social Security to your spouse and children.

This is called a Social Security "freeze." It means that only the Social Security benefit awarded to you and your dependents will be used by MetLife to reduce your Disability benefit; with the following exceptions:

- a. an error by Social Security in computing the initial amount;
- b. a change in dependent status; or
- c. your Employer submitting updated earnings records to Social Security for earnings received prior to your Disability.

Over a period of years, the net effect of these cost of living increases can be substantial.

### **How MetLife Assists You in the Social Security Approval Process**

As soon as you apply for Disability benefits, MetLife begins assisting you with the Social Security approval process.

#### **1. Contact Prior to Application For Social Security Disability Benefits**

Before you even apply for Social Security disability benefits. We will help you determine the best time to apply for Social

Security disability benefits. A MetLife Case Management Specialist begins assisting you with the application process at that time. The Specialist personally contacts you by phone to explain, in detail, how to apply for Social Security disability benefits and the advantages of doing this. We provide you with a list of items needed by Social Security in order to complete your claim.

**2. Assistance Throughout the Application Process**

MetLife has a dedicated team of Social Security Specialists. These Specialists, many of whom have worked for the Social Security Administration, are also located within our Claim Department. They provide expert assistance upfront and help guide you through the application process.

**3. Guidance Through Appeal Process by Social Security Specialists**

Social Security disability benefits may be initially denied, but are often approved following an appeal. If your benefits are denied, our dedicated team of Social Security Specialists provide expert assistance on an appeal if your situation warrants continuing the appeal process. They guide you through each stage of the appeal process. These stages may include:

- a. Reconsideration by the Social Security Administration
- b. Hearing before an Administrative Law Judge
- c. Review by an Appeals Council established within the Social Security Administration in Washington, D.C.
- d. A civil suit in Federal Court



#### **4. Social Security Attorneys and Vendors**

Depending on your individual needs, MetLife may provide a referral to an attorney or vendor who specializes in Social Security law. The cost for these attorneys is deducted from the amount you must repay to us if the retroactive Social Security disability benefits you later receive result in MetLife having paid more Disability benefits than we should have paid.

### **EARLY INTERVENTION PROGRAM**

The MetLife Early Intervention Program is offered to all covered Employees, and your participation is voluntary. The program helps identify early those Employees who might benefit from vocational analyses and rehabilitation services before they are eligible for Long Term Disability Benefits. Early rehabilitation efforts are more likely to reduce the length of your disability and help you return to work sooner than expected.

If you cannot work, or can only work part-time due to a disability, your Employer will notify MetLife. Our Rehabilitation Coordinators may be able to assist you by:

1. Reviewing and evaluating your disabling condition, even before a claim for Long Term Disability Benefits is submitted (with your consent);
2. Designing individualized return to work plans that focus on your *abilities*, with the goal of return to work;
3. Identifying local community resources;
4. Coordinating services with other benefit providers, including: medical carrier, short term disability carrier\*, workers' compensation carrier, and state disability plans;
5. Monitoring return to work plans in progress and modifying them as recommended by the attending physician (with your consent).

Our assistance is offered at no cost to either you or your Employer.

- \* If you also have MetLife Short Term Disability coverage or Salary Continuance Plan Management, these services are provided automatically. Notification by your Employer is not necessary.

## **RETURN TO WORK PROGRAM**

### **Goal of Rehabilitation**

The goal of MetLife is to focus on Employees' **abilities**, instead of disabilities. This "abilities" philosophy is the foundation of our Return to Work Program. By focusing on what Employees **can do** versus what they can't, we can assist you in returning to work sooner than expected.

### **Incentives For Returning To Work**

Your disability plan is designed to provide clear advantages and financial incentives for returning to work either full-time or part-time, while still receiving a Disability benefit. In addition to financial incentives, there may be personal benefits resulting from returning to work. Many Employees experience higher self-esteem and the personal satisfaction of being self-sufficient and productive once again. If it is determined that you are capable but you do not participate in the Return to Work Program, your Disability benefits may cease.

### **Vocational Rehabilitation Services**

As a covered Employee you are automatically eligible to participate in our Return to Work Program. The Program focus is vocational rehabilitation, which means identifying the necessary training and therapy that can help you return to work. In many cases, this means helping you return to your former occupation, although rehabilitation can also lead to a new occupation which is better suited to your condition and makes the most of your abilities.

There is no additional cost to you for the services we provide, and

they are tailored to meet your individual needs. These services include, but are not limited to, the following:

**1. Vocational Analyses**

Assessment and counseling to help determine how your skills and abilities can be applied to a new or a modified job with your Employer.

**2. Labor Market Surveys**

Studies to find jobs available in your locale that would utilize your abilities and skills.

**3. Retraining Programs**

Programs to facilitate return to your previous job, or to train you for a new job.

**4. On-Site Job Analyses**

Analyses to determine what modifications may be made to maximize your employment opportunities.

**5. Job Modifications/Accommodations**

Changes in your job or accommodations to help you perform the previous job or a similar vocation, as required of your Employer under the Americans With Disabilities Act (ADA).

**6. Training in Job Seeking Skills**

Special training to identify abilities, set goals, develop resumes, polish interviewing techniques, and provide other career search assistance.

**Rehabilitation Staff**

The Case Management Specialist handling your claim will begin the rehabilitation process. You may be referred to our professional Rehabilitation staff that includes Registered Nurses and vocational rehabilitation coordinators. Registered Nurses might address how your medical condition impacts your ability to return to work.

Vocational rehabilitation coordinators will focus on identifying how your abilities can be best applied to either your previous job or a new job.

These rehabilitation specialists will contact you personally. They will coordinate their activities with your medical carrier and/or attending physician for a broad understanding of your diagnosis, prognosis, and expected return to work date.

### **Rehabilitation Vendor Specialists**

In many situations, the services of independent vocational rehabilitation specialists may be utilized. Services are obtained at no additional cost to you; MetLife pays for all vendor services. Selecting a rehabilitation vendor is based on:

1. Attending physician's evaluation and recommendations;
2. Your individual vocational needs; and
3. Vendor's credentials, specialty, reputation, and experience.

When working with vendors, you and your Doctor still maintain control and direction of the case.

## **ERISA INFORMATION**

### **NAME OF THE PLAN**

The Flexible Benefits Program, ("Plan")

### **NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR**

The Lincoln Electric Company  
22801 St. Clair Avenue  
Cleveland, Ohio 44117-1199  
(216) 383-2026

### **EMPLOYER IDENTIFICATION NUMBER AND PLAN NUMBER**

34-0349955

503

### **TYPE OF PLAN**

Employee Welfare Plan including:

Long Term Disability Benefits

### **TYPE OF ADMINISTRATION**

The above listed benefits are insured by Metropolitan Life Insurance Company, ("MetLife").

### **AGENT FOR SERVICE OF LEGAL PROCESS**

For disputes arising under the Plan, service of legal process may be made upon the Plan administrator at the above address. For disputes arising under those portions of the Plan insured by MetLife, service of legal process may be made upon MetLife at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

### **ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS**

Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of insurance provided by MetLife under the Plan.

## **PLAN TERMINATION OR CHANGES**

The group policy sets forth those situations in which the Employer and/or MetLife have the right to end the policy.

The Employer reserves the right to change or terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the benefits described herein for the duration of your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

In the event your coverage ends in accord with the "Termination of Coverage" provision of your certificate, you may still be eligible to receive benefits. The circumstances under which benefits are available are described in your MetLife certificate.

## **CONTRIBUTIONS**

You must make a contribution to the cost of Long Term Disability Benefits if you have elected contributory insurance. No Contribution is required if you have elected only non-contributory insurance.

The total premium rate for insurance provided under the Plan by MetLife is set by MetLife.

## **PLAN YEAR**

The Plan's fiscal records are kept on a Plan year basis beginning each January 1 and ending on the following December 31.

## **CLAIMS INFORMATION**

### **Procedures for Presenting Claims for Benefits**

All claim forms needed to file for benefits under the group insurance program can be obtained from the Employer who will also be ready to answer questions and to assist you or, if applicable, your Eligible Survivor in filing claims.

### **Claim Submission**

For claims for disability benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the "Claims" section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

### **Initial Determination**

After you submit a claim for disability benefits to MetLife, MetLife will review your claim and notify you of its decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 45 days from the date you submitted your claim; except for situations requiring an extension of time because of matters beyond the control of the Plan, in which case MetLife may have up to two (2) additional extensions of 30 days each to provide you such notification. If MetLife needs an extension, it will notify you prior to the expiration of the initial 45 day period (or prior to the expiration of the first 30 day extension period if a second 30 day extension period is needed), state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify you as to its claim decision. You will have 45 days to provide the requested information from the date you receive the extension notice requesting further information from MetLife.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline

or other criteria was relied upon and that you may request a copy free of charge.

### **Appealing the Initial Determination**

If MetLife denies your claim, you may appeal the decision. Upon your written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim. You must submit your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- An explanation why you are appealing the initial determination

As part of your appeal, you may submit any written comments, documents, records, or other information relating to your claim.

After MetLife receives your written request appealing the initial determination, MetLife will conduct a full and fair review of your claim. Deference will not be given to the initial denial, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that you submit relating to your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review your appeal will not be the same person as the person who made the initial decision to deny your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of medicine involved in the medical judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify you in writing of its final decision within a reasonable period of time, but no later than 45 days after MetLife's receipt of your written request for review, except that under special circumstances MetLife may have up to an additional 45 days to provide written



notification of the final decision. If such an extension is required, MetLife will notify you prior to the expiration of the initial 45 day period, state the reason(s) why such an extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information, the time period from MetLife's notice to you of the need for an extension to when MetLife receives the requested information does not count toward the time MetLife is allowed to notify you of its final decision. You will have 45 days to provide the requested information from the date you receive the notice from MetLife.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

#### **Routine Questions**

If there is any question about a claim payment, an explanation may be requested from the Employer who is usually able to provide the necessary information.

#### **Discretionary Authority of Plan Administrator and Other Plan Fiduciaries**

In carrying out their respective responsibilities under the Plan, the Plan administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

## **STATEMENT OF ERISA RIGHTS**

The following statement is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

### **Receive Information About Your Plan and Benefits**

Examine, without charge, at the Plan administrator's office and at other specified locations, all Plan documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the Plan administrator, all copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary Plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including the Employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA. If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for denial. You have the right to have the Plan administrator review and reconsider your claim.

### **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan administrator to provide the materials and pay you up to \$110.00 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees.

If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

### **Assistance with Your Questions**

If you have any questions about your Plan, you should contact the Plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S.

Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

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#### **FUTURE OF THE PLAN**

It is hoped that the Plan will be continued indefinitely, but The Lincoln Electric Company reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration.

The Board of Directors of The Lincoln Electric Company shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.