



Summary of Benefits for Roman Catholic Archdiocese of Boston

Long-Term Disability Insurance Trust

Your Plan:

Eligibility

All Employees of the Roman Catholic Archdiocese of Boston or a participating entity (excluding ordained clergy, members of religious orders, temporary employees) who are in active employment in the United States with the employer and scheduled to work at least 1,000 hours per calendar year.

Enrollment

You are automatically enrolled in this benefit on the first day of the calendar month following completion of one year of eligible service if you are actively at work. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Monthly Benefit Amount

If you meet the definition of disability, you will be eligible to receive a monthly benefit equal to 60% of your basic monthly earnings, to a maximum of \$5,000 per month. Basic monthly earnings is your monthly rate of earnings in effect immediately prior to the date Disability or Partial Disability begins. Earnings include commissions, extra compensation, bonuses and overtime pay averaged over 12 months immediately prior to the date Disability or Partial Disability. Benefits will be paid monthly.

Your LTD benefits may be reduced by deductible sources of income which include, but may not be limited to, the amount of other income replacement benefits you receive for the same disability, such as benefits from Social Security, state-mandated disability plans or Worker's Compensation, etc. But your monthly benefit will not be less than the greater of \$50 and 15% of your gross monthly benefit.

Definition of Disability

You are disabled when Liberty Mutual determines that:

- you are unable to perform the material and substantial duties of your regular occupation due to sickness or injury;
- you are under the regular care of a doctor; and
- you have a 20% or more loss of monthly earnings due to the same sickness or injury.

Regular occupation means the occupation you are routinely performing when your disability begins. Liberty will look at your occupation as it is normally performed instead of how the work tasks are performed for a specific employer or at a specific location.

After 24 months of payments, you are disabled when Liberty determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience. You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

The above information provides highlights of your plan. It does not and is not intended to cover the program in detail. If a conflict exists between a statement in this document and any provision in the policy, the policy will govern.

**Group products and services are offered by Liberty Life Assurance Company of Boston,
a member of Liberty Mutual Group.**

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Elimination Period

The Elimination Period means a period of continuous disability which must be satisfied before you are eligible to receive benefits from Liberty. Liberty will treat your disability as continuous if your disability stops for 30 consecutive days or less during the elimination period. The days that you are not disabled will not count toward your elimination period.

- If your disability is the result of a sickness or injury that occurs while you are covered under the plan, **your Elimination Period is 180 days.**

Benefits begin the day after the elimination period is completed.

You may be partially disabled during the elimination period as long as you meet the definition of disability.

Benefit Duration

If you meet the definition of disability, you may receive a benefit up until your normal retirement age, as defined by the Social Security Administration.

Additional Benefits

Liberty has a rehabilitation program available.

Rehabilitation and Return to Work Assistance

As your file is reviewed, medical and vocational information will be analyzed to determine if rehabilitation services might help your return to work.

Once the initial review is completed by our rehabilitation program specialists working along with your doctor and other appropriate specialists, Liberty may elect to offer you and pay for a rehabilitation program. If the rehabilitation program is not developed by Liberty's rehabilitation program specialists, you must receive written approval from Liberty for the program before it begins.

The rehabilitation program may include, but is not limited to, the following services:

- coordination with your Employer to assist you to return to work;
- evaluation of adaptive equipment to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training;
- retraining for a new occupation; or
- assistance with relocation that may be part of approved rehabilitation program.

Limitations/Exclusions/ Termination of Coverage

Pre-existing Condition Exclusion

Your plan does not cover a disability due to pre-existing condition. You have a pre-existing condition if both (1) and (2) are true:

- (1) You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendations in the 3 months just prior to your effective date of coverage; and (2)
- Your disability begins within 12 months of the date your coverage under this plan becomes effective.

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Example: If you have a condition within the three months prior to the effective date of coverage and you become disabled within the first 12 months of coverage due to this condition (as defined above), your disability claim may not be paid. If you have any questions, please contact your Plan Administrator.

Note: If you have been employed in an eligible class just prior to 10/1/11, that time will be applied toward the pre-existing conditions clause.

Instances When Benefits Would Not Be Paid

Your plan does not cover any disabilities caused by, contributed by, or resulting from your:

- loss of professional license;
- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a crime for which you have been convicted under state or federal law;
or
- war, declared or undeclared, or an act of war.

Termination of Coverage

Your coverage under the Group Contract or a plan ends on the earliest of:

- the date the Group Contract or a plan is canceled;
- the date you are no longer a member of the covered class;
- the date your covered class is no longer covered;
- the last day of the period for which you may be required contributions;
- the last day of the calendar month following your separation from employment except as provided under the covered layoff or leave of absence provisions; or
- the date you are no longer in active employment due to a disability that is not covered under the plan.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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