

Central Arkansas Water
Long Term Disability Benefit Summary
Class 1 - All Eligible Full-Time Executives

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| Full-time Employee Requirement | An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work. |
| Monthly Benefit Amount | 60% of an Employee's covered monthly earnings to a maximum benefit of \$8,000; reduced by Other Income Benefits as outlined in the contract. |
| Definition of Earnings | As defined by your contract: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid. |
| Elimination Period | A period of 180 consecutive days of Total Disability for which no benefit is payable and during which the Person does not become eligible for any other group long term disability insurance. |
| Maximum Benefit Duration | SSNRA. The maximum amount of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the contract. |
| Minimum Monthly Benefit | The minimum monthly benefit is \$100. While a monthly benefit amount is payable, the monthly benefit shall not be reduced to an amount less than the minimum monthly benefit. |
| Total Disability | An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. |
| Accumulation of Elimination Period | If disability ends during the elimination period and reoccurs, the time while the Insured is Disabled will be treated as continuous and a new elimination period will not be required, if the elimination period is satisfied within 360 days. |

Partial Disability

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform the material and substantial duties of his / her regular occupation on a full-time basis, is performing at least one of the material and substantial duties of his / her regular occupation, or another occupation, on a part- or full-time basis, and is earning less than 50% of his / her pre-disability earnings due to the same injury or sickness. If it has been determined that the Employee is partially disabled, then the Partial Disability Benefit and Return to Work Benefit would apply.

Mental & Nervous/Drug & Alcohol

The duration of benefit payments due to drug and alcohol abuse and / or mental illness may not be payable beyond the maximum benefit duration and may be limited as outlined in the contract.

Pre-Existing Condition Exclusions

The pre-existing period is 3/12. Benefits will not be paid if the Person's Disability begins in the first 12 months of coverage; and the Disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

Recurrent Disability

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows payments to resume without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 months of return to active work.

Residual Disability

The elimination period can be met using total disability, partial disability, or a combination of both.

Accidental Dismemberment & Loss of Sight

A monthly benefit will be paid to an Employee for the loss of limb(s) or sight due to an accidental injury. The loss must occur within 100 days of the covered accident.

Continuation of Coverage During:

FMLA
Temporary Lay Off or LOA
LOA for Military Service

Additional Benefits:

Family Care
Workplace Modification
Survivor Benefit
Return To Work

Exclusions

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

Central Arkansas Water
Long Term Disability Benefit Summary
Class 2 - All Other Eligible Full-Time Employees

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| Full-time Employee Requirement | An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work. |
| Monthly Benefit Amount | 60% of an Employee's covered monthly earnings to a maximum benefit of \$8,000; reduced by Other Income Benefits as outlined in the contract. |
| Definition of Earnings | As defined by your contract: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid. |
| Elimination Period | A period of 180 consecutive days of Total Disability for which no benefit is payable and during which the Person does not become eligible for any other group long term disability insurance. |
| Maximum Benefit Duration | SSNRA. The maximum amount of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the contract. |
| Minimum Monthly Benefit | The minimum monthly benefit is \$100. While a monthly benefit amount is payable, the monthly benefit shall not be reduced to an amount less than the minimum monthly benefit. |
| Total Disability | An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician, and, after benefits have been paid for 2 years, a Person cannot perform the duties of any Gainful Occupation that he is reasonably fitted for training, education or experience. |
| Accumulation of Elimination Period | If disability ends during the elimination period and reoccurs, the time while the Insured is Disabled will be treated as continuous and a new elimination period will not be required, if the elimination period is satisfied within 360 days. |

Partial Disability

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform the material and substantial duties of his / her regular occupation on a full-time basis, is performing at least one of the material and substantial duties of his / her regular occupation, or another occupation, on a part- or full-time basis, and is earning less than 50% of his / her pre-disability earnings due to the same injury or sickness. If it has been determined that the Employee is partially disabled, then the Partial Disability Benefit and Return to Work Benefit would apply.

Mental & Nervous/Drug & Alcohol

The duration of benefit payments due to drug and alcohol abuse and / or mental illness may not be payable beyond the maximum benefit duration and may be limited as outlined in the contract.

Pre-Existing Condition Exclusions

The pre-existing period is 3/12. Benefits will not be paid if the Person's Disability begins in the first 12 months of coverage; and the Disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance or the Person has symptoms for which an ordinarily prudent person would have consulted a Physician in the 3 months just prior to the Person's Individual effective date of insurance.

Recurrent Disability

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows payments to resume without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 months of return to active work.

Residual Disability

The elimination period can be met using total disability, partial disability, or a combination of both.

Accidental Dismemberment & Loss of Sight

A monthly benefit will be paid to an Employee for the loss of limb(s) or sight due to an accidental injury. The loss must occur within 100 days of the covered accident.

Continuation of Coverage During:

FMLA
Temporary Lay Off or LOA
LOA for Military Service

Additional Benefits:

Family Care
Workplace Modification
Survivor Benefit
Return To Work

Exclusions

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.