

SHORT TERM DISABILITY INSURANCE

For The Employees of Enterprise Electric LLC

Eligibility	Active, full-time employees are eligible on the first of the month on or after 60 days of active service.
When Coverage Takes Effect	Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you. If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.
Definition of Disability	Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.
Elimination Period	You must be disabled 7 business days for accident, 7 business days for sickness, before benefits may be payable.
Weekly Benefit	This plan pays a benefit of up to 60% of your weekly covered earnings — to a maximum of \$1,000 per week. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.
Covered Earnings	Covered earnings means your wages or salary, excluding overtime pay, bonuses, commissions and other extra compensation.
Effects of Other Income Benefits	<p>The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them.</p> <p>Other income sources that may reduce your benefits under this plan include:</p> <ul style="list-style-type: none"> • Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits. • Benefits payable by a Canadian and/or Quebec provincial pension plan. • Amounts payable under the Railroad Retirement Act. • Amounts payable under any local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer. • Employer-paid portion of company retirement plan benefits. • Amounts payable by company sponsored sick leave or salary continuation plan. • Amounts payable by any franchise or group insurance or similar plan. • Benefits payable under work-loss provisions of any mandatory "no fault" auto insurance. • Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined. <p>Income sources that WILL NOT reduce your benefits under this plan are:</p> <ul style="list-style-type: none"> • Benefits paid by personal, individual disability income policies. • Individual deferred compensation agreements. • Employee savings plans, including thrift plans, stock options or stock bonuses. • Individual retirement funds, such as IRA or 401(k) plans. • Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.
Earnings While Disabled	Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.
Benefit Duration	Once you qualify for benefits under this plan, you continue to receive them until the end of the 25 week benefit period, or until you no longer qualify for benefits, whichever occurs first.
Termination of Disability Benefits	Your benefits will terminate when your disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than 80% of your covered earnings. (refer to your plan's definition of disability), or (2) the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.

Pre-Existing Conditions	Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been under this plan for 12 consecutive months.																				
Exclusions	This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy. In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason. Cosmetic surgery or medically unnecessary surgical procedures An injury or sickness for which you are entitled to benefits from Workers' Compensation or occupational disease law An injury or sickness that is work-related																				
Plan Termination	Coverage terminates if the group policy is terminated, if you cease to be in active service, or if you are no longer a member of an eligible class of employees.																				
How Much Your Coverage Will Cost	<p>The cost of this insurance program is paid by you. Indicate your disability plan choice (or your decision not to select coverage) on your enrollment form. Use the chart below to help calculate the amount for your age group. <i>Costs are subject to change.</i></p> <table border="1" data-bbox="321 737 878 1104"> <thead> <tr> <th data-bbox="321 737 548 804">If you are between these ages:</th> <th data-bbox="553 737 878 804">Your monthly cost per \$10 of weekly benefit</th> </tr> </thead> <tbody> <tr> <td data-bbox="321 810 548 842">Under 20</td> <td data-bbox="553 810 878 842">\$.37</td> </tr> <tr> <td data-bbox="321 848 548 879">20 to 29</td> <td data-bbox="553 848 878 879">.37</td> </tr> <tr> <td data-bbox="321 886 548 917">30 to 34</td> <td data-bbox="553 886 878 917">.47</td> </tr> <tr> <td data-bbox="321 924 548 955">35 to 39</td> <td data-bbox="553 924 878 955">.50</td> </tr> <tr> <td data-bbox="321 961 548 993">40 to 44</td> <td data-bbox="553 961 878 993">.50</td> </tr> <tr> <td data-bbox="321 999 548 1031">45 to 49</td> <td data-bbox="553 999 878 1031">.62</td> </tr> <tr> <td data-bbox="321 1037 548 1068">50 to 54</td> <td data-bbox="553 1037 878 1068">.62</td> </tr> <tr> <td data-bbox="321 1075 548 1106">55 to 59</td> <td data-bbox="553 1075 878 1106">.79</td> </tr> <tr> <td data-bbox="321 1113 548 1144">60 or over</td> <td data-bbox="553 1113 878 1144">1.07</td> </tr> </tbody> </table> <p data-bbox="321 1115 1360 1146"><i>(Please Note: All benefits in this plan are paid on a monthly basis, regardless of your regular pay period.)</i></p>	If you are between these ages:	Your monthly cost per \$10 of weekly benefit	Under 20	\$.37	20 to 29	.37	30 to 34	.47	35 to 39	.50	40 to 44	.50	45 to 49	.62	50 to 54	.62	55 to 59	.79	60 or over	1.07
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This information is a brief description of the important features of this plan. It is not a contract. Terms and conditions of the coverage are set forth in Group Policy No. VDT-961605, on Policy Form TL-004700, issued in Tennessee and subject to its laws. The availability of this offer may change. Please keep this material as a reference, and file it with your certificate, should you become insured.

Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192



Class 1
03/2014