

GROUP LONG-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on June 1, 2022.

POLICY INFORMATION

Policyholder:	MRM Residential Management LLC
Policy Effective Date:	July 1, 2019
Policy Anniversary:	July 1
Policy Number:	GLTD-BKKQ
Group Number:	G000BKKQ
Classification:	All Eligible Mainline Employees excluding Owners
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	None
Eligibility Future Waiting Period:	None
When Insurance Begins:	The first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	<p>The Elimination Period is the later of:</p> <ul style="list-style-type: none"> a) 180 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end.

BENEFITS

Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$15,000	
Minimum Monthly Benefit:	\$100/10%	
Maximum Benefit Period:		
	Age at Disability	Maximum Benefit Period
	61 or less.....	to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
	62.....	Your SSNRA, or 3 years and 6 months, whichever is longer;
	63.....	Your SSNRA, or 3 years, whichever is longer;
	64.....	Your SSNRA, or 2 years and 6 months, whichever is longer;
	65.....	2 years;
	66.....	1 year and 9 months;
	67.....	1 year and 6 months;
	68.....	1 year and 3 months;
	69 or older.....	1 year.
Own Occupation Definition:	Own-Occupation to Maximum Benefit Period	
Family Care Benefit:	Included	
Reasonable Accommodation Benefit:	The lesser of 100% for covered services expenses, \$5,000 or	

an amount equal to the total Gross Monthly Benefit.

3 months

Voluntary 10%

Survivor Benefit:
Vocational Rehabilitation Benefit:

LIMITATIONS

Substance Abuse Limitation:

24 months per occurrence

Mental Disorder Limitation:

24 months per occurrence

Pre-existing Condition Limitation:

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