

# 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 Other Eligible Merion Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 day
Eligibility Future Waiting Period:	60 day
When Insurance Begins:	The first day of the month that coincides with or 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"> <li>a) 90 calendar days; or</li> <li>b) the date your Policyholder-sponsored short-term disability benefits from us end.</li> </ul>

## BENEFITS

Monthly Benefit Percentage:	60%	
Maximum Monthly Benefit:	\$3,000	
Minimum Monthly Benefit:	\$100/10%	
Maximum Benefit Period:		
	<b>Age at Disability</b>	<b>Maximum Benefit Period</b>
	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:	2 years	
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:

3/12