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 October 30, 2025.

POLICY INFORMATION

Policyholder:	Bollus Lynch, LLP
Policy Effective Date:	January 1, 2020
Policy Anniversary:	January 1
Policy Number:	GLTD-BNQL
Group Number:	G000BNQL
Classification:	All Eligible Other Eligible Non-Ma Employees and Other Eligible Ma Employees
Minimum Work Hours Required:	20 hours per week
Eligibility Present Waiting Period:	1 month
Eligibility Future Waiting Period:	1 month
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:	The Elimination Period is the later of: a) 90 calendar days; or b) the date your Policyholder-sponsored short-term disability benefits from us end.

BENEFITS

Monthly Benefit Percentage:	60%
Maximum Monthly Benefit:	$5,000
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.
Survivor Benefit:	3 months
Vocational Rehabilitation Benefit:	5%

LIMITATIONS

Substance Abuse Limitation:	24 months while insured under the Policy
Mental Disorder Limitation:	24 months while insured under the Policy
Pre-existing Condition Limitation:	3/12 months