

GROUP VOLUNTARY 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 3, 2019.

POLICY INFORMATION

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| Policyholder: | Associated Packaging, Inc. |
| Policy Effective Date: | April 1, 2015 |
| Policy Anniversary: | July 1 |
| Policy Number: | GUPR-AWDW |
| Group Number: | G000AWDW |
| Classification: | All Eligible Active Full Time Employees |
| Minimum Work Hours Required: | 30 hours per week |
| Eligibility Present Waiting Period: | 60 days |
| Eligibility Future Waiting Period: | 60 days |
| 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 later of: <ul style="list-style-type: none"> a) 90 calendar days; or b) the date Your short-term Disability ends. |

BENEFITS

| Monthly Benefit Percentage: | 60% | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|--------------------------|-------------------------------|-----------------|---|---------|---|---------|--|---------|---|---------|----------|---------|----------------------|---------|----------------------|---------|----------------------|------------------|---------|
| Maximum Monthly Benefit: | \$6,000 | | | | | | | | | | | | | | | | | | | | |
| Minimum Monthly Benefit: | \$50 | | | | | | | | | | | | | | | | | | | | |
| Maximum Benefit Period: | <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Age at Disability</th> <th style="text-align: left;">Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td>61 or less.....</td> <td>to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;</td> </tr> <tr> <td>62.....</td> <td>Your SSNRA, or 3 years and 6 months, whichever is longer;</td> </tr> <tr> <td>63.....</td> <td>Your SSNRA, or 3 years, whichever is longer;</td> </tr> <tr> <td>64.....</td> <td>Your SSNRA, or 2 years and 6 months, whichever is longer;</td> </tr> <tr> <td>65.....</td> <td>2 years;</td> </tr> <tr> <td>66.....</td> <td>1 year and 9 months;</td> </tr> <tr> <td>67.....</td> <td>1 year and 6 months;</td> </tr> <tr> <td>68.....</td> <td>1 year and 3 months;</td> </tr> <tr> <td>69 or older.....</td> <td>1 year.</td> </tr> </tbody> </table> | 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. |
| 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: | 2 years | | | | | | | | | | | | | | | | | | | | |
| Survivor Benefit: | 3 months | | | | | | | | | | | | | | | | | | | | |
| Vocational Rehabilitation Benefit: | 5% | | | | | | | | | | | | | | | | | | | | |

LIMITATIONS/EXCLUSIONS

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| Alcohol/Drug Abuse/Substance Abuse Limitation: | 24 months |
| Mental Disorder Limitation: | 24 months |
| Self-Reported Symptoms Limitation: | 24 months |
| Specific Conditions Limitation: | 24 months |
| Pre-existing Condition Exclusion: | 12/12 |