

Plan Highlights

Group Long Term Disability Insurance



Harvard Bioscience Inc.

COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

All Active Full-Time Employees earning more than \$100k working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

ELIMINATION PERIOD

90 consecutive days of total disability.

BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of \$100, to a maximum benefit of \$10,000 per month.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

FEATURES

- ▶ Extended Disability Benefit
- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Own Occupation Coverage – 24 Months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit
- ▶ Gross-Up Plan – benefits are tax-free

VALUE-ADDED SERVICES

- ▶ Employee Assistance Program
- ▶ Travel Assistance Services
- ▶ ID Theft Recovery Services

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/3/12
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

Group Long Term Disability Insurance



Harvard Bioscience Inc.

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your **Annual Earnings**. 1. \$ _____
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$8,333**. 2. \$ _____
3. **Multiply** the amount on Line 2 by **0.240**. 3. \$ _____
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your **monthly payroll deduction**. 4. \$ _____

Rate per \$100 of covered payroll

0.240

Example Calculation:

1. Enter your **Annual Earnings**. 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$8,333**. 2. \$ 4,167 (monthly earnings)
3. **Multiply** the amount on Line 2 by **0.240**. 3. \$ 1,000.08
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your **monthly payroll deduction**. 4. \$ 10.00 (monthly payroll deduction)