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



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Premium Worksheet

Group Long Term Disability Insurance



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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. \$	Rate per \$100 of covered payroll
	-		0.240
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. \$	

Example Calculation:

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

