

Voluntary Long Term Disability Insurance



Help protect your income and lifestyle with Voluntary Long Term Disability Insurance.

Coverage that may help protect your income when you are unable to work.

What is Voluntary Long Term Disability Insurance (VLTD)?

It is a cost effective way to help protect your income when you are unable to work due to illness or injury. Injury or illness can happen to anyone, and can impact your ability to earn money. That's why financial experts recommend Long Term Disability insurance as part of a sound financial plan.

Q. Why is having VLTD insurance so important?

A. Having VLTD protection may help you cover your essential living expenses and safeguard your savings, since it replaces a portion of your income for extended period of time during your sickness or injury.

Q. How do I know if I am eligible for VLTD benefits*?

A. You must be enrolled in a worksite employer paid 50% \$1,000 LTD plan. Contact your Human Resource department or contact an ADP TotalSource MyLife Advisor (MLA) at **1-800-554-1802**. The MLA will be able to advise you on your eligibility status and confirm if you are eligible for benefits.

*Non Paid Owners and Commission only worksite employees who do not draw a salary or hourly wage from worksite employer are not eligible for Voluntary LTD Insurance coverage offered through MetLife.

Q. Can I have multiple VLTD policies*?

A. Worksite employees may be eligible for coverage and benefits for multiple worksite employers. If you are eligible for coverage for multiple worksite employers, the terms, coverage, conditions, and rights described in the certificate will apply separately to each worksite employer. Refer to your certificate of coverage for specific details.

Depending on the state you live in, disability benefits will be offset by statutory benefits.

*You must be enrolled in the 50% \$1,000 LTD plan with each worksite employer to be eligible for multiple VLTD coverages.

Q. Does ADP TotalSource have an Actively at Work Rule?

A. Yes, the Actively at Work definition applies to all covered worksite employees. Worksite employees must be Actively at Work or at work and performing all the usual and customary duties of their job. This must be done at one of the following:

- The employer's place of business;
- An alternate place approved by the employer;
- A place to which the employer's business requires them to travel.

Worksite employees are considered Actively at Work during weekends, approved vacations, holidays or business closures if they were Actively at Work on the last scheduled workday preceding such time off.

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Q. What if I return to Active Work?

A. If you return to Active Work before completing your elimination period and then become disabled, you will be required to complete a new elimination period. Additional medical information may be required. If you return to Active Work after completing your elimination period, we will consider you recovered from your disability.

Q. Can I still receive benefits if I return to work part time?

A. Maybe. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation Program Incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings for up to 12 months following your return to work when combining your disability benefit, Rehabilitation Incentives, your work earnings and income from other sources.

If you participate in a Rehabilitation Program, we will increase your monthly benefit by an amount equal to 10% of the monthly benefit. We will do so before we reduce your monthly benefit by any other income.

Q. Is the VLTD plan taxable¹?

A. No, the VLTD plan is 100% employee paid and is non-taxable.

Q. How do I pay for my VLTD insurance?

A. Premiums are paid through payroll deductions.

Q. If I live in a state that has a state disability or medical leave plan, should I enroll in VLTD?

A. If you work in a state with state-mandated disability or paid medical leave benefits ("State Benefits")², you should carefully consider whether to enroll for this coverage. If you are eligible for State Benefits, you must apply if required by state law. If permitted, your VLTD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. Please consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

We encourage you to research what's available through your state to determine if the VLTD benefit is a good fit for you.

Q. When can I enroll?

A. Enrollment can occur as a new hire, during a qualifying life event or during annual enrollment. The sooner you enroll, the sooner you will enjoy the added financial protection that disability coverage helps provide.

Q. What happens if I do not make any changes during annual enrollment?

A. If you do not make changes during annual enrollment, your coverage will default to your current coverage choices from the previous plan year. You may wish to review your coverage each year during annual enrollment to ensure it still fits your needs.

Q. What happens when I want to file a claim?

A. Claims should be filed by calling **877-ADPTS01** or **(877-237-8701)** Monday through Friday from 8 a.m. – 11 p.m. ET or log into mybenefits.metlife.com/ADPTotalSource. Track the status of a claim online or on the MetLife US App. Search "MetLife" in the App Store or Google Play to download the app.

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Q. When should I file my claim?

A. If your worksite employer offers Short Term Disability (STD), we will begin the VLTD evaluation at the midpoint of the STD claim. Approximately four to six weeks prior to the end of the STD benefit period, we will bridge the STD claim to a VLTD claim.

If you are not enrolled in a worksite employer STD plan or a Voluntary STD plan:

- If your Elimination Period is 90 days and you are expecting to be out of work for 90 days or greater, we recommend filing your claim on the 45th day.
- If your Elimination Period is 180 days and you are expecting to be out of work for 180 days or greater, we recommend filing your claim on the 135th day.

When a worksite employee files an initial disability claim, both the notice of claim and the required proof should be sent to us within 90 days of the date of the end of the Elimination Period.

Q. What happens if I file my claim late?

A. Your claim will be considered late if it is filed greater than 90 days from the end of the Elimination period. We will review all available information in the claim in every effort to make a claim decision. If we are unable to do so, we will notify you of the information we need to make a decision.

Q. When will MetLife begin to process a claim? How long is the VLTD process?

A. MetLife will begin to process your claim within 5 business days once your completed VLTD claim is received.

Upon receipt of all information identified as needed to assess the claim, the determination will be finalized upon completion of our review. The review can include clinical and vocational assessments of received information. We will communicate the status of a pending claim every 30 days until a decision is finalized.

Q. What clinical information may be needed?

A. Clinical information should include examination findings indicating the inability to perform the material duties of your Own Occupation such as (but not limited to) x-rays, medical records (including histories, lab tests, examination results and treatment notes).

Q. How does MetLife obtain clinical information?

A. Our Nurse Consultants, Clinical Specialists or Claim Specialists contact the physician and/or worksite employee by telephone to obtain medical information required to evaluate the claim. Our resources interact directly with healthcare professional(s) and may request physical exam findings and/or test results, discuss specific treatment plans for the worksite employee and discuss the worksite employee's abilities, restrictions and limitations in relation to occupational demands. The worksite employee's subjective information is evaluated to determine if it is consistent with the reported diagnosis and other clinical information submitted.

For ongoing disabilities, the Claim Specialist maintains a follow-up schedule for contacting the worksite employee regarding recovery progress and securing updated medical information from the physician. The Nurse Consultant or Clinical Specialist will maintain the follow-up schedule for claims requiring extensive clinical management. Telephonic interviews are utilized for initial attempts to gather information. Information will be obtained in writing when telephonic attempts are unsuccessful or to supplement information received telephonically. We continue to work with the worksite employee, the physician and any other providers to secure information necessary to evaluate disabilities.

Q. How often is medical information needed from a medical provider?

A. Medical management and follow-up activities vary depending on the disability.

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Q. How are VLTD benefits paid?

A. MetLife requests your predisability earnings³ in effect as of date last worked to determine the benefit amount. If the worksite employee's salary fluctuates from pay period to pay period, MetLife will request their past 12 months of predisability earnings³ prior to their first day of absence.

Benefit amount* is 60% of your pre-disability earnings that will provide you with a monthly benefit of up to (but not exceeding) \$10,000 monthly.

*All benefits are subject to reduction by other income. See plan for specific details.

Q. What is the Elimination Period?

A. The Elimination Period is the unpaid period after the date of disability before benefits can be paid to an eligible worksite employee. Benefits may start on the 91st or 181st calendar day, dependent on the enrolled plan rules.

Q. How will I know if a claim is denied?

A. All claim decisions are communicated to the worksite employee via phone, and we also send a detailed letter within one day of the decision. An Appeal Request Form will be included with the denial letter, which provides the worksite employee the opportunity to appeal the initial denial decision rendered. The worksite employee will have 180 days from receipt of the letter to submit their written request to appeal. Once a written request for an appeal is received, the Claims Specialist will notify the worksite employee upon receipt. The worksite employee must be notified of the appeal decision no later than 45 days after MetLife receives the appeal request. If special circumstances require an extension of time in order to conduct a full and fair review, there may be one 45-day extension.

Worksite Employees can access claim status and other important claim details online. Register or log in to MyBenefits mybenefits.metlife.com/ADPTotalSource, go to profile settings then communication preferences and enter your mobile number and check the box you want to receive text messages. Turn the delivery preferences to "ON" under disability claim status text alerts. Reply 'STOP' to any text to unsubscribe or by turning claim status text alerts to Off on MyBenefits.

Q. What if a worksite employee is unable to return to work?

A. We encourage worksite employees to return to work (RTW) either on a full or part-time basis if medically able to do so. The VLTD plan allows a worksite employee to work while still disabled and earn up to 100% income replacement (including other sources) for VLTD during the first 12 months of benefits. After 12 months, the benefit will be reduced by 50% of any earned compensation.

If a worksite employee is capable of participating in the Rehabilitation Program but refuses or fails to participate in that program, we may terminate disability benefits.

Q. Does the worksite employee need to notify their VLTD Claim Specialist if they return to work?

A. Yes. The worksite employee should notify their Claim Specialist and note the actual return to work date. Obtaining a return to work date may prevent a potential overpayment of VLTD benefits.

Q. What happens if I Return to Work but then stop working again? Do I need a new claim?

- A.
- If you return to Active Work after completing Your Elimination Period for a period of 90-days or 180-days or less (dependent on the plan enrolled), and then become disabled again due to the same or related sickness or accidental injury, we will not require you to complete a new Elimination Period. For the purpose of determining your benefits, we will consider such disability to be part of the original disability and will use the same predisability earnings³ and apply the same terms, provisions and conditions that were used for the original disability.
 - If you return to Active Work for a period of more than 90-days or 180-days (dependent on the plan enrolled) and then become disabled again, you will have to complete a new Elimination Period.

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For purposes of this provision, the term Active Work includes all of the continuous days which follow your return to work for which you are not disabled.

Q. When do overpayments occur?

A. An overpayment can occur for various reasons including, but not limited to an incorrect salary amount is used in determining predisability earnings³ or if late notice or retroactive receipt of 'other income' benefits were not previously offset as per the disability plan provisions. Please check the plan certificate for details.

Our insured plans include a contractual right of recovery for any disability payments made to a worksite employee with a cause of action against a responsible third party. The right of recovery allows us to pursue an overpayment or payment from a worksite employee who is receiving lost wages from an accident lawsuit.

Q. How does MetLife recover Overpayments?

A. Overpayment recovery may be achieved in a variety of ways. The recovery for an overpayment is determined by the Claim Specialist after thorough review of the benefits paid, review of the plan language and consideration specific to each worksite employee.

Q. Does Workers' Compensation run concurrent with VLTD benefits?

A. Yes, however, Workers Compensation is considered 'other income' and will be offset from the VLTD benefit.

Q. Will a VLTD benefit continue after termination of employment?

A. Your eligibility is determined based on your status with your worksite employer on your last day worked. If we approve your claim, benefits may continue to be paid for as long as the disability and all other eligibility requirements are met, up to the maximum benefit period for the plan.

Q. Is there an age limit on how long someone can receive VLTD benefits?

A. Worksite employee's period of disability will end on either:

- The date you are no longer deemed disabled; or
- The calendar month you reach normal retirement age, as determined by the 1983 Amended Social Security Normal Retirement Age.

Social Security Normal Retirement Age (SSNRA):

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 – 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

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When a disability occurs on or after age 62, a worksite employee is entitled to the months of disability as indicated by the chart:

Age on Date of Your Disability	Benefit Period
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Q. What happens if I pass away?

A. If you die while disabled and you were entitled to receive Monthly Benefits, proof of death must be sent to us.

When proof is received:

The benefit amount will be paid out equal to 3 times the lesser of:

- the monthly benefit you receive for the calendar month immediately preceding death;
- the monthly benefit you were entitled to receive for the month you die, if death is during the first month that disability benefits are payable.

We will reduce the benefit amount by any overpayment we are entitled to recover.

Q. What is the definition of “Own Occupation”?

A. Own Occupation means the essential functions You regularly perform at a worksite employer that provide You a source of earned income. In determining Your own occupation, We will look at Your occupation as it is normally performed instead of how it is performed for any specific employer or in any specific location.

Q. What is the definition of “Any Occupation”?

A. Any Occupation means any gainful occupation for which a worksite employee is reasonably qualified based on training, education and experience.

Q. How would a transition to “Any Occupation” impact VLTD eligibility?

A. If, after thorough investigation and review of your claim, it is determined that you have the functional capacity to perform Any occupation that is gainful and you can reasonably become fitted by education, training or experience, your claim will be terminated.

If, after thorough investigation and review of your claim, it is determined that you do not have any work capacity or you do not have the capacity to perform any gainful occupation, your disability benefits may continue to be supported.

Q. What is a Pre-existing Condition?

A. The VLTD plan includes a 3/12 Pre-existing Condition provision. This means that no disability benefits are payable to worksite employees if they received medical treatment, consultation, care or services, or took prescription medications or had medication prescribed for their disability in the 3 months before the effective date of the insurance. This limitation will not apply if the Elimination Period for a disability starts after the individual has been an active worksite employee under our plan for 12 consecutive months from the effective date of the insurance. Below are some guidelines followed during a Pre-existing investigation:

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Scenario	Result
Medical treatment received during Pre-existing look back period was for the same (or related) medical condition as the current disabling medical condition.	The condition is Pre-existing, and the claim will be denied.
Medical treatment received during the Pre-existing 3 month look back period was for an unrelated medical condition.	The condition is not re-existing, and the claim investigation process continues.
Medical treatment was received for the same (or related) medical condition as the current disabling medical condition but was <u>prior to</u> the beginning of the Pre-existing Condition 3 month look back period.	The condition is not Pre-existing, and the standard claim investigation process continues.

In determining whether a disability is due to a Pre-existing Condition, we will credit you for any time you were insured under the Prior Plan. If your disability is due to a Pre-existing Condition as described in this certificate, but would not have been due to a Pre-existing Condition under the Prior Plan, we will pay a benefit equal to the lesser of:

- The benefit amount under this certificate; or
- The disability income insurance benefit that would have been payable to you under the Prior Plan.

Q. Are there any exclusions for Pre-Existing Conditions?

A. Yes. Your plan may not cover a sickness or accidental injury that arose in the 3 months prior to your Insurance under the certificate taking effect. A complete description of the Pre-existing Condition exclusion is included in the Certificate of Insurance provided by your worksite employer or contact your MetLife benefits administrator with any questions.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act.
- Active participation in a riot.
- Intentionally self-inflicted injury or attempted suicide.
- Commission of or attempt to commit a felony.
- Intoxication, as defined and determined by laws and jurisdiction of the geographic area in which loss or cause of loss occurred.

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You are not obligated to purchase any of the voluntary policies or services offered and you may explore other options including purchase of policies or services directly from an insurance company or provider. You should discuss your options with your financial advisor, attorney, accountant or other professionals.

¹ Any discussion of taxes is for general information purposes only, does not purport to be complete or cover every situation, and should not be construed as legal, tax, or accounting advice. You should confer with your qualified legal, tax, and accounting advisors as appropriate.

² These jurisdictions include, but may not be limited to, California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Jersey, New York, Oregon, Puerto Rico, Rhode Island, Washington (Maryland, Delaware, and Minnesota as of 1/1/26, and Maine as of 5/1/26).

³ Your Predisability Earnings means gross salary, or wages you were earning from your worksite employer as of your last day of active work before your disability began. This does not include awards and bonuses; overtime pay and any other compensation from your worksite employer.

The Plan Overview provides only a brief overview of the VLTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance, Summary Plan Description and/or other plan documents. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

MetLife, its agents, and representatives may not give legal, tax or accounting advice and this document should not be construed as such. Clients should confer with their qualified legal, tax and accounting advisors as appropriate.

Long Term Disability (“LTD”) coverage is provided under a group insurance policy issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable), or upon termination of the group contract by your employer.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group benefit programs and group disability insurance policies, MetLife policies and benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Access the Aon microsite for costs and complete details

www.BenefitsGo.com/EEpaidBenefits

State variations may apply.