

## Mission Health System, Inc. Short Term Disability Plan Summary

The information contained in this document is merely a compilation of the Company's short-term disability Plan provisions for use in administering claims and is not intended to be a Plan document on which a participant may rely for benefits. The Company has reviewed and approved the summary of the Plan's provisions contained herein. The Company is the Plan Fiduciary.

The Plan provides short term disability (STD) benefits to eligible participants under the terms and conditions of the Plan. The Plan is a self-funded welfare benefit Plan (Plan). The Plan is administered by Mission Health System, Inc. (Company).

Continental American Insurance Company ("Aflac Group") provides non-fiduciary claim processing services to the Plan. The Plan is not insured by Aflac Group, and Aflac Group has not issued any insurance policy that would fund benefits under the Plan. Aflac Group is not responsible to fund the payment of any benefits under the Plan.

This document provides a summarized explanation of the Plan benefits in effect as of the date on the front page of this document. The master Plan, if any, more fully describes the terms and conditions of the Plan. If the terms of this document and the master Plan differ, the master Plan will govern. A complete copy of the master Plan, if any, is in the possession of the Company and is available for your review upon request. In the event of any changes in benefits or Plan provisions, the Company will provide you a new summary Plan description, a statement of material modification, or a supplement that describes any changes.

Possession of this document does not necessarily mean you are a participant under the Plan. This document explains the requirements for becoming a participant under the Plan. The dates on which participation begins or ceases are explained within this document. The description of Eligible Classes, as that term is defined in this document, will help you determine what benefits, if any, may apply to you.

For information, contact Mission Health System, Inc..

THE PLAN MAY BE AMENDED OR TERMINATED BY Mission Health System, Inc. AT ANY TIME AND FOR ANY REASON.

## SECTION 1 - PLAN SPECIFICATIONS

### ELIGIBILITY REQUIREMENTS FOR PARTICIPATION

#### What is the Minimum Hourly Requirement?

Employees who are budgeted to work a minimum of twenty (20) hours per forty (40) hour work week or forty (40) hours per two (2) week pay period. Eligibility includes Covered Persons working not less than 1,040 annual hours.

#### Who is Eligible for Short Term Disability Benefits?

- Class 1: All eligible Physicians excluding executives and PRNs enrolled in the Core Plan
- Class 2: All eligible Employees, other than Physicians, Executives and PRNs enrolled in the Core Plan
- Class 3: All eligible Physicians, excluding executives, PRNs participating in Buy-Up Option 1
- Class 4: All eligible Employees, other than Physicians, Executives and PRNs participating in Buy-Up Option 1

**Note:** This policy does not cover the following Employees: Temporary and Seasonal Employees, and Employees who are not legal residents working in the United States.

#### What is the Eligibility Waiting Period?

1. If you are employed by the Company on the Plan effective date - 30 days of continuous, Active Employment
2. If you begin employment for the Company after the Plan effective date - 30 days of continuous, Active Employment

#### Are Employee Contributions Required?

Applicable to Class 1, 2

No\*

Applicable to Class 3, 4

Yes

\* Premium is paid through a salary gross-up arrangement

#### What is the Elimination Period?

The period for which a benefit is payable will commence following the Elimination Period shown below:

- 14 workdays for Injury
- 14 workdays for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period. If the Employee returns to work for any 7 or fewer days during the Elimination Period and cannot continue, Aflac Group will count only those days the Employee is Disabled or Partially Disabled to satisfy the Elimination Period.

Note: The Covered Person is required to use paid time off, if available, during the 14 day STD elimination period. After the elimination period, the Covered Person may use paid time off to supplement the STD benefit up to the Covered Person's basic weekly earnings for up to 6 weeks. After an 8 week period, which includes the elimination period, you will not be allowed to supplement your STD benefit with paid time off.

**What is the Amount of Benefits?**

Applicable to Class 1, 2:

40.00% of Basic Weekly Earnings less Other Income Benefits and Other Income Earnings as outlined in Section 4. The Minimum Benefit is \$50.

Applicable to Class 3, 4:

50.00% of Basic Weekly Earnings less Other Income Benefits and Other Income Earnings as outlined in Section 4. The Minimum Benefit is \$50.

**What is the Maximum Benefit Period?**

**Applicable to Injury:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 24th week of Disability for which a benefit is payable.

**Applicable to Sickness:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 24th week of Disability for which a benefit is payable.

## SECTION 2 - DEFINITIONS

In this section the Company defines some basic terms needed to understand this Plan. The male pronoun whenever used in this Plan includes the female.

**"Active Employment"** means you must be actively at work for the Company:

1. on a full-time or part-time basis and paid regular earnings;
2. for at least the minimum number of hours shown in the Plan Specifications; and either perform such work:
  - a. at the Company's usual place of business; or
  - b. at a location to which the Company's business requires you to travel.

You will be considered actively at work if you were actually at work on the day immediately preceding:

1. a weekend (except where one or both of these days are scheduled work days);
2. holidays (except when the holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. an excused leave of absence (except medical leave for your own disabling condition and lay-off); and
6. an emergency leave of absence (except emergency medical leave for your own disabling condition).

**"Annual Enrollment Period"** or **"Enrollment Period"** means the period before each Plan anniversary so designated by the Company during which you may enroll to participate in this Plan.

**"Appropriate Available Treatment"** means care or services which are:

1. generally acknowledged by Physicians to cure, correct, limit, treat or manage the disabling condition;
2. accessible within your geographical region;
3. provided by a Physician who is licensed and qualified in a discipline suitable to treat the disabling Injury or Sickness;
4. in accordance with generally accepted medical standards of practice.

Applicable to Class 1, 3:

**"Basic Weekly Earnings"**, with respect to MMA Physicians who are full production pay providers, means the Employees annual draw as reported by the Company plus production earnings for the fiscal year (October 1st through September 30th) adjusted as needed for use for the next plan year (January 1st through December 31st), immediately prior to the date Disability or Partial Disability begins, divided by 52. Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 Plan, Health Savings Account, or Flexible Spending Account.

If the Physician is classified as a new Physician, salary guarantee and/or excess production earnings will be determined by Company. New full production paid providers could receive a one or up to two-year compensation guarantee.

If the Employee was not employed by the Company for the full prior fiscal year, the Employees salary guarantee and/or excess production earnings will be pro-rated to determine a weekly sum. If the new full production paid providers are paid under a compensation guarantee, then that guarantee will be pro-rated to figure a weekly sum.

Basic Weekly Earnings does not include bonuses, commissions, overtime pay or any other extra

compensation.

"Basic Weekly Earnings" with respect to MMA Physicians who receive base salary plus excess production pay in their compensation, means the Employees annual base salary from the Company plus the excess production earnings for the fiscal year (October 1st through September 30th) adjusted as needed for use for the next plan year (January 1st through December 31st), immediately prior to the date Disability or Partial Disability begins, divided by 52. Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 Plan, Health Savings Account, or Flexible Spending Account.

If the Physician is classified as a new Physician, annual base salary and/or production earnings will be determined by Company. If the Employee was not employed by the Company for the full prior fiscal year, the Employees base salary and/or production earnings will be pro-rated to determine a weekly sum.

Basic Weekly Earnings will not include bonuses, commissions, overtime pay or any other extra compensation.

"Basic Weekly Earnings", with respect to all other MMA Physicians, means the Employees annual base salary from the Company immediately prior to the date Disability or Partial Disability begins divided by 52. Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 Plan, Health Savings Account, or Flexible Spending Account.

If the Employee was not employed by the Company for the full prior fiscal year, or if the Employee is paid under a compensation guarantee, then that guarantee will be pro-rated to figure a weekly sum. Basic Weekly Earnings does not include bonuses, commissions, overtime pay and or any other compensation.

Applicable to Class 2, 4:

"**Basic Weekly Earnings**" means the Employees budgeted weekly rate of earnings as reported by the Company in effect immediately prior to the date Disability or Partial Disability begins. Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 Plan, Health Savings Account, or Flexible Spending Account. If the Employee is paid on an hourly basis, Basic Weekly Earnings will be based on the Employees hourly rate of pay, but will not exceed 40 hours per week.

Basic Weekly Earnings does not include bonuses, commissions, overtime pay and or any other compensation.

"**Disability**" or "**Disabled**" means you, as a result of Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Job.

"**Eligibility Date**" means the date you become eligible to participate in this plan. Eligibility Requirements are shown in the Plan Specifications.

"**Eligibility Waiting Period**" means the continuous length of time you must be in Active Employment in an eligible class to reach your Eligibility Date.

"**Elimination Period**" means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is shown in the Plan Specifications and begins on the first day of Disability.

"**Employee**" means a person in Active Employment with the Company who is participating in this Plan.

"**Enrollment Form**" is the document completed by you, if required, when enrolling for to participate in the Plan. This form must be satisfactory to the Company or its agent.

**"Gross Weekly Benefit"** means your Weekly Benefit before any reduction for Other Income Benefits and Other Income Earnings.

**"Hospital"** or **"Institution"** means a facility licensed to provide Treatment for the condition causing your Disability.

**"Initial Enrollment Period"** means one of the following periods during which you may first enroll to participate in this Plan:

1. if you are eligible on the Plan effective date, a period before the Plan effective date set by the Company.
2. if you become eligible after the Plan effective date, the period which ends 31 days after your Eligibility Date.

**"Injury"** means bodily impairment resulting directly from an accident and independently of all other causes. For the purpose of determining benefits under this Plan:

1. any Disability which begins more than 60 days after an Injury will be considered a Sickness; and
2. any Injury which occurs before you are a participant under this Plan, but which accounts for a medical condition that arises while you are participating in this Plan will be treated as a Sickness.

**"Material and Substantial Duties"** means responsibilities that are normally required to perform your Own Job and cannot be reasonably eliminated or modified.

**"Own Job"** means your job that you were performing when your Disability or Partial Disability began.

**"Partial Disability" or "Partially Disabled"** means you, as a result of Injury or Sickness, are able to:

1. perform one or more, but not all, of the Material and Substantial Duties of your Own Job or another job on an Active Employment or a part-time basis; or
2. perform all of the Material and Substantial Duties of your Own Job or another job on a part-time basis; and
3. earn between 20.00% and 80.00% of your Basic Weekly Earnings.

**"Physician"** means a person who:

1. is licensed to practice medicine and is practicing within the terms of his license; or
2. is a licensed practitioner of the healing arts in a category specifically favored under the health coverage laws of the state where the Treatment is received and is practicing within the terms of his license.

It does not include you, any family member or domestic partner.

**"Plan Specifications"** means the section of this plan which shows, among other things, the Eligibility Requirements, Eligibility Waiting Period, Elimination Period, Amount of Benefits, Minimum Benefit, and Maximum Benefit Period.

**"Proof"** means the evidence in support of a claim for benefits and includes, but is not limited to, the following:

1. a claim form completed and signed (or otherwise formally submitted) by you claiming benefits;
2. an attending Physician's statement completed and signed (or otherwise formally submitted) by your attending Physician; and
3. the provision by the attending Physician of standard diagnosis, chart notes, lab findings, test results, x-rays and/or other forms of objective medical evidence in support of a claim for benefits.

Proof must be submitted in a satisfactory form or format.

**"Regular Attendance"** means your personal visits to a Physician which are medically necessary according to generally accepted medical standards to effectively manage and treat your Disability or Partial Disability.

**"Sickness"** means illness, disease, pregnancy or complications of pregnancy.

**"Treatment"** means consulting, receiving care or services provided by or under the direction of a Physician including diagnostic measures, being prescribed drugs and/or medicines, whether you chooses to take them or not, and taking drugs and/or medicines.

**"Weekly Benefit"** means the weekly amount payable by the Plan to you if you are Disabled or Partially Disabled.

## SECTION 3 - ELIGIBILITY

### **Who is Eligible for Benefits?**

The eligibility requirements for participation are shown in the Plan Specifications.

### **What is Your Eligibility Date for Benefits?**

If you are in an eligible class you will qualify for benefits on the later of:

1. this Plan's effective date; or
2. the day after you complete the Eligibility Waiting Period shown in the Plan Specifications.

### **What Happens During the Initial Enrollment Period?**

During the Initial Enrollment Period you can enroll in any one benefit or benefit option shown in the Plan Specifications. If you do not choose any benefit or benefit option, enrollment will automatically default to the Core Plan. If your Initial Enrollment Period takes place during or after the Annual Enrollment Period, but before the Plan anniversary your benefit option will apply for (a) the rest of the Plan year in which you first become eligible; and (b) the next Plan year.

### **What Happens During the Annual Enrollment Period?**

During each Annual Enrollment Period, you may keep your benefit levels at the same level or make one of the following changes for the next Plan year:

1. a decrease in benefit levels;
2. an increase in benefit level subject to Evidence of Insurability.

If you fail to enroll for a change in your benefit option during any Annual Enrollment Period you will continue in the Plan at the same benefit option during the next Plan year and no change in benefit levels can be made during the next Plan year, unless you experience a Family Status Change.

### **What Happens when You Experience a Family Status Change?**

When you experience a Family Status Change, you may keep your benefit level at the same level or make one of the following changes:

1. a decrease in benefit level;
2. an increase in benefit level subject to Evidence of Insurability.

You must apply for the change in benefit level within 31 days of the date of the Family Status Change. Such changes in benefit level must be due to or consistent with the reason that the change in benefit level was permitted. A change in benefit level is consistent with a Family Status Change only if it is necessary or appropriate as the result of the Family Status Change.

## SECTION 4 - DISABILITY INCOME BENEFITS

### Disability Benefit

#### When is Your Disability Benefit Payable?

When the Plan receives Proof that you are Disabled due to Injury or Sickness and require the Regular Attendance of a Physician, you may be eligible to receive a Weekly Benefit after the end of the Elimination Period, subject to any other provisions of this Plan. The benefit will be paid for the period of Disability if you give to the Plan Proof of continued:

1. Disability;
2. Regular Attendance of a Physician; and
3. Appropriate Available Treatment.

The Proof must be given upon the Plan's request and at your expense. In determining whether you are Disabled, the Plan will not consider employment factors including, but not limited to, interpersonal conflict in the workplace, recession, job obsolescence, pay cuts, job sharing and loss of a professional or occupational license or certification.

For purposes of determining Disability, the Injury must occur and Disability must begin while you are a participant of this Plan.

The Weekly Benefit will not:

1. exceed your Amount of Benefits; or
2. be paid for longer than the Maximum Benefit Period.

The Amount of Benefits and the Maximum Benefit Period are shown in the Plan Specifications.

#### How is the Amount of Your Disability Weekly Benefit Figured?

To figure the amount of Weekly Benefit:

1. Take the lesser of:
  - a. your Basic Weekly Earnings multiplied by the benefit percentage shown in the Plan Specifications; or
  - b. the Maximum Weekly Benefit shown in the Plan Specifications; and then
2. Deduct Other Income Benefits and Other Income Earnings, (shown in the Other Income Benefits and Other Income Earnings provision of this Plan), from this amount.

### Partial Disability

#### When is Your Partial Disability Benefit Payable?

When the Plan receives Proof that you are Partially Disabled and have experienced a loss of earnings due to Injury or Sickness and require the Regular Attendance of a Physician, you may be eligible to receive a loss of earnings Weekly Benefit, subject to any other provisions of this Plan. To be eligible to receive Partial Disability benefits, you may be employed in your Own Job or another job, must satisfy the Elimination Period, and must be earning between 20.00% and 80.00% of your Basic Weekly Earnings.

A Weekly Benefit will be paid for the period of Partial Disability if you give to the Plan Proof of continued:

1. Partial Disability;
2. Regular Attendance of a Physician; and
3. Appropriate Available Treatment.

The Proof must be given upon the Plan's request and at your expense. In determining whether you are Partially Disabled, the Plan will not consider employment factors including, but not limited to, interpersonal conflict in the workplace, recession, job obsolescence, paycuts, job sharing and loss of a professional or occupational license or certification.

For purposes of determining Partial Disability, the Injury must occur and Partial Disability must begin while you are a participant of this Plan.

### **How is Your Loss of Earnings Partial Disability Benefit Figured using the Work Incentive Calculation?**

The work incentive benefit will be an amount equal to your Basic Weekly Earnings multiplied by the benefit percentage shown in the Plan Specifications, without any reductions from earnings.

The work incentive benefit will only be reduced, if the Weekly Benefit payable plus any earnings exceed 100% of your Basic Weekly Earnings. If the combined total is more, the Weekly Benefit will be reduced by the excess amount so that the Weekly Benefit plus your earnings does not exceed 100% of your Basic Weekly Earnings.

The Weekly Benefit payable will not be more than the Disability benefit otherwise payable under this Plan.

### **Other Income Benefits and Other Income Earnings**

#### **What are Your Other Income Benefits and Other Income Earnings?**

**Other Income Benefits** means:

1. The amount for which you are eligible under:
  - a. any work loss provision in mandatory " No-Fault" auto coverage; or
  - b. any governmental program or coverage required or provided by statute (including any amount attributable to your family).
2. any amount you receive from any unemployment benefits; or
3. any amount of Disability and/or Retirement Benefits under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or any similar Plan or act, which:
  - a. you receive or are eligible to receive; and
  - b. your spouse, child or children receives or are eligible to receive because of your Disability; or
  - c. your spouse, child or children receives or are eligible to receive because of your eligibility for Retirement Benefits.

**Other Income Earnings** means:

1. any amount you receive from any formal or informal sick leave or salary continuation Plan(s); and
2. the amount of earnings you earn or receive from any form of employment.

Other Income Benefits, except Retirement Benefits, must be payable as a result of the same Disability for which the Company pays a benefit. The sum of Other Income Benefits and Other Income Earnings will be deducted in accordance with the provisions of this Plan.

**Estimation of Benefits**

**How will Your Benefits be Estimated?**

Your Disability or Partial Disability benefits will be reduced by the amount of Other Income Benefits that the Plan estimates is payable to you and your dependents.

Your Disability benefit will not be reduced by the estimated amount of Other Income Benefits if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a reimbursement agreement under which, in part, you agree to repay the Plan for any overpayment resulting from the award or receipt of Other Income Benefits;
3. if applicable, provide satisfactory proof that all appeals for Other Income Benefits have been made on a timely basis to the highest administrative level unless the Plan determines that further appeals are not likely to succeed; and
4. if applicable, submit satisfactory proof that Other Income Benefits have been denied at the highest administrative level unless the Plan determines that further appeals are not likely to succeed.

In the event that the Plan overestimates the amount payable to you from any Plans referred to in the Other Income Benefits and Other Income Earnings provision of this Plan, the Plan will reimburse you for such amount upon receipt of written proof of the amount of Other Income Benefits awarded (whether by compromise, settlement, award or judgement) or denied (after appeal through the highest administrative level).

**What Happens if You Receive a Lump Sum Payment?**

Other Income Benefits from a compromise, settlement, award or judgement which are paid to you in a lump sum and meant to compensate you for any one or more of the following:

1. loss of past or future wages;
2. impaired earnings capacity;
3. lessened ability to compete in the open labor market;
4. any degree of permanent impairment; and
5. any degree of loss of bodily function or capacity;

will be prorated on a weekly basis as follows:

1. over the period of time such benefits would have been paid if not in a lump sum; or
2. if such period of time cannot be determined, over a period of 260 weeks.

### **What Happens when Your Benefit Period is Less than a Week?**

For any period for which a Short Term Disability benefit is payable that does not extend through a full week, the benefit will be paid on a prorated basis. The rate will be 1/7th for each day for such period of Disability.

### **When will Your Short Term Disability Benefit be Discontinued?**

The Weekly Benefit will cease on the earliest of:

1. the date you fail to provide Proof of continued Disability or Partial Disability and Regular Attendance of a Physician;
2. the date you fail to cooperate in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.
3. the date you refuse to be examined or evaluated at reasonable intervals;
4. the date you refuse to receive Appropriate Available Treatment;
5. the date you refuse a job with the Company where workplace modifications or accommodations were made to allow you to perform the Material and Substantial Duties of the job;
6. the date you are able to work in your Own Job on a part-time basis, but choose not to;
7. the date your current Partial Disability earnings exceed 80.00% of your Basic Weekly Earnings;  
  
Because your current earnings may fluctuate, earnings will be averaged over three consecutive weeks rather than immediately terminating your benefit once 80.00% of Basic Weekly Earnings has been exceeded.
8. the date you are no longer Disabled according to this Plan;
9. the end of the Maximum Benefit Period; or
10. the date the you die.

### **Successive Periods of Disability**

#### **What Happens if You Return to Work and Become Disabled Again?**

With respect to this Plan, "**Successive Periods of Disability**" means a Disability which is related or due to the same cause(s) as a prior Disability for which a Weekly Benefit was payable.

A Successive Period of Disability will be treated as part of the prior Disability if, after receiving Disability benefits under this Plan, you:

1. return to your Own Job on an Active Employment basis for less than thirty continuous days;  
and
2. perform all the Material and Substantial duties of your Own Job.

To qualify for the Successive Periods of Disability benefit, you must experience more than a 20% loss of Basic Weekly Earnings.

Benefit payments will be subject to the terms of this Plan for the prior Disability.

If you return to your Own Job on an Active Employment basis for thirty continuous days or more, the Successive Period of Disability will be treated as a new period of Disability. You must complete another Elimination Period.

If you become eligible for benefits under any other group short term disability Plan, this Successive Periods of Disability provision will cease to apply to you.

## SECTION 5 - EXCLUSIONS

### GENERAL EXCLUSIONS

#### What Disabilities are Not Covered?

This Plan will not provide benefits for any Disability due to:

1. war, declared or undeclared, or any act of war;
2. intentionally self-inflicted injuries, while sane or insane;
3. active Participation in a Riot;
4. the committing of or attempting to commit an indictable offense;
5. cosmetic surgery unless such surgery is in connection with an Injury or Sickness sustained while the individual is an Employee;

No benefit will be payable during any period of incarceration.

With respect to this provision, **Participation** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of you, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to police officers and fire fighters.

With respect to this provision, **Riot** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

#### Disability Benefit Exclusions

#### What Disabilities are Not Covered?

A Weekly Benefit will not be payable if you become Disabled due to:

1. Injury that arises out of or in the course of employment; or
2. Sickness when a benefit is payable under a Workers' Compensation Law, or any other act or law of like intent.

These exceptions will not apply to partners or proprietors who elect not to be covered under such laws.

## SECTION 6 - TERMINATION

### When will Your Benefits End?

You will cease to be covered on the earliest of the following dates:

1. the date this Plan terminates, but without prejudice to any claim originating prior to the time of termination;
2. the date you are no longer in an eligible class;
3. the date your class is no longer included for benefits;
4. the last day for which any required Employee contribution has been made;
  - a. the Elimination Period; and
  - b. any period during which contributions are being waived.
5. the date employment terminates. Cessation of Active Employment will be deemed termination of employment, except the insurance will be continued for an Employee absent due to Disability during the Elimination Period.
6. the date you cease active work due to a labor dispute, including any strike, work slowdown, or lockout.

## SECTION 7 - GENERAL PROVISIONS

### Is Assignment Allowed?

No assignment of any present or future right or benefit under this Plan will be allowed.

### What are the Examination Rights?

The Plan may have the right and opportunity to have you, whose Injury or Sickness is the basis of a claim, examined or evaluated at reasonable intervals deemed necessary by the Plan. This right may be used as often as reasonably required.

### When can Legal Proceedings Begin?

A claimant or the claimant's authorized representative cannot start any legal action:

1. until 60 days after Proof of claim has been given; or
2. more than three years after the time Proof of claim is required.

### When Must Aflac Group be Notified of a Claim?

- a. Notice of claim must be given to the Plan within 30 days of the date of the loss on which the claim is based. If that is not possible, Aflac Group, on behalf of the Company, must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to the Plan.
- b. When written notice of claim is applicable and has been received by the Plan you will be sent claim forms. If the forms are not received within 15 days after written notice of claim is sent, you can send to the Plan written Proof of claim without waiting for the forms.

### When Must Aflac Group Receive Proof of Claim?

- a. Satisfactory Proof of loss must be given to the Plan, no later than 180 days after the end of the Elimination Period.
- b. Failure to furnish such Proof within such time shall not invalidate or reduce any claim if it was not reasonably possible to furnish such Proof within such time. Such Proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time Proof is otherwise required.
- c. Proof of continued loss, continued Disability or Partial Disability, when applicable, and Regular Attendance of a Physician must be given to the Plan within 30 days of the request for such Proof.

The Plan reserves the right to determine if your Proof of loss is satisfactory.

### What are the Rights of Recovery?

The Company has the right to recover any overpayment of benefits caused by, but not limited to, the following:

1. fraud;
2. any error made by the Company in processing a claim; or
3. your receipt of any Other Income Benefits.

The Company may recover an overpayment by, but not limited to, the following:

1. requesting a lump sum payment of the overpaid amount;
2. reducing any benefits payable under this Plan;
3. taking any appropriate collection activity available including any legal action needed; and
4. placing a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any Other Income Benefits, whether on a periodic or lump sum basis.

It is required that full reimbursement be made to the Plan.

### **What are the Rights of Subrogation and Reimbursement?**

When your Injury appears to be someone else's fault, benefits otherwise payable under this Plan for loss of time as a result of that Injury will not be paid unless you or your legal representative agree(s):

1. to repay the Plan, for such benefits to the extent they are for losses for which compensation is paid to you by or on behalf of the person at fault;
2. to allow the Plan, a lien on such compensation and to hold such compensation in trust for the Plan; and
3. to execute and give to the Plan, any instruments needed to secure the rights under 1. and 2. above.

Further, when the Company has paid benefits to or on behalf of the injured Covered Person, the Company will be subrogated to all rights of recovery that you have against the person at fault. These subrogation rights will extend only to recovery of the amount the Company has paid. You must execute and deliver any instruments needed and do whatever else is necessary to secure those rights to the Plan.

### **How does the Contract Affect Workers' Compensation?**

This Plan and the benefits provided are not in lieu of, nor will they affect any requirements for coverage under any Workers' Compensation Law or other similar law.