

GROUP LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



THE LUBRIZOL CORPORATION

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.

COVERAGE INFORMATION

COVERAGE LEVEL	BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MONTHLY MAXIMUM	MONTHLY MINIMUM	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
Base (Lubrizol Pays)	60%	\$15,000	\$100	After 180 days disabled	See table below under Asked & Answered
Buy-Up (You Pay)	70%	\$17,500	\$100	After 180 days disabled	See table below under Asked & Answered

PREMIUMS

The Lubrizol Corporation pays the premium for the base LTD coverage. Your contribution for the buy-up LTD coverage is shown on lubrizol.benefitsnow.com.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active employee working 20 or more hours on a regularly scheduled basis including those employees participating in the Phased-In Retirement Program.

AM I GUARANTEED COVERAGE?

For base coverage, this insurance is guaranteed issue coverage – it is available without having to provide information about your health.

For buy-up coverage, if you elect coverage during your annual enrollment, during a change in family status or if this is the first time you are eligible to elect coverage, evidence of insurability is not required. Outside of your annual enrollment period, evidence of insurability is required to elect coverage for the first time.

If you are electing buy-up coverage for 2019 and you are not enrolled in buy-up coverage for 2018 your buy-up coverage only is subject to a pre-existing limitation exclusion.²

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Lubrizol pays 100% of the premium for your (employee) base coverage.

Premium for buy-up coverage is provided on lubrizol.benefitsnow.com during annual enrollment. Premium will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

WHEN CAN I ENROLL?

Lubrizol will automatically enroll you in the base LTD coverage. You may enroll for buy-up LTD coverage during annual enrollment, within 31 days of the date you have a change in family status, or within 31 days from your Date of Hire.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of the LTD coverage is January 1, 2019. If you enroll for coverage prior to this date, insurance will become effective on this date.

For employees enrolling after January 1, 2019 coverage will be effective on your date of hire and in accordance with the terms of the certificate of coverage. This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations and Exclusions sheet. This information can be found on lubrizol.benefitsnow.com.

You must be actively at work with Lubrizol on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, you leave Lubrizol or the coverage is no longer offered.

HOW LONG WILL MY DISABILITY PAYMENTS CONTINUE?

If you become disabled prior to age 63, benefits may continue for as long as you remain disabled or until you reach your Social Security Normal Retirement Age. If your disability occurs at age 63 or later, your benefits will continue according to the following duration table:

MAXIMUM BENEFIT DURATION OF BENEFITS TABLE	
Age When Disabled:	Benefit Duration Payable:
Prior to Age 63	To Normal Retirement Age (or 42 months if greater)
Age 63	To Normal Retirement Age (or 42 months if greater)
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

¹Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on January 1 of each year as you enter each new age category.

²The Hartford will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time You become Disabled: 1) You have not received Medical Care for the condition for 90 consecutive day(s) while insured under The Policy; or 2) You have been continuously insured under The Policy for 365 consecutive day(s). Pre-existing Conditions means: 1) any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or 2) any manifestations, symptoms, findings, or aggravations relating to or resulting from such accidental bodily injury, sickness Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 90 day(s) period that ends the day before: 1) Your effective date of coverage; or 2) the effective date of a Change in Coverage.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder (available in 2019). The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.