Plan Highlights

Contributory Long Term Disability Insurance



Tower Semiconductor - Non-Union Employees

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

Active Non-Union Salaried Employees working 30 hours or more per week.

BENEFIT AMOUNT

Core: 60 % of covered earnings to a maximum benefit of \$10,000 per month

Buy-Up: 66.7~% of covered earnings to a maximum benefit of \$20,000 per month

ELIMINATION PERIOD

180 consecutive days of total disability

MAXIMUM BENEFIT DURATION

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

Age at Disablement Duration of Benefits

61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

CONTRIBUTION REQUIREMENTS

Core: Coverage is 100% employer paid. Buy-Up: Coverage is 100% employee paid.

You are required to contribute toward the cost of this insurance. Your contributions are being made on a post-tax basis. This means that (under the law as of the date the policy was issued) your Monthly Benefit may be treated as non-taxable for the purposes of filing your Federal Income Tax Return. It is recommended that you contact your personal tax advisor.

RATES

See attached Rate Sheet.

FEATURES

- ▶ Extended Disability Benefit
- FMLA Continuation
- ▶ Minimum Benefit Payable \$100
- Own Occupation Coverage 24 months
- Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit 3 months
- Work Incentive & Child Care provisions

VALUE ADDED SERVICES

- ▶ Travel Assistance Service
- Employee Assistance Program

LIMITATIONS

- Mental/Nervous Illness Limitation 24 month out-patient
- ▶ Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
- Pre-Existing Condition Limitation 3/12
- ▶ Substance Abuse Limitation 24 months

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.