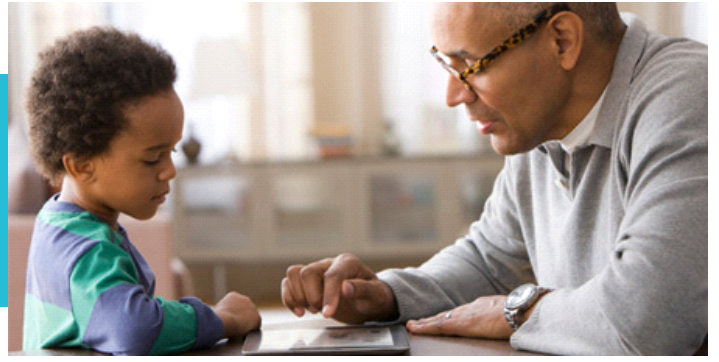


# Plan Highlights

## Group Long Term Disability Insurance



### Tower Semiconductor - 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 full-time Union employees working 30 hours or more per week.

#### BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$5,000 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:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
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

Coverage is employer paid.

#### 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

#### 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

#### VALUE ADDED SERVICES

- ▶ Travel Assistance Service
- ▶ Employee Assistance Program

#### 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.