

SHORT-TERM DISABILITY COVERAGE BENEFIT HIGHLIGHTS

AGRANA FRUIT US, INC.

COVERAGE INFORMATION

BENEFIT PERCENTAGE	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
60%	\$600	On the 8 th day sick	On the 1 st day injured	13 weeks

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this coverage if you are an active full-time hourly employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This is guaranteed issue coverage – it is available without having to provide information about your health.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS COVERAGE BEGIN?

This coverage will become effective for you on the date you become eligible.

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

WHEN DOES THIS COVERAGE END?

This coverage will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability earnings. After benefits start, you must continue to earn 80% or less of your pre-disability weekly earnings to continue to receive benefits.

Pre-disability earnings are defined in your summary plan document.

This Benefit Highlights document explains the general purpose of the short term disability coverage being offered and is provided for illustrative purposes only and is not a contract. In the event of a discrepancy between this document and the coverage summary plan document, the terms of the coverage summary plan document apply. **Benefits are subject to state availability. Plan terms and conditions vary by state.**

SHORT-TERM DISABILITY COVERAGE LIMITATIONS & EXCLUSIONS

This coverage includes certain limitations and exclusions. The coverage summary plan document details all provisions, limitations, and exclusions for this coverage. A copy of the coverage summary plan document can be obtained from your employer.

GROUP SHORT TERM DISABILITY COVERAGE

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the summary plan document:

Insured's weekly [Pre-Disability Earnings/Basic weekly Pay] \$1,000
Short term disability benefits percentage x 60%
Unreduced maximum benefit \$600
Less Social Security disability benefit per week - \$300
Less state disability income benefit per week - \$100
Total amount of short term disability benefit per week \$200

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

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