• Coverage is available to you as an eligible employee; it does not cover your spouse or dependent children.

• Generally, the plan benefit equals two-thirds of your predisability income.

• Make sure you understand how “disability” is defined.

• Before benefits can begin, there is a 45-day waiting period.

• Be sure to complete and submit your application within 30 days of your last day at work.

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If you're a full-time employee and you enroll in Deseret Mutual's core benefits program within 30 days of becoming eligible, you are enrolled in the Disability Plan without having to meet Deseret Mutual's health standards. Your coverage is effective on the date you enroll.

If you do not enroll within 30 days of becoming eligible and later want to enroll, you must meet the health standards determined by Deseret Mutual. Your coverage becomes effective the first day of the month after your coverage is approved.

If you apply more than 30 days from when you are eligible and you do not meet Deseret Mutual’s health standards, you will not be eligible for Disability Plan coverage.

If you are enrolled in medical, dental, and/or basic life insurance at the time your Disability benefits begin, you cannot change those benefit elections as long as you receive Disability benefit payments as an inactive employee. Only active employees are eligible to make benefit election changes during certain enrollment periods, assuming they are benefit-eligible employees.

The Disability Plan covers eligible employees only. It does not cover your spouse or dependent children.

The Disability Plan benefit is equal to two-thirds of your disability gross income, up to a maximum amount determined by the Internal Revenue Service. Exceptions are explained in Benefit Reductions on page 3 and in Return-to-work Incentives on page 4. Generally, your predisability income is your regular monthly salary.

To be eligible for Disability Plan benefits, you must be unable to perform at least 70% of your regular job duties because of illness or injury as documented by objective medical evidence.

Disability Plan benefits begin to accrue after the waiting period, which is 45 consecutive calendar days after you leave employment because of a disability. During this waiting period, Disability Plan benefits are not payable.

In special circumstances of permanent disability, you may work part time while you satisfy the 45-day waiting period requirement. But both your employer and Deseret Mutual must approve this special arrangement in advance.

If you know or expect you cannot work for 45 days or more because of a disability, simply follow these steps:

**Step 1:** Obtain the Disability Plan Application from your employer.

**Step 2:** Complete the employee statement.

**Step 3:** Give the physician’s section of the application to your physician. Ask your physician to be thorough in answering all questions in this section. Incomplete answers can cause delays in evaluating your application and receiving your benefit payments. Ask the physician to return this part of the application directly to GRP (on behalf of Deseret Mutual).

**Step 4:** Return your statement to GRP.

Your employer will forward the employer statement to GRP, as well.

GRP then evaluates your eligibility to receive Disability Plan benefits.

To meet your request for your Disability Plan benefits in a timely manner, please complete and submit your application within 30 days from your last day of work. Keep in mind that if we need more information, we may contact you.

Remember, it’s your responsibility to make sure GRP receives all medical and/or psychiatric information necessary to document...
your claim. Benefits are paid on the first day of each month after the 45-day waiting period. Weekly payments are made for past-due benefits.

You will not be eligible for a benefit if we receive your application one year or more from your last day worked.

SEEK AND FOLLOW MEDICAL RECOMMENDATIONS

You must seek and follow reasonable medical treatment and/or procedures recommended by your physician. If you don’t follow these recommendations, the benefit will be denied or discontinued.

Please note, you’re no longer responsible for paying medical costs to document that you are — or continue to be — eligible for Disability Plan benefits. GRP will cover these costs. Some of these costs may be paid by your medical insurance. In addition, GRP has the right to require independent medical exams during your disability to determine eligibility. In this case, GRP also pays for the exams.

End of Coverage

Coverage automatically ends on the earliest of the following dates:

- The day your employment ends, either voluntarily or involuntarily, such as retirement or termination
- The day you’re no longer disabled
- The day you enter active duty in the armed forces of any country
- The last day of the month for which premium is paid
- The termination date of the plan
- The date of your death

Definition of “Disability”

FIRST SIX MONTHS OF BENEFIT PAYMENTS

During the first six months of disability payments, your benefit eligibility is determined by your inability to work in your current occupation. To qualify for disability benefit payments, you must have a disabling injury or illness that prevents you from performing at least 70% of the duties of your regular occupation.

SEVEN MONTHS OR LONGER OF BENEFIT PAYMENTS

After the first six months of disability payments, your benefit eligibility is determined by your inability to work in any occupation. This means to qualify for Disability benefit payments, your disability must prevent you from holding a comparable job (any job for which you have the ability to earn 70% of your predisability income).

Mental Health Benefit

To receive a benefit for disability because of a mental illness, you must have a diagnosed, manifest psychiatric disorder, as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM). A health-care professional who is licensed to treat mental illness must submit a psychiatric evaluation and a written treatment plan to GRP.

To determine continued eligibility, your mental health professional must submit written treatment documentation every three months to GRP, which includes a report of your progress and compliance with your treatment plan. You are responsible for paying expenses for the treatment plan and periodic reports.

Benefit payments may continue for up to 24 months from the end of your 45-day waiting period, unless you are committed to an institution licensed for the continuous care and treatment of people with mental illnesses. During a personalized treatment plan administered by an institution, GRP considers each case on an individual basis to determine continued eligibility.

Chronic Pain & Fatigue-related Illness

If you have chronic pain or a fatigue-related illness, you may be eligible for Disability Plan benefits while you are actively trying to find a diagnosis and your symptoms are all of the following:

- pain and/or fatigue
- significantly interfering with your ability to work
- medically documented
- unidentified, or without correlating cause

If you are diagnosed with either chronic fatigue syndrome or fibromyalgia, you may be eligible for benefit payments for up to 12 months, including any time you received benefit payments before your diagnosis.

If you have a disabling diagnosis in addition to chronic pain or a fatigue-related illness, you may be eligible for additional Disability Plan benefits beyond the 12-month limit. You must qualify based on plan guidelines.

Concurrent Disabling Conditions

You can only be eligible for one Disability Plan benefit at a time. If you have more than one disabling condition, your benefit payments and the time of the Disability Plan benefit run concurrently, not consecutively.
For example, if you receive benefit payments for chronic fatigue and several months later the chronic fatigue is determined to be the result of another medical diagnosis, then the maximum benefit you may receive is up to 24 months.

Insurance Premiums

While you’re receiving Disability Plan benefit payments, your core benefits continue (medical, dental, Group Term Life, and Disability). Your employer pays your entire monthly premium.

You are responsible for paying the premiums for supplemental benefits (Supplemental Group Term Life and 24-Hour Accidental Death & Dismemberment) during the Disability Plan’s 45-day waiting period, as well as for the first six months after Disability benefits begin. After the six-month period, your supplemental benefits’ premiums will be waived. Your coverage continues at the same level as when you were working.

You continue to pay for any value-added benefits, such as group auto and homeowners’ insurance and VSP (Vision Service Plan) insurance (see the General Information section of your Benefits Handbook).

Thrift Plan

If you are receiving Disability Plan benefits but no salary, sick pay, or paid leave, you cannot contribute to the Thrift Plan (see the Thrift Plan section of your Benefits Handbook). If you are earning some salary, sick pay, or paid leave while receiving Disability Plan payments, then you may continue to make Thrift Plan contributions on that pay. In any event, your previous Thrift Plan account continues to be active.

Flexible Spending

If you are receiving Disability Plan benefits but no salary, sick pay, or paid leave, you cannot contribute to the Flexible Spending Account, or FSA program (see the Flexible Spending section of your Benefits Handbook). But you can make ongoing contributions to your Flexible Spending Account on any salary, sick pay, or paid leave you may earn from a participating employer while receiving your Disability Plan benefits.

Your Flexible Spending participation stops at the end of the month during which you stop making contributions to your account. But you can continue to submit expenses that were incurred before that time. The deadline for submitting expenses for the calendar year is April 30 of the following calendar year.

Benefit Reductions

Your benefit payments are reduced, or offset dollar-for-dollar, by the amount of compensation you receive — or could receive — from these sources:

- Social Security old age (retirement) and disability insurance benefits for you, your spouse, and/or children
- Workers’ compensation benefits
- Money you recover from a third party or the insurer of a third party who caused your disabling injury or illness
- Lost-wage benefits provided by uninsured and underinsured or no-fault auto insurance programs
- Any other federal or state required disability or medical retirement benefit provided by your employer

If you are eligible for benefits from any of these sources, you must maintain eligibility in these programs and apply for the compensation they offer. If you do not, GRP estimates the offset and deducts it from your Disability Plan benefit payments.

The minimum monthly benefit payment you can receive from GRP is $100.

Rehabilitation & Vocational Training

To qualify for Disability Plan benefits you must be unable to earn 70% or more of your predisability income, but you may be able to perform some work. If so, you must participate in a rehabilitation program.

During rehabilitation, the benefit is designed to prepare you to return to work in a position where your disability is not a hindrance. Vocational training may include educational training and may take place in colleges, trade or technical schools, or rehabilitation centers.

Please remember, you’re responsible for all costs associated with rehabilitation or vocational training programs. If you choose not to participate in an approved rehabilitation program, you’ll forfeit your Disability Plan benefit. But remember, some costs may be covered by your medical insurance.

You may receive Disability Plan benefit payments for a maximum of 24 months from the date you first had the ability to become involved in a rehabilitation or vocational program if:

- you participate in an approved training program, and
- you continue to meet Disability eligibility requirements. (Once you have the ability to earn at least 70% of your
predisability income, you’ll no longer be eligible for Disability Plan benefits.)

**Return to Work Incentives**

For the first 12 months of Disability Plan payment status, you may retain all of your Disability Plan benefit as long as the amount you earn from part-time employment plus the Disability Plan benefit payment does not exceed your predisability income. If this amount exceeds your predisability income, your benefit payment will be reduced, dollar for dollar.

But after 12 months of part-time employment, your Disability Plan benefit will be recalculated. For example, if your predisability monthly earnings were $3,000 and in the second 12 months you are able to earn $2,000 a month, then your new lost earnings are $1,000 and your benefit payment would be two-thirds of the $1,000.

**End of Benefit Payments**

Benefit payments end on the earliest of the following dates:

- The day you are no longer disabled (no longer eligible for the benefit)
- The day you request benefit payments to end
- The day your employment terminates
- The day you retire
- The date of your death

If you are receiving Disability Plan benefits, payments may continue up to the maximum time specified below or until you recover, whichever is sooner:

<table>
<thead>
<tr>
<th>Age when disabled</th>
<th>Eligible benefit continues ...</th>
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<tr>
<td>61 or younger</td>
<td>To 65</td>
</tr>
<tr>
<td>62</td>
<td>3½ years</td>
</tr>
<tr>
<td>63</td>
<td>3 years</td>
</tr>
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<td>64</td>
<td>2½ years</td>
</tr>
<tr>
<td>65</td>
<td>2 years</td>
</tr>
<tr>
<td>66</td>
<td>1½ years</td>
</tr>
<tr>
<td>67</td>
<td>1½ years</td>
</tr>
<tr>
<td>68</td>
<td>1½ years</td>
</tr>
<tr>
<td>69 and older</td>
<td>1 year</td>
</tr>
</tbody>
</table>

If you are receiving a limited benefit, payments may end sooner.

**Later Periods of Disability**

If you return to work with a participating employer after receiving Disability Plan benefits and then have another period of disability for the same cause within six months of your claim closure, the second period is considered a continuation of the preceding period of disability. So with proper documentation, your benefit payments resume without having to satisfy another 45-day waiting period.

If you return to work and you have another disability for a new condition or the same condition occurring more than six months after your claim closure, you must apply for Disability benefit payments again, and again meet the 45-day waiting period.

**Master Retirement Plan Benefit**

You receive Master Retirement Plan benefit credit as long as you continue to receive Disability Plan benefits (for more information, see the Master Retirement Plan section in your Benefits Handbook).

**Exclusions**

Disabilities that result from the following causes are not eligible for benefits:

- War or act of war, or service in the military forces of any country at war, declared or undeclared. The term “war” includes, but is not limited to, hostilities conducted by force or arms by one country against another, or between countries or factions within a country, either with or without a formal declaration of war, except when the employee is actively pursuing a specific assignment given and authorized by the employer
- Injury or illness contracted while in the military
- Injury or illness resulting from participation in or attempt at committing a crime
- Injury or illness that is a direct result of an ongoing problem with alcoholism or drug abuse, or that occurred while intoxicated or under the influence of nonprescription drugs, except for secondary illness or illnesses resulting from alcoholism or drug abuse
- A pre-existing condition, which is an illness or injury that is treated, diagnosed, or shows notable signs or symptoms within 90 days before you enroll in the plan. Disabilities caused by pre-existing conditions are excluded for one year after you enroll in the plan. But if you remain treatment-free for 90 days after enrolling, this exclusion is waived
- Attempted suicide or self-inflicted injuries
**Appeals Process**

If you are not satisfied with a decision about your Disability Plan benefits, you may appeal. To initiate the appeals process, GRP must receive your written appeal within 12 months of the date GRP sent you the notification of the adverse benefit decision.

To appeal a decision about your Disability Plan benefit, you must submit a written statement detailing the appeal to:

GRP, c/o Deseret Mutual  
Attention: Group Claims Appeal  
P.O. Box 14301  
Lexington, KY 40512-4301

GRP will respond to you within 45 days.

If you disagree with the decision of your first-level appeal, you may resubmit your appeal to Deseret Mutual, which will conduct a second-level appeal. Please note, you must complete the first-level appeal and receive GRP’s decision before filing a second-level appeal. Deseret Mutual must receive your written appeal within 60 days from when you received GRP’s benefit decision on your first-level appeal.

To appeal GRP’s first-level appeal decision, you must submit a written statement detailing the appeal to:

Deseret Mutual  
Appeals Coordinator  
Disability Claims  
P.O. Box 45530  
Salt Lake City, UT 84145

Deseret Mutual will respond to you within 45 days.

**Notification of Discretionary Authority**

GRP, on behalf of Deseret Mutual, has full discretionary authority to interpret the plan and to determine eligibility. GRP also has the sole right to interpret plan terms. All GRP and Deseret Mutual decisions relating to plan terms or eligibility are binding and conclusive.

**Notification of Benefit Changes**

Deseret Mutual is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and reserves the right to amend or terminate this plan at any time. If the benefit changes, we’ll notify you at least 30 days before the effective date of change.