

Offered by Life Insurance Company of North America

Long Term Disability Insurance

Summary of Benefits

Prepared for: Endeavor Parent, LLC
class 4

Eligibility:

All active, Full-time Canadian Employees of the Employer regularly working a minimum of 30 hours per week earning \$240,000 or more per year.

Employee: You will be eligible for coverage the first of the month coinciding with or following the date of hire.

Available Coverage:

	Gross Monthly Disability Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
Employer Paid - Your Employer provides the following coverage at no cost to you.	50% of your monthly covered earnings	\$15,000	90 Days	Please refer to the "How Long Benefits Last" section below for more details.
Employee Paid - You have the option to elect this plan to enhance what your Employer provides.	66.67% of your monthly covered earnings	\$25,000	90 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse*, eligible children, or estate. The plan will pay a single lump sum equal to 6 months of benefits.

Monthly Rate per \$100 of Monthly Covered Payroll = \$0.432

Actual per pay period premiums may differ slightly due to rounding. Rates may be subject to change in the future.

How to Calculate Your Monthly Cost:

Step 1: Divide your annual salary by 12 to calculate your monthly earnings.

Step 2: Use the chart above to find your Monthly rate.

Step 3: Multiply this rate by your monthly earnings, or the monthly covered payroll maximum of \$37,498, whichever is less.

Step 4: Divide the total by 100. The result is your **Monthly** cost.

Important Definitions and Policy Provisions:

Disability - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Covered Earnings - Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. It includes earnings received as 100% of the prior year's bonuses as of January 1st, but not commissions, overtime pay or other extra compensation. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on January 1st the change, if the Employer gives us written notice of the change and the required premium is paid. If you were employed less than 12 months, bonuses will be averaged for the months employed just prior to the date Disability begins. For members of the LLC, earnings will be the guaranteed payment

reflected on the latest calendar year's K-1 just prior to your date of disability. If no Schedule K-1 was received or the Schedule K-1 does not represent a complete calendar year, earnings will mean the base current guaranteed payment amount on file with the LLC just prior to disability. Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

When Benefits Begin - You must be continuously Disabled for 90 days before benefits will be payable for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the following schedule, depending on your age at the time you become Disabled.

Age at Commencement of Disability	Duration of Benefit Period
Age 62 or younger	To age 65 or the date the 42nd monthly benefit is payable, if later.
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

***Domestic Partner** - For purposes of this summary, wherever the term spouse appears it shall also include domestic partner/partner to a civil union. Your domestic partner is eligible for insurance if you have not been married to any person within the last 12 months and if he or she meets specific criteria stated in the group policy. Additional information is available from your benefit service representative.

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

Earnings While Disabled - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, somatoform disorders (including psychosomatic illnesses) or Substance Abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane; War or any act of war, whether or not declared; Active participation in a riot; Commission of a felony; The revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. FLK0960913. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue, New York, NY 10010.

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