

Offered by Life Insurance Company of North America

Employer-Paid TERM LIFE INSURANCE

Summary of Benefits

Prepared for: Allied Services Foundation

Eligibility:

All active, full-time and part-time Employees of the Employer regularly working a minimum of 40 hours biweekly in the United States excluding Employees classified as Executives, who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage on the first of the month coinciding with or following 60 days of continuous active service.

Available Coverage:

| | Benefit Amount | Maximum | Guaranteed Issue Amount |
|----------|------------------|---|---|
| Employee | 1.0 Times Salary | Lesser of 1.0 Times Salary or \$500,000 | Lesser of 1.0 Times Salary or \$500,000 |

Additional Features:

Continuation of Disability – If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer’s plan.

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you’re eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. “Disabled” means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium – If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won’t need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. “Disabled” for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until age 65 subject to proof of continuing disability each year.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you as terminally ill while the coverage is active, with a life expectancy of 24 months or less, the benefit for Terminal Illness provides up to:

Employee: 80% of your Term Life Insurance coverage amount or \$400,000, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Premiums will increase at this time.

Coverage can be continued to age 99, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program’s effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Limitations - The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLI 960305. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions 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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Offered by Life Insurance Company of North America

Employee-Paid TERM LIFE INSURANCE

Summary of Benefits

Prepared for: Allied Services Foundation

Eligibility:

All active, full-time and part-time Employees of the Employer regularly working a minimum of 40 hours biweekly in the United States excluding Employees classified as Executives, who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage on the first of the month coinciding with or following 60 days of continuous active service.

Spouse: Up to age 99, as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 25, as long as you apply for and are approved for coverage yourself.

Available Coverage:

| | Benefit Amount | Maximum | Guaranteed Issue Amount |
|----------|-------------------|--|---------------------------------------|
| Employee | Units of \$10,000 | Lesser of 5 times salary or \$300,000 | Lesser of 2 times salary or \$300,000 |
| Spouse | Units of \$10,000 | \$300,000 not to exceed 100% of the employee's combined Basic & Voluntary Life Insurance Benefits. | \$30,000 |
| Children | Units of \$2,500 | \$10,000; under 6 months old \$1,000 | All amounts |

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Continuation of Disability – If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium – If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 80% of your Term Life Insurance coverage amount or \$240,000, whichever is less.

Spouse: 80% of your Term Life Insurance coverage amount or \$240,000, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 99, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Employee's Semi-Monthly Cost of Coverage:

| Age | Employee Cost Per \$10,000 Unit | Spouse Cost Per \$10,000 Unit | Age | Employee Cost Per \$10,000 Unit | Spouse Cost Per \$10,000 Unit |
|-------|---------------------------------|-------------------------------|-------|---------------------------------|-------------------------------|
| 0-19 | \$0.250 | \$0.250 | 60-64 | \$3.550 | \$3.550 |
| 20-24 | \$0.250 | \$0.250 | 65-69 | \$6.750 | \$6.750 |
| 25-29 | \$0.350 | \$0.350 | 70-74 | \$10.300 | \$10.300 |
| 30-34 | \$0.400 | \$0.400 | 75-79 | \$10.300 | \$10.300 |

Employee's Semi-Monthly Cost of Coverage:

| Age | Employee Cost Per \$10,000 Unit | Spouse Cost Per \$10,000 Unit | Age | Employee Cost Per \$10,000 Unit | Spouse Cost Per \$10,000 Unit |
|-------|---------------------------------|-------------------------------|-------|---------------------------------|-------------------------------|
| 35-39 | \$0.450 | \$0.450 | 80-84 | \$10.300 | \$10.300 |
| 40-44 | \$0.550 | \$0.550 | 85-89 | \$10.300 | \$10.300 |
| 45-49 | \$0.800 | \$0.800 | 90-94 | \$10.300 | \$10.300 |
| 50-54 | \$1.250 | \$1.250 | 95-99 | \$10.300 | \$10.300 |
| 55-59 | \$2.300 | \$2.300 | | | |

Child Cost Per \$2,500 Unit = \$0.39; \$5,000 = \$0.59; \$7,500 = \$0.79; \$10,000 = \$0.99

Actual per pay period premiums may differ slightly due to rounding. All spouse rates are based on spouse age. Rates vary by age and may be subject to change in the future.

How to Calculate Your Semi-Monthly Cost:

Step 1: Use the chart above to find your **Semi-Monthly** rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the **Semi-Monthly** cost.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Exclusions - Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations - The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until age 65 subject to proof of continuing disability each year.

Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLI 960305. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions 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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Offered by Life Insurance Company of North America

Employee-Paid
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Summary of Benefits

Prepared for: Allied Services Foundation

Eligibility:

All active, Full-Time and part-time Employees of the Employer regularly working a minimum of 40 hours biweekly in the United States, who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage on the first of the month coinciding with or following 60 days of continuous active service.

Spouse: Up to age 99, as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 25, as long as you apply for and are approved for coverage yourself.

Available Coverage:

| | Benefit Amount | Maximum |
|----------|-----------------------|--|
| Employee | Units of \$10,000 | Lesser of 5 Times Salary or \$300,000 |
| Spouse | Units of \$10,000 | \$300,000 not to exceed 100% of the employee's benefit |
| Children | Units of \$2,500 | \$10,000 |

Benefit Details:

| If, within 365 days of a Covered Accident, bodily injuries result in: | We'll pay this % of the Benefit Amount: |
|--|--|
| Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears): | 100% |
| Total paralysis of both lower limbs or both upper limbs | 75% |
| Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot | 50% |
| Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand | 25% |
| Loss of all toes of the same foot | 20% |

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag – You will receive an additional 10% benefit but not more than \$10,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$5,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Furthering Education and Spouse Training

The education benefit provides training or education as follows:

For your children – If you die in a covered accident, we will pay an extra benefit for each insured child under age 25 who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 5% or \$5,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

For your spouse – If you die in a covered accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of your death, we will pay 5% of the actual cost of this education or training program for not more than 4 years after enrollment begins, up to a maximum of \$5,000.

If you have no spouse or child who qualifies within one year of your death, we will pay an additional \$1,000 to your beneficiary.

For Child Care Expenses – If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 3% of your benefit amount per year, but not more than \$3,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

Conversion – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Your Semi-Monthly Cost of Coverage:

Employee Cost Per \$10,000 units = \$0.225 Spouse Cost Per \$10,000 units = \$0.175

Child's Cost Per \$2,500 units = \$0.088

Actual per pay period premiums may differ slightly due to rounding.

Rates may be subject to change in the future.

How to Calculate Your Semi-Monthly Cost of Coverage:

Step 1: Find the above Semi-Monthly rate.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the Semi-Monthly cost.

Important Definitions and Policy Provisions:

When your coverage begins - Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends - Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Exclusions - Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK970958. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations 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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Offered by Life Insurance Company of North America

Employee-Paid SHORT TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Allied Services Foundation

Eligibility:

All active, Full-Time and part-time Employees of the Employer regularly working a minimum of 40 hours biweekly in the United States, who are citizens or permanent resident aliens of the United States.

Employee: The first of the month coinciding with or next following 60 days of continuous active service.

Available Coverage:

| | Gross Weekly Benefit ¹ | Maximum Gross Weekly Benefit | Benefit Waiting Period | Maximum Benefit Period |
|---------------|--|------------------------------|--|--|
| Plan 1 | 66.67% of your weekly covered earnings | \$1,000 | 14 Days for accident 14 Days for sickness | 24 Weeks for accident 24 Weeks for sickness |
| Plan 2 | 66.67% of your weekly covered earnings | \$1,000 | 30 Days for accident 30 Days for sickness | 22 Weeks for accident 22 Weeks for sickness |

Employee's Monthly Cost of Coverage:

Plan 1 Monthly Rate Per \$10 of Weekly Benefit = \$0.900

Plan 2 Monthly Rate Per \$10 of Weekly Benefit = \$0.460

Actual per pay period premiums may differ slightly due to rounding.

Rates may be subject to change in the future.

How to Calculate Your Semi-Monthly Cost:

Step 1: Divide your annual salary by 52 to calculate your weekly earnings.

Step 2: Multiply this amount by the benefit percentage defined above in the Available Coverage section. For example, 60% would be .60. Now, you have your gross weekly benefit.

Step 3: Find the above Monthly rate. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.

Step 4: Divide the total by 10. The result is your Monthly cost.

Step 5: Multiply your Monthly cost by 12.

Step 6: Divide by 24. The result is your **Semi-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 job and you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

Covered Earnings -Employee's annual wage or salary including commissions, and excluding bonuses, overtime pay, and extra compensation. Commissions will be averaged over a 12 month period.

When Benefits Begin – Plan 1: You must be continuously Disabled for 14 Days for an accident and 14 Days for a sickness before benefits will be paid for a covered Disability. Plan 2: You must be continuously Disabled for 30 Days for an accident and 30 Days for a sickness before benefits will be paid for a covered Disability.

How Long Benefits Last – Plan 1: Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 24 Weeks for an accident and 24 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits. Plan 2: Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 22 Weeks for an accident and 22 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

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:

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.

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.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

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

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. VDT 963097. 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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Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared for: Allied Services Foundation

Eligibility:

All active, Full-Time and part-time Employees of the Employer regularly working a minimum of 40 hours biweekly in the United States, who are citizens or permanent resident aliens of the United States.

Employee: The first of the month coinciding with or next following 60 days of continuous active service.

Available Coverage:

| Gross Monthly Benefit ¹ | Maximum Gross Monthly Benefit | Benefit Waiting Period | Maximum Benefit Period |
|--------------------------------------|-------------------------------|------------------------|--|
| 50% of your monthly covered earnings | \$15,000 | 180 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.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary including commissions but excluding bonuses, overtime pay and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 180 Days before benefits will be paid 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 or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

| Age at Disability | Age 62 or younger | 63 | 64 | 65 | 66 | 67 | 68 | 69+ |
|-------------------------------|---|----|----|----|----|----|----|-----|
| Duration of Payments (months) | To age 65 or the date the 42nd monthly benefit is payable, if later | 36 | 30 | 24 | 21 | 18 | 15 | 12 |

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:

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 outline of coverage, policy certificate, or your employer’s summary plan description.

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, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or 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. LK 966303. 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, 51 Madison Avenue New York, NY 10010.

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Whatever life throws at you – throw it our way.

Life Assistance Program from
New York Life Group Benefit Solutions.



Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions (NYL GBS) is there for you with our NYL GBS Life Assistance Program. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist

You have three face-to-face sessions with a behavioral counselor available to you – and your household members. Call us to request a referral.

Monthly webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance

For help handling life's challenges, go online for articles and resources on family, care giving, pet care, aging, grief, balancing priorities, working smarter, and more.



Legal consultation and referrals*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



Financial consultations

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

Life Assistance Program 24/7 support

Phone: **(800) 538-3543**

Website: www.nylgbs-lap.com

*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. The Life Assistance Program products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Behavioral Health, Inc. and Evernorth Care Solutions, Inc. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

Cigna Corporation and its subsidiaries are not affiliated with New York Life Insurance Company and its subsidiaries. New York Life Group Insurance Company of NY is not authorized in New York and does not conduct business in New York.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

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Solutions for all types of personal financial challenges.

My Secure Advantage.

At New York Life Group Benefit Solutions (NYL GBS), we know that financial issues are one of the leading causes of stress in America.* That's why we offer a full-service financial wellness program. My Secure Advantage (MSA) can help support the financial health of your household, at no additional cost to you.

My Secure Advantage program includes:

MSA Money Coaching

- You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching.
- Individuals and couples can work with a designated Money Coach for 30 days, paid for by NYL GBS.
- Your Money Coach can help you handle a wide range of financial challenges, including but not limited to: basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- Through an easy-to-use online portal, you can communicate with your coach, view educational webinars and access a library of financial tools, forms and tips.
- After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month.
- Even if you don't participate in Money Coaching you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- Education on how to avoid identity theft, consultation with a Fraud Prevention Specialist, and an identity theft kit that provides the right documents to use and steps to follow.
- Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents.
- Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees.



Call (888) 724-2262, Monday - Friday from 9:00 am – 11:00 pm EST (6:00 am – 8:00 pm PST) to speak with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit nylgbs.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

*American Psychological Association 2020 Stress in America™ Survey.

These programs are NOT insurance and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable offering descriptions. Program availability may vary by plan type and location and is subject to change. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products are underwritten by Life Insurance Company of North America, a subsidiary of New York Life Insurance Company. Services are provided by My Secure Advantage Inc. and CLC, Inc., which are not affiliated with New York Life Insurance Company.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

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GROUP BENEFIT
SOLUTIONS

Additional protection when you travel.

Emergencies can happen while traveling, but help is only a phone call away.

New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.

| Pre-trip planning | Traveling assistance | Emergency assistance* |
|--|--|--|
| <ul style="list-style-type: none">• Immunization requirements• Visa and passport requirements• Embassy/consular referrals• Foreign exchange rates• Travel advisories and weather conditions• Cultural information | <ul style="list-style-type: none">• 24-hour multilingual assistance and referral to interpretation and translation services• Referrals to physicians, dentists, medical facilities and legal assistance providers• Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**• Assistance with lost or stolen items, including luggage and prescription replacement services**• Emergency cash advances, up to \$1,500**• Advancement of bail** | <ul style="list-style-type: none">• Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***• Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency• Cover round-trip transportation as well as accommodations, up to \$150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days• Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial• Emergency message relay, toll-free• Assistance with making emergency travel arrangements** |



NYL GBS Secure Travel

From the United States and Canada, call **(888) 226-4567**

From other locations, call collect **(202) 331-7635**

Fax: **(202) 331-1528**

Email: ops@us.generaliglobalassistance.com

Emergency services must be coordinated through Generali Global Assistance. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: Allied Services

Policy # OK 0970958 Group # 57



To learn more, call **(888) 226-4567**

- * Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America. All other NYL GBS Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.
- ** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.
- *** Initial transport by ambulance following a covered medical emergency is excluded.

NYL GBS Secure Travel is provided under a contract with Generali Global Assistance (GGA). Neither GGA nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy Forms: GA-00-1000 et al.; BA-01-1000 et al. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the NYL GBS Secure Travel program. See the plan documents for details.

Generali Global Assistance is not affiliated with New York Life Insurance Company.

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GROUP BENEFIT
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Where to go from here.

NYL GBS Survivor Assurance program.



Timely services when you need them most.

At New York Life Group Benefit Solutions (NYL GBS), we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, as part of NYL GBS Survivor Assurance program, we offer services* to support beneficiaries when they need it most, including:

A NYL GBS Survivor Assurance account in your name

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.



If you have questions about your NYL GBS Survivor Assurance account call us at **(800) 570-3778** weekdays between 8:00 am and 7:00 pm, (EST).



Or write to us at:
NYL GBS Survivor Assurance
PO Box 534029
Pittsburgh, PA 15253-4029

NYL GBS Life Assistance Program

Telephonic clinical and work/life support, up to three face-to-face counseling visits, referrals for community services, free 30-minute financial and legal consultations, educational resources and webinars.



For more information, call **(800) 538-3543** or visit us at www.SignalAP.com for online articles, videos and resources.

My Secure Advantage

30-days' pre-paid expert money-coaching** for all types of financial planning and challenges, includes identity theft prevention and fraud resolution services, and online tools for state-specific wills and other important legal documents.



For more information, call **(888) 724-2262** Mon-Fri from 9:00 am-11:00 pm (EST) 6:00 am-8:00 pm (PST) to speak to a representative or visit nylgs.mysecureadvantage.com.



GROUP BENEFIT
SOLUTIONS

* These programs are NOT insurance and do not provide reimbursement for financial losses. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

** After the first 30-day Money Coaching period, members may elect to continue participation in money coaching on a self-pay basis at a rate of \$39.95 per month. Members who do not continue money coaching may also continue to use the portal, website, resources, tools and educational programs at no additional cost without limitation.

The NYL GBS Survivor Assurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from NYL GBS group life and personal accident programs. NYL GBS Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal or financial assistance and discount programs are not available under policies insured by New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

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