



**Midmark  
Corporation**

# Basic Life Insurance Benefit Highlights

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| <b>Eligibility:</b>                | Active regular full-time Teammates who work 40 hours per week on a regularly scheduled basis for Midmark Corporation   |
| <b>Eligibility Waiting Period:</b> | None   |
| <b>Teammate Contribution:</b>      | None   |
| <b>Benefit Amount:</b>             | 1 times annual earnings to a maximum of \$500,000  |
| <b>Evidence of Good Health:</b>    | Evidence of Insurability is required for the amount of your insurance over \$350,000.<br><br><b>Accidental Death &amp; Dismemberment</b> – an amount which equals the Amount of Life Insurance in force for You.   |
| <b>Conversion Option:</b>          | If your Basic Life insurance terminates, the plan's <b>Conversion</b> Privilege allows you to convert all or a portion of your group coverage to an individual policy from Hartford Life. The conversion amount will depend on the reason coverage is terminating. You must request conversion and pay the required premium within 31 days of the date your Basic Life insurance ends. No evidence of good health will be required.  |
| <b>Living Benefits Option:</b>     | Should you be diagnosed as terminally ill with a 12-month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your life insurance proceeds. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life, subject to any maximum age limit described in your booklet.<br><br>Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary. |
| <b>Waiver of Premium:</b>          | This provision applies if you become totally disabled before age 60 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to age 65, as long as you remain totally disabled. Payment of premium is required until waiver is approved by Hartford Life.<br><br><b>CONVERSION MAY BE ELECTED UPON TERMINATION OF BENEFITS.</b>                           |

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Underwritten by:  
Hartford Life and Accident Insurance Company  
200 Hopmeadow Street  
Simsbury, CT 06089



**MIDMARK  
CORPORATION**

# Long Term Disability Benefit Highlights

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| <b>Eligibility:</b>  | Active regular full-time Teammates who work at least 40 hours per week on a regularly scheduled basis for Midmark Corporation. |
| <b>Eligibility Waiting Period:</b>                                 | None   |
| <b>Teammate Contributions:</b>                                     | None   |
| <b>Elimination Period:</b>   | 180 days. This means the duration of your disability must be greater than 180 days to be eligible to apply for benefits.       |
| <b>Benefit Percentage / Maximum &amp; Minimum Monthly Benefit:</b> | If you medically qualify, the plan will replace 50% of your monthly income loss to a <b>maximum of \$10,000 per month.</b>     |
| <b>Benefit Duration:</b>   | The table below shows the maximum duration for which benefits may be paid. All other limitations of the plan will apply.       |

| Age when disabled | Normal Retirement Age |
|-------------------|-----------------------|
| 1937 or before    | 65                    |
| 1938              | 65 + 2 mos.           |
| 1939              | 65 + 4 mo.            |
| 1940              | 65 + 6 mo.            |
| 1941              | 65 + 8 mo.            |
| 1942              | 65 + 10 mo.           |
| 1943 through 1954 | 66                    |
| 1955              | 66 + 2 mo.            |
| 1956              | 66 + 4 mo.            |
| 1957              | 66 + 6 mo.            |
| 1958              | 66 + 8 mo.            |
| 1959              | 66 + 10 mo.           |
| 1960 or after     | 67                    |

**Plan Definitions:**

**Own Occupation - Disability or Disabled:**

Disability or disabled means that, during the elimination period and for the next 24 months, you are prevented by accidental bodily injury, sickness, mental illness, substance abuse or pregnancy from performing one or more of the essential duties of your occupation, and as a result, your current monthly earnings are no more than 80% of your pre-disability earnings. After the elimination period plus 24 months, you must be prevented from performing one or more of the essential duties of any occupation.

**Look-back Period:**

Disability benefits are not payable for illness or injuries for which you received any type of treatment during the 3 months preceding the date your plan goes into effect. (Called a pre-existing condition)

**Treatment-free Period:**

Benefits may be paid on a pre-existing condition if you received no treatment for 3 consecutive months from the date coverage under this plan begins.

**Insured Period:**

Benefits may be paid on a pre-existing condition if your disability begins on or after the last day of a 12 month period during which you've been insured under this plan.

**Monthly Income Loss:**

Means your earnings before you became disabled (known as your pre-disability earnings) minus your current monthly earnings.

**Pre-disability Earnings:**

Means your monthly rate of basic earnings in effect on the day before you became disabled.

**Monthly Rate of Basic Earnings:**

Means your regular monthly rate of pay from Midmark Corporation just prior to the date you become disabled, including commissions, excluding, bonuses, overtime pay or any other fringe benefit or extra compensation.

**Current Monthly Earnings:**

Means the monthly earnings you receive from Midmark Corporation and any other employment while disabled. It includes the amount of pay for another or modified job position, which may be offered to you by your employer or any employer, if you refuse this offer.

**Your Occupation:**

Means your occupation as it is recognized in the general workplace; it doesn't mean the specific job you are performing for a specific company at a specific location.

**Any Occupation:**

Means an occupation for which you are qualified by education, training or experience and that has earnings potential greater than an amount equal to the lesser of 60% of your pre-disability earnings and the maximum monthly benefit.

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**Hartford Life**

# Supplemental Life Benefit Highlights

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| <b>Eligibility:</b>                      | Active regular full-time Teammates who work 40 hours per week on a regularly scheduled basis for Midmark Corporation   |
| <b>Eligibility Waiting Period:</b>       | None   |
| <b>Benefit Amount:</b>                   | \$10,000 increments to a maximum of the lesser of 5 times your Earnings or \$500,000.  |
| <b>Benefit Reductions:</b>               | 65% @ age 70, 50% @ age 75   |
| <b>Portability or Conversion Option:</b> | <p>If you leave your employer, <b>Portability</b> is a continuation option that allows you to continue your coverage for you. To be eligible you must terminate your employment while you are under the Social Security definition of retirement age (age 65 or older based on your year of birth) and you must be porting a minimum of \$5,000. The option allows you to continue all or a portion of your Supplemental Life Insurance under a separate Portability term policy. <b>Portability is subject to a maximum of \$500,000.</b> To elect Portability, you must apply and pay the premium within 31 days of the termination of your Supplemental Life Insurance. Proof of good health will not be required.</p> <p>If your Supplemental Life insurance terminates, the plan's <b>Conversion</b> Privilege allows you to convert all or a portion of your group coverage to an individual policy from Hartford Life. The conversion amount will depend on the reason coverage is terminating. You must request conversion and pay the required premium within 31 days of the date your Supplemental Life insurance ends. No evidence of good health will be required.</p> <p><b><u>PORTABILITY OR CONVERSION MAY BE ELECTED UPON TERMINATION OF BENEFITS.</u></b></p> |
| <b>Living Benefits Option:</b>           | <p>You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of the person's coverage or \$500,000, whichever is less. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary.</p> <p>Should you be diagnosed as terminally ill with a 12-month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your life insurance proceeds. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life, subject to any maximum age limit described in your booklet.</p>  |
| <b>Waiver of Premium:</b>                | This provision applies if you become totally disabled before age 60 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to normal retirement age, as long as you remain totally disabled. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates. Payment of premium is required until waiver is approved by Hartford Life.  |

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**Hartford Life**

# Supplemental Dependent Life Benefit Highlights

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| <b>Eligibility:</b>                      | Dependents of Active regular full-time Teammates who work 40 hours per week on a regularly scheduled basis for Midmark Corporation   |
| <b>Eligibility Waiting Period:</b>       | None   |
| <b>Spouse Benefit Amount::</b>           | \$5,000 increments to a maximum of \$250,000 (Not to exceed 50% of Teammate Supplemental Life Benefit).  |
| <b>Child Benefit Amount:</b>             | 2 weeks to 6 months - \$500<br>6 months to 19 years - \$5,000 or \$10,000  |
| <b>Benefit Reductions:</b>               | 65% @ age 70, 50% @ age 75   |
| <b>Portability or Conversion Option:</b> | <p>If you leave your employer, <b>Portability</b> is a continuation option that allows you to continue your coverage for you. To be eligible you must terminate your employment while you are under the Social Security definition of retirement age (age 65 or older based on your year of birth) and you must be porting a minimum of \$5,000. The option allows you to continue all or a portion of your Supplemental Life Insurance under a separate Portability term policy. <b>Portability is subject to a maximum of \$500,000.</b> To elect Portability, you must apply and pay the premium within 31 days of the termination of your Supplemental Life Insurance. Proof of good health will not be required.</p> <p>If your Supplemental Life insurance terminates, the plan's <b>Conversion</b> Privilege allows you to convert all or a portion of your group coverage to an individual policy from Hartford Life. The conversion amount will depend on the reason coverage is terminating. You must request conversion and pay the required premium within 31 days of the date your Supplemental Life insurance ends. No evidence of good health will be required.</p> <p><b><u>PORTABILITY OR CONVERSION MAY BE ELECTED UPON TERMINATION OF BENEFITS.</u></b></p> |
| <b>Living Benefits Option:</b>           | <p>You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of the person's coverage or \$500,000, whichever is less. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary.</p> <p>Should you be diagnosed as terminally ill with a 12-month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your life insurance proceeds. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life, subject to any maximum age limit described in your booklet.</p>  |
| <b>Waiver of Premium:</b>                | This provision applies if you become totally disabled before age 60 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to normal retirement age, as long as you remain totally disabled. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates. Payment of premium is required until waiver is approved by Hartford Life.  |

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