

---

**Help prepare for the unexpected with income protection through UnitedHealthcare.**

Your ability to earn an income is your biggest asset. Long-Term Disability Insurance pays you a benefit while you are temporarily unable to work due to a sickness or injury. It provides income protection so you can focus on your health rather than worrying about paying your bills and expenses.

**Your Long-Term Disability plan highlights:**

**Eligibility:** All Active Full Time Associate Employees, excluding Hawaiian Employees working a minimum of 30 Hours per week.

---

Coverage amount is a percentage of your monthly earnings just prior to becoming disabled.

60% of your Monthly Earnings to a maximum of \$5,000.00 per month.

---

Maximum Benefit Period is the total length of time you can receive disability benefits under this plan; provided you continue to meet the definition of disability as defined by your policy.

Age 65 w/Reducing Benefit Duration

---

The duration or length of time your benefit will be paid can be reduced based on your age in the chart.

Age at Disability	Maximum Benefit Period
Less than age 60	To age 65
Age 60	60 Months
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

---

Benefits begin after you complete the Elimination Period: a period of time you must be disabled before benefits are payable.

180 days

---

The benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

---

**Pre-Existing Condition** is a disease or physical condition for which treatment has been received within a defined period of time immediately prior to becoming covered under the plan.

Look Back period: 12 months

Exclusion period: 12/24 months

**If your plan includes a Pre-Existing Condition provision it is displayed as two time periods. (e.g. 3/12)**

- Look Back Period: Number of months prior to the effective date where we look for received treatment or a diagnosis by a physician.
- Exclusion Period: Number of months following the effective date where if you become disabled due to a pre-existing condition, then benefits for the disability are excluded.

---

**Lump Sum Survivor Benefit:** an additional benefit payable to your family if you die while you are disabled and receiving benefits under this plan.

3 months of the gross disability payment.

---

**Minimum Monthly Benefit:** the minimum monthly benefit amount payable for a qualifying disability after deducting other sources of income.

Greater of \$100 or 10% of gross monthly benefit

---

The benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

---

**Frequently Asked Questions about your Long-Term Disability**

<b>Am I eligible for coverage?</b>	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
<b>Who pays for my coverage?</b>	Your employer has made this coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
<b>When can I enroll in coverage?</b>	<p>You have 31 days from the date you become eligible for the coverage to enroll. Contact your company HR representative to confirm.</p> <p>If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis – no medical information is required. If you enroll after this enrollment period, (or any time after you first become eligible), evidence of insurability will be required for all coverage amounts.</p>
<b>What does it mean to be Disabled under this Long-Term Disability plan?</b>	<p>You may be considered Disabled when we determine that you are:</p> <ul style="list-style-type: none"> <li>· not Actively at Work and you are unable to perform some or all of the Material and Substantial Duties of your regular job due to a Sickness or Injury; and</li> <li>· you have a loss in your Monthly Earnings due to your Sickness or Injury; and</li> <li>· you are under the Regular Care of a Physician</li> </ul> <p><i>Refer to your certificate for more details.</i></p>
<b>Can I keep my Long-Term Disability coverage if I leave my employer?</b>	Your Long-Term Disability coverage may be portable if this provision is part of your employer sponsored plan.
<b>When does my coverage go into effect?</b>	You must be Actively at Work with your employer on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.

**Other Important Details:**

**This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. It is not a contract.** It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

The benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

---

**Limitations and Exclusions:**

You cannot receive Long Term Disability insurance benefit payments for disabilities that are caused or contributed to by\*:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the care of a physician\*

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, including but not limited to\*:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as pension plan)
- Loss of time or lost wages from no-fault motor vehicle insurance plan
- Benefits for Employer's sick leave or salary continuation plan

Your benefit payments **will not be reduced** by certain kinds of other income, such as\*:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

*\*Some State variations may apply.*

**If you need to file a claim:**

- Notify your employer of your absence from work.
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to our unsecured email address [fpcustomersupport@uhc.com](mailto:fpcustomersupport@uhc.com).

The benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

### Long-Term Disability Cost Summary (Current Monthly Rates)

<b>Who is eligible for coverage?</b>	All Active Full Time Associate Employees, excluding Hawaiian Employees working a minimum of 30 Hours per week.	
<b>Coverage Type: Voluntary</b>	Age-banded per \$100 of monthly covered payroll	
	<b>Age Range</b>	<b>Rate</b>
	Age less than 25	\$0.151
	Ages 25-29	\$0.151
	Ages 30-34	\$0.234
	Ages 35-39	\$0.330
	Ages 40-44	\$0.438
	Ages 45-49	\$0.610
	Ages 50-54	\$0.802
	Ages 55-59	\$1.018
	Ages 60-64	\$1.024
	Ages 65 +	\$1.401

### Premium Calculation Example:

#### Voluntary Long-term Disability

To calculate the cost of coverage, use the following formula below:

$$\frac{\$ \text{Annual Earnings}}{12} = \$ \text{Monthly Earnings}$$

*The lesser of the calculated Monthly Earnings or the Maximum Covered Monthly Earnings is used for the Covered Monthly Earnings below.*

$$\frac{\$ \text{Covered Monthly Earnings}}{\text{Rate}} = \text{Subtotal} \div 100 = \$ \text{Monthly Cost} \times 12 \div 52 = \$ \text{Weekly Cost}$$

*Rates shown are current as of the effective date and are subject to change over time.*

*Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.*

The benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.



**AMF Bowling Centers, Inc**  
**Summary of Benefits: Long-Term Disability**  
**Plan Effective Date: 01/01/2025**

---

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.

The benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.