The Global Orphan Project, Inc.
Policy # 01-021739-00
Class 1: All Full-Time Employees

SYMETRA®
Retirement Solutions | Employee Benefits | Life Insurance

Summary of Benefits

Long Term Disability ("LTD") Insurance

Eligibility for Coverage

All full-time employees working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount

- Benefit: 60% of monthly Pre-disability Earnings
- Maximum: $6,000 per month, reduced by Other Income Amounts.
- Minimum: The greater of $100 or 10% of your gross monthly benefit

Elimination Period

- 90 days

(number of days you must be Disabled before LTD benefits become payable)

Who's Paying for Coverage?

- Your Employer

Maximum Benefit Duration

Social Security Normal Retirement Age (SSNRA):

Age at Disability	*Maximum Payment Duration*
Less than age 60	To SSNRA
60	60 months or to SSNRA, greater of
61	48 months or to SSNRA, greater of
62	42 months or to SSNRA, greater of
63	36 months or to SSNRA, greater of
64	30 months or to SSNRA, greater of
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Definition of Disability

24 Month Regular Occupation Option offered to you by the Employer, with Residual Disability

Please refer to the What Does Disability Mean? provision in your Certificate for a complete description of the definition of disability.

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. "Active Employment" means working at the Employer's regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-workdays such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.

Waiver of premium: Premium payments for coverage are suspended while you are receiving LTD benefit payments under this Policy.

- Other Income Amounts: Your gross LTD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross LTD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.

- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled during the 12 month incentive period, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross LTD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.
- Vocational Rehabilitation: Provides assistance if you are disabled and receiving an LTD benefit from us. Services may include vocational testing and training, job modifications, job placement, or other services we find reasonably needed to assist you in returning to active employment. If we recommend a vocational rehabilitation program for you but you do not complete your responsibilities under the program, we may discontinue our payments to you, unless there is good cause for the non-participation.
- Social Security Assistance: If you are disabled, we will provide advice and assistance regarding your disability claim and assist you with your application for Social Security disability benefits or an appeal.

Exclusions and Limitations

- Coverage is subject to exclusions and limitations, including a Pre-existing Condition exclusion.
- Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 12 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

The plan also includes the following limitations on benefits:

Mental Illness: 24 months per lifetime
Substance Abuse: 24 months per lifetime
Special Conditions: 24 months

Please refer to your Certificate for a complete list of exclusions and limitations.

Additional Provisions

Additional Catastrophic Disability Benefit
Family Care Benefit
Survivor Benefit
Vocational Rehabilitation Program Benefit
Vocational Rehabilitation Incentive Benefit
Workplace Modification Benefit

Value-Added Services

Your LTD coverage includes the following Value-Added Services:

- Employee Assistance Program (EAP): The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- Well-Being Coaching: Empowers clients to discover and reflect on aspects of their well-being that are most important to them. Services offer holistic one-on-one support for a variety of issues.
- Computerized Cognitive Behavioral Therapy (CCBT): Provides a digital program available by mobile app, tablet or desktop offering guided programs to help reduce personal roadblocks, whenever and wherever needed.

Value Add Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. Territory.

Claims Contact Information:

Phone: 1-877-377-6773
Fax: 1-877-737-3650
Mail: **Symetra Life Insurance Company,** Life and Absence Management Center, P.O. Box 1230, Enfield, CT 06083-1230

This summary provides only a brief description of the Long Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-021739-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company