

Summary Benefit Description

UChicago Medicine Ingalls Memorial

- Class 12: All non-union employees, but not temporary or seasonal employees
- Class 13: NNU hired prior to 01/01/1994 and working 20 hours or more hours per week
- Class 14: NNU hired on or after 01/01/1994 and working 20 hours or more hours per week
- Class 15: 399 hired on or after 01/01/1994
- Class 16: 399 hired prior to 01/01/1994

Disability Income: Short-Term Disability Benefits
Effective Date: July 1, 2020

This Summary Benefit Description is written in everyday language. We have tried to make it as complete and accurate as possible. This Summary Benefit Description and the leave of absence policies that govern time away from work will determine how This Benefit works and the Disability Income Benefits are paid. Participating in This Benefit does not guarantee employment. The Employer reserves the right to amend or terminate This Benefit at any time.

Your Summary Benefit Description

INTRODUCTION

This Summary Benefit Description describes the benefits available to you under the self-funded Disability Income Coverage: Short Term Benefits ("Short Term Disability Benefit") of UChicago Medicine Ingalls Memorial. Please read this booklet carefully to become familiar with your benefits.

This is a self-funded Disability Income Coverage: Short Term Benefit provided by the Employer.

Claims are administered on behalf of This Benefit by Sedgwick as the Claim Administrator pursuant to the terms of an administrative service agreement.

Please note that the terms "You" and "Your" throughout this booklet refer to the employee, except where otherwise indicated. Many of the terms that are important in understanding your benefits are explained in the DEFINITIONS section.

BENEFITS AT A GLANCE

This section provides You with a brief outline of Your benefits. Certain limitations and exclusions may apply to any benefit or benefit amount. It is important that You refer to the provisions contained in this Summary Benefit Description for details about Your benefits. Although the benefit payment will not begin until the completion of the Elimination Period, the benefit period will be calculated based on the assumption that such period would begin on the date You become disabled.

BENEFIT	BENEFIT AMOUNT AND HIGHLIGHTS
Class 12: Non-Union Ingalls Employees	
Bi-Weekly Benefit	50% of Your Predisability Earnings*
Maximum Weekly Benefit	NONE
Minimum Weekly Benefit	NONE
Elimination Period	14 days of Disability
Maximum Benefit Period	26 Calendar Weeks
Waiting Period/Coverage Date	The first day of the calendar month following 30 days from the date of hire
Class 13: NNU hired prior to 01/01/1994	
Bi-Weekly Benefit	60% of Your Predisability Earnings*
Maximum Weekly Benefit	NONE
Minimum Weekly Benefit	NONE
Elimination Period	60 days of Disability
Maximum Benefit Period	180 Calendar Days
Waiting Period/Coverage Date	The first day of the calendar month following 30 days from the date of hire
Class 14: NNU hired on or after 01/01/1994	
Bi-Weekly Benefit	50% of Your Predisability Earnings*
Maximum Weekly Benefit	NONE
Minimum Weekly Benefit	NONE
Elimination Period	60 days of Disability
Maximum Benefit Period	180 Calendar Days
Waiting Period/Coverage Date	The first day of the calendar month following 30 days from the date of hire
Class 15: 399 hired on or after 01/01/1994	
Bi-Weekly Benefit	50% of Your Predisability Earnings*
Maximum Weekly Benefit	NONE
Minimum Weekly Benefit	NONE
Elimination Period	60 days of Disability
Maximum Benefit Period	180 Calendar Days
Waiting Period/Coverage Date	The first day of the calendar month following 30 days from the date of hire
Class 16: 399 hired prior to 01/01/1994	
Bi-Weekly Benefit	60% of Your Predisability Earnings*
Maximum Weekly Benefit	NONE
Minimum Weekly Benefit	NONE
Elimination Period	60 days of Disability
Maximum Benefit Period	180 Calendar Days
Waiting Period/Coverage Date	The first day of the calendar month following 30 days from the date of hire

* Subject to the INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT section

** If you are paid on a monthly basis your benefit is calculated by determining your average gross salary or wages you earned in the 12 months prior to your last day of Active Work before Your Disability began.

DEFINITIONS

As used in this Summary Benefit Description, the terms listed below will have the meanings set forth below. When defined terms are used in this Summary Benefit Description, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time or Part-Time basis. This must be done at:

- the Employer's place of business;
- an alternate place approved by the Employer; or
- a place to which the Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer approved paid time off, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Appropriate Care and Treatment means medical care and treatment that is:

- given by a Physician whose medical training and clinical specialty are appropriate for treating Your Disability;
 - If your illness is due to a mental or behavioral health condition you must treat with a psychologist (Psy.D Ph.D) or Psychiatrist (M.D.)
- consistent in type, frequency and duration of treatment with relevant guidelines of national medical research, health care coverage organizations and governmental agencies;
- consistent with a Physician's diagnosis of Your Disability; and
- intended to maximize Your medical and functional improvement.

Beneficiary means the person(s) to whom benefits will be paid as determined in accordance with the section entitled GENERAL PROVISIONS.

Claim Administrator means Sedgwick ("Sedgwick"). The Claim Administrator does not insure the benefits described in this Summary Benefit Description.

Coverage Date means the date your coverage takes effect.

Disabled or Disability means that, due to Sickness or as a direct result of accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment;
- You are unable to perform one or more of the material duties of Your Own Occupation; and
- Your time missed is continuous.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability.

Elimination Period means the period of Your Disability during which This Benefit does not pay benefits. The Elimination Period begins on the day You become Disabled and continues for the period shown in the BENEFITS AT A GLANCE and ends on the later of the required exhaustion of Your accrual banks or after the minimum 14-day period has been met.

DEFINITIONS

Employer means UChicago Medicine Ingalls Memorial, and its affiliates and subsidiaries

Full-Time means Active Work of at least 35 hours per week on the Employer's regular work schedule for the eligible class of employees to which You belong.

Noncontributory Coverage means coverage for which the Employer does not require You to pay any part of the cost of coverage.

Own Occupation means the essential functions You regularly perform that provide Your primary source of earned income.

Part-Time means Active Work of at least 20 hours per week but less than 35 hours per week on the Employer's regular work schedule for the eligible class of employees to which You belong.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the group benefits. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
 - parents;
 - children (natural, step or adopted);
 - siblings;
 - grandparents; or
 - grandchildren.

Policyholder's Retirement Plan means a plan which:

- provides retirement benefits to employees; and
- is funded in whole or in part by Policyholder contributions.

The term does not include:

- profit sharing plans;
- thrift or savings plans;
- non-qualified plans of deferred compensation;
- plans under IRC Section 401(k) or 457;
- individual retirement accounts (IRA);
- tax sheltered annuities (TSA) under IRC Section 403(b);

DEFINITIONS

- stock ownership plans; or
- Keogh (HR-10) plans.

Predisability Earnings means gross salary or wages You were earning from the Employer as of Your last day of Active Work before Your Disability began. If you are paid bi-weekly, The Claim Administrator calculates this amount on a weekly basis. If you are paid monthly, The Claim Administrator calculates this amount by determining Your average gross salary or wages, you earned in the 12 months prior to your last day of Active Work before Your Disability began.

The term includes:

- contributions You were making through a salary reduction agreement with the Employer to any of the following:
 - an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;
 - an executive non-qualified deferred compensation arrangement; and
 - Your fringe benefits under an IRC Section 125 plan.

The term does not include:

- commissions;
- awards and bonuses;
- overtime pay;
- the grant, award, sale, conversion and/or exercise of shares of stock or stock options;
- the Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or
- any other compensation from the Employer.

Proof means Written evidence satisfactory to the Claim Administrator that a person has satisfied the conditions and requirements for any benefit described in this Summary Benefit Description. When a claim is made for any benefit described in this Summary Benefit Description, Proof must establish:

- the nature and extent of the loss or condition;
- This Benefit's obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

Sickness means illness, disease or pregnancy, including complications of pregnancy.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to the Claim Administrator, and consistent with applicable law.

Spouse means Your lawful spouse.

This Benefit means the self-funded Disability Income Coverage: Short Term Benefits of the Employer.

DEFINITIONS

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for coverage. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

Written or Writing means a record which is on or transmitted by paper or electronic media which is acceptable to the Claim Administrator and consistent with applicable law.

You and Your mean an employee who is eligible for the benefits described in this Summary Benefit Description.

ELIGIBILITY PROVISIONS: COVERAGE FOR YOU

ENROLLMENT PROCESS

If You are eligible for coverage, You will automatically be enrolled for such coverage on the date You enter an eligible class and have satisfied any applicable Waiting Period.

DATE YOUR COVERAGE TAKES EFFECT

Rules for Noncontributory Coverage

When You complete the enrollment process for Noncontributory Coverage, such coverage will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the Noncontributory Coverage would otherwise take effect, coverage will take effect on the day You resume Active Work.

Changes in Your Disability Income Coverage will only apply to Disabilities commencing on or after the date of the change.

DATE YOUR COVERAGE ENDS

Your coverage will end on the earliest of:

1. the date This Benefit ends; or
2. the date coverage ends for Your class; or
3. the date You cease to be in an eligible class. You will cease to be in an eligible class on the date You cease Active Work in an eligible class, if You are not disabled on that date; or
4. the date Your employment ends; or
5. the date You retire in accordance with the date Your employment ends.

Reinstatement of Disability Income Coverage

If Your coverage ends, You may become covered again if Your coverage ends because:

- You cease to be in an eligible class; or
- Your employment ends; and

You become a member of an eligible class again within 3 months of the date Your coverage ended, You will not have to complete a new Waiting Period or provide evidence of Your coverage eligibility.

DISABILITY INCOME COVERAGE: SHORT TERM BENEFITS

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify for continuation of coverage under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Employer for information regarding such legally mandated leave of absence laws.

AT THE EMPLOYER'S OPTION

The Employer may elect to continue benefits for employees who are not Disabled and cease Active Work in an eligible class for any of the reasons specified below.

Disability Income Coverage will continue for the following periods:

1. for the period You cease Active Work in an eligible class due to injury or sickness, in accordance with the Employer's general practice for an employee in Your job class;
2. for Disability Income Coverage: Short Term Benefits, for the period You cease Active Work in an eligible class due to any other Employer approved leave of absence; in accordance with the Employer's general practice for an employee in Your job class.

The Employer's general practice for employees in a job class determines which employees with the above type of absence are to be considered as still insured and for how long among persons in like situations.

At the end of any of the continuation periods listed above, Your coverage will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be covered under This Benefit;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your coverage will end in accordance with the DATE YOUR COVERAGE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: COVERAGE FOR YOU.

DISABILITY INCOME COVERAGE: SHORT TERM BENEFITS

If You become Disabled while covered, Proof of Disability must be sent to the Claim Administrator. When the Claim Administrator receives such Proof, the Claim Administrator will review the claim. If the Claim Administrator approves the claim, This Benefit will pay the bi-Weekly Benefit up to the Maximum Benefit Period shown in the section entitled BENEFITS AT A GLANCE, subject to the Date Benefit Payments End section.

To verify that You continue to be Disabled without interruption after the Claim Administrator's initial approval of the Disability claim, the Claim Administrator may periodically request that You send the Claim Administrator Proof that You continue to be Disabled. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews, or functional capacity exams, as needed.

While You are Disabled, the bi-Weekly Benefits described in this Summary Benefit Description will not be affected if:

- Your coverage ends; or
- This Benefit is amended to change the benefits for Your class.

BENEFIT PAYMENT

If the Claim Administrator approves Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. Upon the completion of Your Elimination Period, this Benefit will pay your first bi-Weekly Benefit one week after the date benefits begin to accrue. The Employer will make reasonable effort to initiate STD payments as soon as possible, but because payroll is time-sensitive and requires time to process, your actual STD payments may begin on the next pay date, This Benefit will make subsequent payments bi-weekly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during a pay-period, however, absent extenuating circumstances, you will not be paid for delay in processing caused by you.

This Benefit will pay Bi-Weekly Benefits to You. If You die, This Benefit will pay the amount of any due and unpaid benefits as described in the section entitled GENERAL PROVISIONS subsection entitled Disability Income Benefit Payments: Who This Plan Will Pay.

RECOVERY FROM A DISABILITY

For purposes of this subsection, the term Active Work only includes those days You actually work.

The provisions of this subsection will not apply if Your coverage has ended and You are eligible for coverage under another group short term disability plan.

If You Return to Active Work Before Completing Your Elimination Period

If You return to Active Work before completing Your Elimination Period and then become Disabled, You will have to complete a new Elimination Period.

If You Return to Active Work After Completing Your Elimination Period

If You return to Active Work after You begin to receive Weekly Benefits, the Claim Administrator will consider You to have recovered from Your Disability.

If You return to Active Work for a period of 30 days or less, and then become Disabled again due to the same or related Sickness or accidental injury, the Claim Administrator will not require You to complete a new Elimination Period. For the purpose of determining Your benefits, the Claim Administrator will consider such Disability to be a part of the original Disability and will use the same Predisability Earnings and apply the same terms, provisions and conditions that were used for the original Disability.

DISABILITY INCOME COVERAGE: INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT

This Benefit will reduce Your Disability benefit by the amount of all Other Income. Other Income includes any paid time off, extended ill bank, or paid holiday hours that the Employer pays to You.

SINGLE SUM PAYMENT

If You receive Other Income in the form of a single sum payment, You must, within 10 days after receipt of such payment, give Written Proof satisfactory to the Claim Administrator of:

- the amount of the single sum payment;
- the amount to be attributed to income replacement; and
- the time period for which the payment applies.

When the Claim Administrator receives such Proof, the Claim Administrator will adjust the amount of Your Disability benefit.

If the Claim Administrator does not receive the Written Proof described above, and the Claim Administrator knows the amount of the single sum payment, This Benefit may reduce Your Disability benefit by an amount equal to such benefit until the single sum has been exhausted.

If the Claim Administrator adjusts the amount of Your Disability benefit due to a single sum payment, the amount of the adjustment will not result in a benefit amount less than the minimum amount, except in the case of an Overpayment.

If You receive Other Income in the form of a single sum payment and the Claim Administrator does not receive the Written Proof described above within 10 days after You receive the single sum payment, the Claim Administrator will adjust the amount of Your Disability Benefit by the amount of such payment.

DISABILITY INCOME COVERAGE: INCOME WHICH WILL NOT REDUCE YOUR DISABILITY BENEFIT

This Benefit will not reduce Your Disability benefit to less than the Minimum Benefit shown in the section entitled BENEFITS AT A GLANCE, or by:

- cost of living adjustments that are paid under any of the above sources of Other Income;
- reasonable attorney fees included in any award or settlement;
- group credit insurance;
- mortgage disability insurance benefits;
- early retirement benefits that have not been voluntarily taken by You;
- veteran's benefits;
- individual disability income insurance policies;
- benefits received from an accelerated death benefit payment; or
- amounts rolled over to a tax qualified plan unless subsequently received by You while You are receiving benefit payments.

DISABILITY INCOME COVERAGE: DATE BENEFIT PAYMENTS END

Your Disability benefit payments will end on the earliest of:

- the end of the Maximum Benefit Period;
- the date You are no longer Disabled;
- the date You die;
- the date You fail to have a medical exam requested by the Claim Administrator as described in the Physical Exams subsection of the GENERAL PROVISIONS section;
- the date You fail to provide required Proof of continuing Disability;
- the date You voluntarily terminate employment;
- the date You voluntarily retire.

While You are Disabled, the benefits described in this Summary Benefit Description will not be affected if:

- Your coverage ends; or
- This Benefit is amended to change the benefits for Your class.

DISABILITY INCOME COVERAGE: EXCLUSIONS

We will not pay for any Disability caused or contributed to by:

1. war, whether declared or undeclared, or act of war, insurrection or rebellion;
2. Your active participation in a riot;
3. intentionally self-inflicted injury;
4. attempted suicide;
5. commission of or attempt to commit or taking part in a felony; or
6. Work stoppage

We will not pay Short Term Benefits for any Disability caused or contributed to by elective (not medically necessary) treatments or procedures, such as:

1. cosmetic surgery or treatment primarily to change appearance;
2. gender reassignment surgery;
3. reversal of sterilization;
4. liposuction;
5. visual correction surgery; and
6. in vitro fertilization; embryo transfer procedure; or artificial insemination.

However, pregnancies and complications arising out of these procedures will be treated as a Sickness.

For Occupational Disabilities

This Benefit will not pay benefits for any Disability that occurs in the course of any work performed by You for wage or profit or for which You are eligible to receive under workers' compensation or a similar law.

GENERAL PROVISIONS

Assignment

The rights and benefits under this Benefit are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Disability Income Benefit Payments: Who We Will Pay

We will make any benefit payments during Your lifetime to You or Your legal representative as Beneficiary. Any payment made in good faith will discharge Us from liability to the extent of such payment.

Upon Your death, We will pay any amount that is or becomes due to Your designated Beneficiary. If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary for any amount that is or becomes due, according to the following order:

1. Your Spouse, if alive;
2. Your child(ren), if there is no surviving Spouse;
3. Your parent(s), if there is no surviving child(ren);
4. Your sibling(s), if there is no surviving parent(s);
5. Your estate, if there is no such surviving sibling(s).

If more than one person is eligible to receive payment, We will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person's guardian. The term "children" or "child" includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if coverage under this Benefit is in effect and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this Summary Benefit Description do not conform to any applicable law, this Summary Benefit Description shall be interpreted to so conform.

Physical Exams

GENERAL PROVISIONS

If a claim is submitted for payment of Disability benefits, We have the right to ask you to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

Overpayments for Disability Income Benefit Recovery of Overpayments

We have the right to recover any amount that We determine to be an overpayment. An overpayment occurs if We determine that:

- the total amount paid by Us on Your claim is more than the total of the benefits due to You under This Benefit; or
- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us. Our rights and Your obligations in this regard are described in the reimbursement agreement that You are required to sign when You submit a claim for benefits under This Benefit. This agreement:

- confirms that You will reimburse Us for all overpayments; and
- authorizes Us to obtain any information relating to sources of Other Income.

How We Recover Overpayments

We may recover the overpayment from You by:

- stopping or reducing any future Disability benefits, including the Minimum Benefit, payable to You or any other payee under This Benefit;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

Lien and Repayment

GENERAL PROVISIONS

If You become Disabled and You receive Disability benefits under This Benefit and You receive payment from a third party for loss of income with respect to the same loss of income for which You received benefits under This Benefit (for example, a judgment, settlement, payment from Federal Social Security or payment pursuant to Workers' Compensation laws), You shall reimburse Us from the proceeds of such payment up to an amount equal to the benefits paid to You under This Benefit for such Disability. Our right to receive reimbursement from any such proceeds shall be a claim or lien against such proceeds and Our right shall provide Us with a first priority claim or lien over any such proceeds up to the full amount of the benefits paid to You under This Benefit for such Disability. You agree to take all action necessary to enable Us to exercise Our rights under this provision, including, without limitation:

- notifying Us as soon as possible of any payment You receive or are entitled to receive from a third party for loss of income with respect to the same loss of income for which You received benefits under This Benefit;
- furnishing of documents and other information as requested by Us or any person working on Our behalf; and
- holding in escrow, or causing Your legal representative to hold in escrow, any proceeds paid to You or any party by a third party for loss of income with respect to the same loss of income for which You received benefits under This Benefit, up to an amount equal to the benefits paid to You under This Benefit for such Disability, to be paid immediately to Us upon Your receipt of said proceeds.

You shall cooperate and You shall cause Your legal representative to cooperate with Us in any recovery efforts and You shall not interfere with Our rights under this provision. Our rights under this provision apply whether or not You have been or will be fully compensated by a third party for any Disability for which You received or are entitled to receive benefits under This Benefit.

FILING A DISABILITY INCOME BENEFIT CLAIM: SHORT-TERM BENEFITS

The Employer should have a supply of claim forms. Obtain a claim form from the Sedgwick and fill it out carefully. Return the completed claim form with the required Proof to Sedgwick.

If You are unable to report for Active Work due to a Sickness or accidental injury, and You think that You may be Disabled, You should contact Sedgwick or Your benefits representative to initiate a claim. We recommend that You do so no later than 14 days after the first day You are unable to report for Active Work so that Your claim can be processed in a timely manner.

When a claimant files an initial claim for Disability Income benefits described in This Benefit, both the notice of claim and the required Proof should be sent to Us within 90 days after the end of the Elimination Period.

Notice of claim and Proof for Disability Income may also be given to Us by following the steps set forth below:

Step 1

A claimant may give Us notice by calling Us 855-311-9661 or by applying online at www.mysedgwick.com/ucmc within 20 days of the date of a loss.

Step 2

We will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving Us notice of claim.

Step 3

When the claimant receives the claim form the claimant should fill it out as instructed and return it with the required Proof described in the claim form. If the claimant does not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

Step 4

The claimant must give Us Proof not later than 90 days after the end of the Elimination Period.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given within 90 days after the end of the Elimination Period or if it is not reasonably possible to give notice of claim or Proof within such period, they are given as soon as is reasonably possible thereafter.

Items to be Submitted for a Disability Benefit

When submitting Proof on an initial or continuing claim for Disability Income benefit, the following items may be required:

- documentation which must include, but is not limited to, the following information:
 - the date Your Disability started;
 - the cause of Your Disability;
 - the prognosis of Your Disability;
 - the continuity of Your Disability; and
- Your application for:
 - Other Benefit Sources;
 - Federal Social Security disability benefits; and
 - Workers compensation benefits or benefits under a similar law.
- Written authorization for Us to obtain and release medical, employment and financial information and any other items We may reasonably require to document Your Disability or to determine Your receipt of or eligibility for Other Benefit Sources;

Time Limit on Legal Actions. A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.