

Kimball Electronics, Inc. Summary of Benefits

Long-Term Disability Insurance

Eligibility	All active employees working a minimum of 30 regularly scheduled hours per week																				
Waiting Period	You are eligible on the first of the month following one month of active, full time employment.																				
Benefit	<p>Buy-Up LTD Coverage Option 1: The Buy-Up LTD option is paid for by you. If you purchase this coverage, become disabled (as defined in the plan), and remain disabled through the elimination period, you will receive 50% of your basic monthly covered earnings, less other deductible sources of income, such as Social Security and workers compensation (see your plan booklet for details). The maximum monthly benefit is \$15,000 and the minimum monthly benefit is \$100.</p> <p>Buy-Up LTD Coverage Option 2: The Buy-Up LTD option is paid for by you. If you purchase this coverage, become disabled (as defined in the plan), and remain disabled through the elimination period, you will receive 60% of your basic monthly covered earnings, less other deductible sources of income, such as Social Security and workers compensation (see your plan booklet for details). The maximum monthly benefit is \$15,000 and the minimum monthly benefit is \$100.</p>																				
Elimination Period	Benefits are payable after a period of 180 days of disability. You may return to active work for up to 30 days during the Elimination Period; however, these days do not count towards the fulfillment of the Elimination Period.																				
Rehabilitation Benefit	If you are participating in an approved Rehabilitation Program, your monthly benefit may be increased by an additional 10% per month. Please refer to your certificate of coverage for additional information.																				
Definition of Disability	You will be considered disabled if, during the elimination period and the next 12 months of disability, you are unable to perform the duties of your "own occupation" and thereafter, you are unable to perform the duties of "any occupation." Refer to your certificate of coverage for definitions of "own occupation" and "any occupation."																				
Maximum Benefit Period	<table border="1"> <thead> <tr> <th>Age at Disability</th> <th>Maximum Benefit Period</th> </tr> </thead> <tbody> <tr> <td>Prior to age 62-----</td> <td>to age 65 (but not less than 42 months)</td> </tr> <tr> <td>62 -----</td> <td>42 months</td> </tr> <tr> <td>63 -----</td> <td>36 months</td> </tr> <tr> <td>64 -----</td> <td>30 months</td> </tr> <tr> <td>65 -----</td> <td>24 months</td> </tr> <tr> <td>66 -----</td> <td>21 months</td> </tr> <tr> <td>67 -----</td> <td>18 months</td> </tr> <tr> <td>68 -----</td> <td>15 months</td> </tr> <tr> <td>69 and over -----</td> <td>12 months</td> </tr> </tbody> </table>	Age at Disability	Maximum Benefit Period	Prior to age 62-----	to age 65 (but not less than 42 months)	62 -----	42 months	63 -----	36 months	64 -----	30 months	65 -----	24 months	66 -----	21 months	67 -----	18 months	68 -----	15 months	69 and over -----	12 months
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Pre-Existing Condition Exclusion	Benefits will not be payable for any Disability that results from, or is caused or contributed to, by a Pre-Existing Condition. Unless, at the time you became Disabled you had not received Medical Care for the Condition for 12 consecutive months; or you had been continuously insured by the Policy for 12 consecutive months. This Exclusion also applies to any requested increases in coverage.
Successive Disability	If you become disabled for the same condition within six months following your prior disability, your benefits will continue under the same claim.
Conversion	If your Long Term Disability coverage ends due to the termination of your employment, you may convert up to \$4,000 in monthly covered benefit to an individual policy without providing Evidence of Insurability.

Please Note: Taxability will vary based on election and employer and employee contributions. Pre-existing condition exclusions may affect the payment of benefits.

Please see your Benefits department for additional information or go online to www.MyLibertyConnection.com and enter company code "KEI" to obtain a copy of your Plan Certificate.

Rates for 50% Monthly Benefit Option

Age	Buy-Up cost per \$100 of monthly covered payroll
<25	\$0.115
25-29	\$0.115
30-34	\$0.137
35-39	\$0.137
40-44	\$0.190
45-49	\$0.290
50-54	\$0.390
55-59	\$0.416
60-64	\$0.416
65+	\$0.416

Rates for 60% Monthly Benefit Option

Age	Buy-Up cost per \$100 of monthly covered payroll
<25	\$0.353
25-29	\$0.353
30-34	\$0.400
35-39	\$0.400
40-44	\$0.600
45-49	\$0.860
50-54	\$1.050
55-59	\$1.300
60-64	\$1.300
65+	\$1.300

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Example: For a 35 year-old employee electing the 50% option with an annual salary of \$60,000 (monthly covered earnings of \$5,000), the total monthly cost would be \$5,000 divided by \$100 = 50 x \$.137 = \$6.85

Worksheet

- 1) \$ _____ Your basic monthly covered earnings
- 2) _____ Divide line 1 by \$100
- 3) \$ _____ Find the cost for your age group in the above chart
- 4) \$ _____ Multiply line 2 by line 3 for your total monthly buy-up cost