

CKE Restaurants Holdings, Inc. Benefits At-A-Glance

Supplemental Long-Term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Starts with a "core plan" that is paid for by CKE Restaurants Holdings, Inc.
- Offers a simple "buy-up" option that lets you enhance your benefit at affordable group rates
- Features group rates for eligible CKE Restaurants Holdings, Inc. employees
- Includes EmployeeConnectSM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

All active full-time RGM and Corporate employees, excluding Leadership employees

Core Plan (paid by CKE Restaurants Holdings, Inc.)				
Monthly benefit amount	40% of your monthly salary, limited to \$10,000 per month			
Elimination period	180 days			
"Buy-Up" Option LTD (paid by you through payroll deduction)				
Monthly benefit amount	60% of your monthly salary, limited to \$10,000 per month			
Elimination period	180 days			

Elimination Period

• This is the number of days you must be disabled before you can collect disability benefits.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse

• Age at Disability M	aximum Benefit Period			
Less than age 60 Greater of Social Security Normal Retirement				
age or to age 65 (but not less than 5 years)				
60	60 months			
61	48 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			

Additional Plan Information

Pre-existing Condition

• If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Supplemental Long-term Disability Insurance At-A-Glance

Supplemental Long-Term Disability Insurance Calculate Your Premium

Use the employee buy-up long-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for a 36-year-old employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculati	on Example	Example	You	Age	Premiu
Step 1	Enter the monthly rate per \$100 of monthly covered payroll.	\$0.282		Range 0 - 29	Rate \$0.087
Step 2	Enter your monthly earnings. <i>Divide your annual earnings</i> by 12.	\$2,950		30 - 34	\$0.180
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$16,666, indicate \$16,666.	\$2,950		35 - 39 40 - 44	\$0.282 \$0.420
Step 4	Otherwise, indicate the amount from Step 2. Calculate your monthly benefit. <i>Multiply Step 3 by 0.60</i> .	\$1,770		45 - 49	\$0.567
Step 5	Enter your monthly earnings in increments of \$100 of monthly covered payroll. <i>To calculate, divide the amount</i>	29.5		50 - 54 55 - 59	\$0.783 \$0.834
	in Step 3 by \$100.			60 - 64	\$0.879
Step 6	Calculate your monthly cost. Multiply Step 1 by Step 5	\$8.32		65+	\$0.915

This worksheet allows you to approximate your monthly contributions for buy-up long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.