

YOUR SUMMARY PLAN DESCRIPTION

Triad National Security, LLC

TRIAD, LLC. Defined Benefit Eligible Disability Program

Effective January 1, 2021

Please note that Metropolitan Life Insurance Company and its agents are not in the business of practicing law or providing legal services to group customers. This Summary Plan Description is merely a draft specimen, which You should review with Your own tax or legal advisors to ensure compliance with ERISA and any other applicable laws prior to use. MetLife and its agents do not make any representations as to this document's compliance with ERISA or any other applicable laws. Changes may be necessary to assure compliance with ERISA and to assure consistency with Your specific plan provisions and plan administration.

YOUR SUMMARY PLAN DESCRIPTION

LANL Defined Benefit Eligible Disability (DBED) Program

INTRODUCTION

This Summary Plan Description describes the benefits available to you under the self-funded TRIAD, LLC. Defined Benefit Eligible Disability (“DBED”) Program (“Plan”). Please read this booklet carefully to become familiar with your benefits. This plan is effective as of January 1, 2021.

This is a self-funded Disability Income Coverage: Long Term Benefits Plan provided by the Employer. Metropolitan Life Insurance Company (“MetLife”) does not insure the benefits described in this booklet.

Claims are administered on behalf of This Plan by MetLife 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.

Triad National Security, LLC

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BENEFITS AT A GLANCE

This section provides You with a description 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 Plan Description for details about Your benefits.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Disability Income Coverage For You: Long Term Benefits

Your benefit may be payable under Table A or Table B

Table A

The Table A benefit is a percentage of your Final Pay, less a reduction for your Social Security benefit

Years of Credited Service	Percent of Final Pay
5	22.5%
6	25.0%
7	27.5%
8	30.0%
9	32.5%
10	35.0%
11	37.5%
12 or more	40.0%

The monthly Social Security reduction is \$106.40 (or, if you became a UCRP member before July 1, 1988, the reduction is \$106.40 or 33% of your Social Security Primary Insurance Amount as of your DBED Disability Date, if less).

Example:

You have 11 years of credited service and your Final Pay is \$3,000. Your benefit is calculated as follows:
 37.5% of \$3,000 = \$1,125 unreduced benefit
 \$1,125 – \$106.40 Social Security reduction = \$1,018.60 DBED Program monthly benefit

Table B benefit for Members whose former UCRP benefits were not coordinated with Social Security and who are not eligible for a Social Security Disability Insurance Benefit.

If your former UCRP benefits were not coordinated with Social Security and you are not eligible to receive a Social Security Disability Insurance Benefit as of your DBED Disability Date, your DBED Program income is a percentage of your Final Pay as shown in Table B below. Otherwise you will receive a benefit as shown in Table A above. **In order to receive the Table B benefit, you must demonstrate that as of your DBED Disability Date you are not eligible to receive a Social Security Disability Insurance Benefit** (as described in section 423(c) of Title 42 of the U.S. Code) by providing the Claims Administrator with an appropriate denial of benefits letter from the Social Security Administration Office. The percentage of Final Pay depends on the number of your Eligible Child(ren).

Table B

The Table B benefit is for members who have not coordinated with Social Security.

Number of Eligible Children	0	1	2	3	4 or more
Percent of Final Pay	40	45	50	55	60

BENEFITS AT A GLANCE (continued)

When you apply for benefits under the DBED Program and are approved, the Table A benefit will be paid to you until you demonstrate that you were not eligible for Social Security Disability Insurance Benefits as of your DBED Disability Date. After appropriate documentation is provided to the Claims Administrator, your benefit will be recalculated based on Table B. You will also receive a one-time payment (no interest applied) equal to the difference between your benefit under Table A and Table B from your DBED Disability Date to the present. The Table B Benefit will be paid going forward.

Example: You have 11 years of credited service, your Final Pay is \$3,000, and you have two Eligible Children. Your application is approved and your first payment is to begin at the end of January. Your Table A benefit is calculated as follows:

37.5% of \$3,000 = \$1,125 unreduced benefit
\$1,125 – \$106.40 Social Security reduction = \$1,018.60 DBED Program monthly benefit at the end of January.

Six months later, you provide the Claims Administrator with appropriate documentation that you are not eligible for Social Security Disability Insurance Benefits. Your DBED Program income is recalculated as follows and the first payment is expected to begin at the end of August:

50% of \$3,000 = \$1,500 DBED Program monthly benefit at the end of August. Additionally, you will receive a one-time payment for the difference between your Table B benefit and your Table A benefit, for the period January to July. There is no interest paid on the one-time payment.

\$1,500 - \$1,018.60 = \$481.40
\$481.40 x 7 months = \$3,369.80 One-time payment

Your monthly benefit will change if the number of your Eligible Children changes. In this event, be sure to notify the Claims Administrator immediately, as you are responsible for repaying any overpayment. See “Overpayment of Benefits” on page 23.

Offsets related to Social Security and Other Disability Programs

If you receive Social Security Disability Income, your DBED Program benefit will be reduced so that your total income does not exceed 70 percent of your Final Pay. Disability benefits paid by other TRIAD-sponsored programs (such as the Short-term or Supplemental Disability Programs) may be reduced by amounts paid to you from the DBED Program (COLA excluded). You may contact the LANL Benefits Office for additional information.

Tax Information

Generally, DBED Program income is taxable as ordinary income under applicable federal and state law. For more information, see your accountant or tax advisor.

Maximum Benefit Period*

Table A

If Table A and under 65 on DBED Disability date - You can receive DBED Disability income for 5 years or age 65, if later

If Table A and 65 or older on DBED Disability date - You can receive DBED Disability income for 12 months or until age 70, if later.

Table B

If Table B and under 65 on DBED Disability date - You can receive DBED Disability income for 5 years or age 67, if later

If Table B and 65 or older on DBED Disability date - You can receive DBED Disability income for 12 months or until age 70, if later

BENEFITS AT A GLANCE (continued)

*The Maximum Benefit Period is subject to the LIMITED DISABILITY BENEFITS and DATE BENEFIT PAYMENTS END sections.

Rehabilitation Incentives..... No

Additional Benefits:

Cost of Living Adjustment (COLA)..... Yes

The COLA is based on the cost of living adjustment to monthly benefits defined in the Employer's Retirement Plan ("Pension Plan") Summary Plan Description

DEFINITIONS

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

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;
- 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 Metropolitan Life Insurance Company ("MetLife"), New York, New York. The Claim Administrator does not insure the benefits described in this Summary Plan Description.

Consumer Price Index means the CPI-W, the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the CPI-W is discontinued or replaced, This Plan reserves the right to substitute any other comparable index.

Cost-of-Living Adjustment means an annual cost-of-living adjustment (COLA) which is applied to monthly income. The COLA is first payable on the July 1 that follows the one-year anniversary of your DBED Disability Date. The COLA is based on the cost of living adjustment to monthly benefits defined in the Pension Plan

Credited Service means credited service as defined in the Pension Plan and is generally the service you earned in the Pension Plan (including service credit in the UCRP before June 1, 2006).

- Service credit used to determine your eligibility for other benefits may differ from that used to calculate your DBED Program benefit.
- Under certain circumstances, you may elect to use your accumulated sick leave to increase your credited service. You may contact the LANL Benefits Office for additional information.

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; and
- You are, during the Elimination Period and the next 12 months of Sickness or accidental injury:
 - You are, unable to earn more than 80% of Your Predisability Earnings at Your Own Occupation for any employer in the National Economy; and
 - unable to perform each of the material duties of Your Own Occupation for any employer in the National Economy; and
- You are, after such period:
 - unable to earn more than 60% of Your Predisability Earnings at any gainful occupation for any employer in the National Economy; and
 - unable to perform the duties of any gainful occupation for any employer in the National Economy for which You are reasonably qualified taking into account Your training, education and experience.

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.

DEFINITIONS (continued)

If You are Disabled and have received a Monthly Benefit for 12 months, This Plan will adjust Your Predisability Earnings only for the purposes of determining whether You continue to be Disabled and for calculating the Return to Work Incentive, if any. This Plan will make the initial adjustment as follows:

This Plan will add to Your Predisability Earnings an amount equal to the product of:

- Your Predisability Earnings times the lesser of:
 - 10%; or
 - the annual rate of increase in the Consumer Price Index for the prior calendar year.

Annually thereafter, This Plan will add an amount to Your adjusted Predisability Earnings calculated by the method set forth above but substituting Your adjusted Predisability Earnings from the prior year for Your Predisability Earnings. **This adjustment is not a cost of living benefit.**

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

DBED Disability Date means Disability Date for DBED Program Benefits. Your DBED Disability Date is the first day you are eligible for DBED Program income. If you meet the above definition of Disabled, your DBED Disability Date is the later of:

- The first of the month in which the LANL Benefits Office receives your application, or
- The day after the termination of your covered employment under the Pension Plan.

Disabled Eligible Child means a child with a medically determinable physical or mental impairment that prevents the individual from engaging in “substantial gainful activity” on the basis of qualified medical opinion. Substantial gainful activity means any type of gainful activity commensurate with age, education, skills or general background that could reasonably be expected to result in earnings in excess of the Social Security Administration’s annually published dollar amount to determine substantial gainful activity (in 2021, this amount is \$1310 per month). The Claims Administrator determines disability eligibility and you and the child must cooperate with all requests for information. The disability must be expected to continue for an extended and uncertain period of time. *For a Disabled child, the disability must have occurred while the child was eligible based on age, as above.*

Domestic Partner means each of two people, one of whom is an employee of the Employer, who:

Is in a domestic partnership that satisfies the TRIAD Declaration of Domestic Partnership requirements.

Eligible Child means your natural or adopted child or stepchild or the natural or adopted child of your Domestic Partner (as defined above). The child must have received at least 50 percent support from you for the one-year period ending on your DBED Disability Date. On your DBED Disability Date, the child must also be: (a) Under age 18, (b) Under age 22 and attending an educational institution full time, or (c) Disabled (as defined below); the disability must have occurred while the child was eligible based on age under (a) or (b) above. The one-year support requirement does not apply to your natural child born after your DBED Disability Date or less than one year before your DBED Disability Date. A stepchild or a Domestic Partner’s child must have been living with you or in your care just before your DBED Disability Date.

Elimination Period means the period of Your Disability during which This Plan does not pay benefits. The Elimination Period begins on the day You become Disabled and continues for the greater of seven calendar days or the exhaustion of your sick leave balance as of the day You became Disabled.

Employer means Triad National Security, LLC.

National Economy means the economy in the continental United States.

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

DEFINITIONS (continued)

Own Occupation means the occupation You routinely perform that provides the primary source of Your earned income. In determining your Own Occupation, We will look at Your occupation as it is normally performed instead of how it is performed for any specific employer or in any specific location.

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.

Pension Plan (or Employer's Retirement Plan) means The Triad Defined Benefit Pension Plan

Predisability Earnings means your Final Pay which is your monthly full time equivalent compensation, as defined in the Pension Plan, as of your DBED Disability Date.

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 Plan Description. When a claim is made for any benefit described in this Summary Plan Description, Proof must establish:

- the nature and extent of the loss or condition;
- This Plan'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. Wherever the term "Spouse" appears in the Summary Plan Description it shall, unless otherwise specified, be read to include Your Domestic Partner.

This Plan means the self-funded Disability Income Coverage: Long Term Benefits plan of the Employer.

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 Plan Description.

ELIGIBILITY PROVISIONS: COVERAGE FOR YOU

ELIGIBLE CLASS(ES)

You are an active member of the Pension Plan or you are an inactive member of the Pension Plan who applies for benefits under the DBED Program within the one-year period beginning on the date of termination of your covered employment under the Pension Plan, if medical evidence shows that your disability has been continuous from before your termination of covered employment under the Pension Plan; and

- You have completed at least a 5-year period of service; and
- You are not a retired member under the Pension Plan

DATE YOU ARE ELIGIBLE FOR COVERAGE

You may only become eligible for the coverage available for Your eligible class as shown in the Pension Plan.

If You are in an eligible class on January 1, 2021, You will be eligible for the coverage described in this Summary Plan Description on that date.

ENROLLMENT PROCESS

If You are eligible for coverage, You will be contacted by the carrier as part of the transition to Long Term Disability benefits under the employer's disability plan

DATE YOUR COVERAGE TAKES EFFECT

Rules for Noncontributory Coverage

When You complete the enrollment process for Noncontributory Coverage, such coverage will take effect:

- The day after the termination of your covered employment under the Pension Plan.

DATE YOUR COVERAGE ENDS

Your coverage will end on the earliest of:

1. the date You retire under The pension plan; or
2. the date You are no longer disabled; or
3. the date You reach The end of Your DBED income period.
4. the date of Your death.

DISABILITY INCOME COVERAGE: LONG 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 Plan will pay the Monthly Benefit up to the Maximum Benefit Period shown in the section entitled BENEFITS AT A GLANCE, subject to the DATE BENEFIT PAYMENTS END.

To verify that You continue to be Disabled without interruption after the Claim Administrator's initial approval, 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 Monthly Benefit described in this Summary Plan Description will not be affected if:

- Your coverage ends; or
- This Plan is amended to change the plan of 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. This Plan will pay the first Monthly Benefit one month **after** the date benefits begin to accrue. This Plan will make subsequent payments monthly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each month and will be pro-rated for any partial month of Disability.

This Plan will pay Monthly Benefits to You. If You die, This Plan 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.

While You are receiving Monthly Benefits, You will not be required to pay contributions for the cost of any disability income insurance defined as Contributory Insurance.

RECOVERY FROM A DISABILITY

If You return to Active Work, the Claim Administrator will consider You to have recovered from Your Disability.

The provisions of this subsection will not apply if Your coverage has ended and You are eligible for coverage under another group long 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 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. The Claim Administrator will count those days towards the completion of Your Elimination Period.

If You return to Active Work for a period of more than 30 days, and then become Disabled again, You will have to complete a new Elimination Period.

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

If You Return to Active Work After Completing Your Elimination Period

If You return to Active Work after completing Your Elimination Period for a period of 180 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: LONG TERM BENEFITS (continued)

If You return to Active Work for a period of more than 180 days, and then become Disabled again, You will have to complete a new Elimination Period.

For purposes of this provision, the term Active Work includes all of the continuous days which follow Your return to work for which You are not Disabled.

Refer to Return to Work provisions under "Special Services"

DISABILITY INCOME COVERAGE: INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT

This Plan will reduce Your Disability benefit by the amount of all Other Income. Other Income includes the following:

1. any disability or retirement benefits which You, Your Spouse or child(ren) receive or are eligible to receive because of Your disability or retirement under:
 - Federal Social Security Act;
 - Railroad Retirement Act;
 - any state, public or federal employee retirement or disability plan, including State Teachers Retirement System (STRS); Public Employee Retirement System (PERS) or Federal Retirement System (FERS). You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan; or
 - any pension or disability plan of any other nation or political subdivision thereof.
2. any income received for disability or retirement under the Employer's Retirement Plan, to the extent that it can be attributed to the Employer's contributions.
3. any income received for disability under:
 - a group insurance policy to which the Employer has made a contribution, such as:
 - benefits for loss of time from work due to disability;
 - installment payments for permanent total disability;
 - a no-fault auto law for loss of income, excluding supplemental disability benefits;
 - a government compulsory benefit plan or program which provides payment for loss of time from Your job due to Your disability, whether such payment is made directly by the plan or program, or through a third party;
 - a self-funded plan, or other arrangement if the Employer contributes toward it or makes payroll deductions for it;
 - any sick pay, vacation pay or other salary continuation that the Employer pays to You;
 - workers' compensation or a similar law which provides periodic benefits;
 - occupational disease laws;
 - laws providing for maritime maintenance and cure;
 - unemployment insurance law or program.
4. any income that You receive for working while Disabled including but not limited to salary, commissions, overtime pay, bonus pay or other extra pay arrangements from any source.
5. recovery amounts that You receive for loss of income as a result of claims against a third party by judgment, settlement or otherwise including future earnings.

REDUCING YOUR DISABILITY BENEFIT BY THE ESTIMATED AMOUNT OF YOUR FEDERAL SOCIAL SECURITY BENEFIT, GOVERNMENT COMPULSORY BENEFIT PLAN OR PROGRAM OR STRS, PERS OR FERS OR OTHER PUBLIC EMPLOYEE RETIREMENT OR DISABILITY BENEFIT PLAN OR PROGRAM

If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program or a federal, state or other public employee retirement or disability plan or program, including a STRS, PERS or FERS Retirement System, the Claim Administrator expects You to apply for such benefits.

1. With respect to benefits under the Federal Social Security Act, to apply means to pursue such benefits until You receive approval from the Federal Social Security Administration, or a notice of denial of benefits from an administrative law judge. We will reduce the amount of Your Disability benefit by the amount of Federal Social Security benefits We estimate that You, Your Spouse or

DISABILITY INCOME COVERAGE: INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT (continued)

child(ren) are eligible to receive because of Your Disability or retirement. We will start to do this after You have received 24 months of Disability benefit payments, unless We have received:

- approval of Your claim for Federal Social Security benefits; or
- a notice of denial of such benefits indicating that all levels of appeal have been exhausted.

You must, within 6 months following the date You became Disabled:

- send Us Proof that You have applied for Federal Social Security benefits;
- sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under this insurance; and
- sign a release that authorizes the Federal Social Security Administration to provide information directly to Us concerning Your Federal Social Security benefits eligibility.

If You do not satisfy the above requirements, We will reduce Your Disability benefits by such estimated Federal Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Federal Social Security benefits.

2. With respect to Government Compulsory Benefit Plans or Programs or STRS, PERS, FERS Benefit Plans or Programs, or to apply means to pursue such benefits through all applicable levels of appeal provided under such benefit plans or programs. You must, within 6 months following the date You become Disabled:

- send Us Proof that You have applied for benefits under such plans or programs; and
- sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under this insurance.

If You do not satisfy the above requirements, We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You, Your Spouse or child(ren) are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit or STRS, PERS or FERS benefits under any such plan or programs.

3. With respect to benefits You have applied for under the Federal Social Security Act, a government compulsory benefit plan or program or a federal, state or other public employee retirement or disability plan or program, including a STRS, PERS or FERS Retirement System plan or program, or if You do receive approval or final denial of Your claim for such benefits, You must notify Us immediately. We will adjust the amount of Your Disability benefit. You must promptly repay Us for any overpayment.

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.

DISABILITY INCOME COVERAGE: INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT (continued)

If the Claim Administrator does not receive the Written Proof described above, and the Claim Administrator knows the amount of the single sum payment, the Claim Administrator 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 Plan 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 If the attorney fees are incurred because of Your successful pursuit of Social Security disability benefits, such fees are limited to those approved by the Social Security Administration;
- 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.

7. Length of the DBED Program Income Period

DBED Program income is not intended to be a lifetime benefit, even for a *member* who is permanently Disabled. Once you meet the Pension Plan requirements for *retirement*, you can elect to begin receiving your monthly Pension Plan benefit. Once your Pension Plan payments begin, your DBED Program payments will cease.

As noted above, you can elect to begin receiving your monthly Pension Plan benefit at any time after you meet the Pension Plan requirements for *retirement*. If you prefer, and if you continue to be Disabled, you can receive DBED Program income as follows:

Membership Classification	Your age on your DBED Disability Date	You can receive DBED Disability Program income
<i>Members</i> eligible for a Table A benefit	under 65	for 5 years or until age 65, if later
	65 or older	for 12 months or until age 70, if later
<i>Members</i> eligible for a Table B benefit	under 65	for 5 years or until age 67, if later
	65 or older	for 12 months or until age 70, if later

Retirement Income Only you can make decisions about receiving benefits for which you may be eligible. For example, only you can decide when to begin receiving your monthly Pension Plan benefit.

DISABILITY INCOME COVERAGE: DATE BENEFIT PAYMENTS END (continued)

- Under certain circumstances, you continue to earn additional benefits in the Pension Plan while receiving DBED Program income, but only up to limits described in the Pension Plan. After your Pension Plan benefit reaches these limits, you may continue receiving DBED Program income as long as you qualify. However, you will not earn any additional benefit in the Pension Plan. Contact the Pension Plan administrator for more information. See the Triad Defined Benefit Pension Plan Summary Plan Description for the name of the Pension Plan administrator and for contact information.
- You may elect to begin receiving your monthly Pension Plan benefit any time after you reach retirement eligibility. For more information, see the Triad Defined Benefit Pension Plan Summary Plan Description.
- When you retire under the Pension Plan, your DBED Program income and the Cost-of-Living Adjustment (COLA) described in this Summary will stop. See the Triad Defined Benefit Pension Plan Summary Plan Description for more information, including information regarding monthly Pension Plan cost of living adjustments.
- If you are eligible to begin receiving your monthly Pension Plan benefit at the time you apply for DBED Program benefits, you should review your Pension Plan benefit calculation as well as your DBED Program benefit. If the Pension Plan benefit is higher, you may prefer to begin receiving your monthly Pension Plan benefit rather than apply for DBED Program benefits. For more information to help you make your decision see “When Disability Ends” on page 10.
- When you retire under the Pension Plan, your monthly Pension Plan benefit may be substantially lower than your DBED Disability Program benefit. This is especially likely if you have only a few years of credited service.

DISABILITY INCOME COVERAGE

ADDITIONAL LONG TERM BENEFIT: COST OF LIVING ADJUSTMENT

If You have been receiving Monthly Benefits under this Summary Plan Description, the Claim Administrator will adjust Your benefit amount on the date following the date the 12th Monthly Benefit is payable. As limited by the Maximum Benefit Period, further adjustments will take effect on each anniversary of the first adjustment.

The adjustments do not apply to amounts the Claim Administrator pays under this Summary Plan Description for Rehabilitation Incentives or any Additional Benefits shown in the SCHEDULE OF BENEFITS.

BENEFIT AMOUNT

To calculate Your cost of living adjustment, the Claim Administrator will multiply the amount of Your Monthly Benefit for the month prior to the date the cost of living adjustment is to take effect by 3%. The Claim Administrator will add this amount to each subsequent Monthly Benefit payment.

DISABILITY INCOME COVERAGE

ADDITIONAL LONG TERM BENEFIT: ALTERNATIVE BENEFIT PAYMENT OFFER, AT OUR OPTION

If the Claim Administrator approve Your claim for benefits under this certificate in accordance with the Long Term Benefit provisions of this certificate, the Claim Administrator may offer to pay You a Disability benefit in the form of a lump sum benefit payment as an alternative to the Monthly Benefit payments described in the DISABILITY INCOME INSURANCE: LONG TERM BENEFITS provision of this certificate. If the Claim Administrator determine on the basis of objective criteria applied to the particular facts and circumstances of Your claim that a lump sum payment is an appropriate option for Us to offer to You, the Claim Administrator will make an offer of a lump sum payment to You. If You accept Our offer in Writing, Signed by You, and the Claim Administrator make such lump sum benefit payment to You, no further Disability benefit payments will be made to You under this certificate. If You do not accept Our offer of a lump sum benefit payment, the Claim Administrator will continue to administer Your claim in accordance with the terms and conditions of this certificate.

DISABILITY INCOME COVERAGE: LIMITED DISABILITY BENEFITS

For Disability Due To Alcohol, Drug or Substance Abuse or Addiction or Mental and Nervous Disorders or Diseases

If You are Disabled due to one or more of the following medical conditions described below, The Claim Administrator will limit Your Disability benefits to a lifetime maximum equal to the lesser of:

- 24 months during Your lifetime for any one or more, or all of the above conditions; or
- the Maximum Benefit Period.

Subject to the Administration of Limited Disability Benefits for Disability Due to Alcohol, Drug or Substance Abuse or Addiction or Mental and Nervous Disorders or Diseases as set forth below;

Your Disability benefits will be limited as stated above for:

1. Disability due to alcohol, drug or substance abuse or addiction, This Plan requires You to participate in an alcohol, drug or substance addiction recovery program recommended by a Physician. The Claim Administrator will end Disability benefit payments at the earliest of the period described above or the date You cease, refuse to participate, or complete such recovery program.
2. Mental or Nervous Disorder or Disease that results from any cause, except for
 - Neurocognitive Disorders;
 - Schizophrenia.

If You are confined in a Hospital or Mental Health or Alcohol and Drug Facility at the end of the period shown above for which benefits are to be paid, The Claim Administrator will continue Your Monthly Benefits until the end of Your Hospital or Mental Health or Alcohol and Drug Facility confinement.

For purposes of this provision, Mental Health or Alcohol and Drug Facility means a facility licensed in the jurisdiction in which it is located to provide care and treatment for a Mental or Nervous Disorder or Disease or a facility licensed to treat alcohol, drug or substance abuse or addiction. Such facility must provide care on a 24 hour a day basis under the supervision of a staff of Physicians, and must provide a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

ADMINISTRATION OF LIMITED DISABILITY BENEFITS FOR DISABILITY DUE TO ALCOHOL, DRUG OR SUBSTANCE ABUSE OR ADDICTION or MENTAL AND NERVOUS DISORDERS OR DISEASES

If no exception above applies, and You are Disabled as a result of more than one injury or Sickness for which Disability benefits are payable under this certificate, each of which are subject to the provisions of the Limited Disability Benefits section, the benefit limitation periods will run concurrently for all such conditions.

DEFINED TERMS USED IN LIMITED DISABILITY BENEFITS

Mental or Nervous Disorder or Disease means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic And Statistical Manual Of Mental Disorders ("DSM") as of the date of Your Disability.

Neurocognitive Disorder means a condition that meets the diagnostic criteria for neurocognitive disorders set forth in the most recent edition of the DSM as of the date of Your Disability, and the cognitive deficits that relate to the Disability are not attributable to another Mental or Nervous Disorder or Disease. Neurocognitive disorders include, but are not limited to, conditions such as Alzheimer's disease and other forms of dementia, and Traumatic Brain Injury.

Schizophrenia means a chronic psychiatric disorder diagnosed in accordance with the diagnostic criteria for Schizophrenia set forth in the most recent edition of the DSM as of the date of Your Disability.

DISABILITY INCOME COVERAGE: EXCLUSIONS

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

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

GENERAL PROVISIONS

Disability Income Benefit Payments: Who This Plan Will Pay

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

Upon Your death, This Plan will pay any amount that is or becomes due to Your designated Beneficiary. If there is no Beneficiary designated or no surviving Beneficiary at Your death, This Plan will pay any benefit that is or becomes due, according to the following order:

1. Your Spouse or Domestic Partner, if alive;
2. Your unmarried child(ren) under age 25; if there is no surviving Spouse or Domestic Partner; or
3. Your estate, if there is no such surviving child.

If more than one person is eligible to receive payment, This Plan 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. Any payment made in good faith will discharge This Plan from liability to the extent of such payment.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if coverage is in effect and, as appropriate, This Plan will adjust the benefits and/or contributions.

Conformity with Law

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

Physical Exams

If a claim is submitted for coverage benefits, the Claim Administrator has the right to ask the covered person to be examined by a Physician(s) of the Claim Administrator's choice as often as is reasonably necessary to process the claim. This Plan will pay the cost of such exam.

Autopsy

The Claim Administrator has the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons the Claim Administrator is requesting the autopsy.

Overpayments for Disability Income Coverage

Recovery of Overpayments

This Plan has the right to recover any amount that the Claim Administrator determines to be an overpayment.

An overpayment occurs if the Claim Administrator determines that:

- the total amount paid by This Plan has on Your claim is more than the total of the benefits due to You under this Summary Plan Description; or
- payment This Plan made should have been made by another group plan.

GENERAL PROVISIONS (continued)

If such overpayment occurs, You have an obligation to reimburse This Plan. This Plan's 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 Summary Plan Description. This agreement:

- confirms that You will reimburse This Plan for all overpayments; and
- authorizes the Claim Administrator to obtain any information relating to sources of Other Income.

How This Plan Recovers Overpayments

This Plan 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 the Disability sections of this Summary Plan Description;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from This Plan having made a payment to You that should have been made under another group plan, This Plan 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

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

- notifying The Claim Administrator 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 Summary Plan Description;
- furnishing of documents and other information as requested by the Claim Administrator or any person working on the Claim Administrator's 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 Summary Plan Description, up to an amount equal to the benefits paid to You under this Summary Plan Description for such Disability, to be paid immediately to This Plan upon Your receipt of said proceeds.

You shall cooperate and You shall cause Your legal representative to cooperate with This Plan in any recovery efforts and This Plan shall not interfere with Our rights under this provision. This Plan's 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 Summary Plan Description.

GENERAL PROVISIONS (continued)

Medical, Dental and/or Legal Coverage

Coverage While Your Disability Program Application is Pending

To continue Triad-sponsored medical, dental, AD&D and/or legal benefits, you must remain continuously covered in those programs from termination of your covered employment under the Pension Plan. Contact LANL Benefits Office for information regarding continuation arrangements.

Coverage If You Are Approved for Disability Program Benefits

If you are approved for DBED Program benefits, you may be eligible to continue your Triad medical, dental, and/or legal coverage under certain circumstances. See the Triad Welfare Benefit Plan for Retirees Summary Plan Description for further information.

SPECIAL SERVICES

Social Security Assistance Program

If your claim for Disability benefits under this plan is approved, the Claim Administrator provides you with assistance in applying for Social Security disability benefits. Before outlining the details of this assistance, you should understand why applying for Social Security disability benefits is important.

Why You Should Apply For Social Security Disability Benefits

Both you and your employer contribute payroll taxes to Social Security. A portion of those tax dollars are used to finance Social Security's program of disability protection. Since your tax dollars help fund this program, it is in your best interest to apply for any benefits to which you may be entitled. Your spouse and children may also be eligible to receive Social Security disability benefits due to your Disability.

There are several reasons why it may be to your financial advantage to receive Social Security disability benefits. Some of them are:

1. Avoids Reduced Retirement Benefits

Should you become disabled and approved for Social Security disability benefits, Social Security will freeze your earnings record as of the date Social Security determines that your disability has begun. This means that the months/years that you are unable to work because of your disability will not be counted against you in figuring your average earnings for retirement and survivors benefit.

2. Medicare Protection

Once you have received 24 months of Social Security disability benefits, you will have Medicare protection for hospital expenses. You will also be eligible to apply for the medical insurance portion of Medicare.

3. Trial Work Period

Social Security provides a trial work period for the rehabilitation efforts of disabled workers who return to work while still disabled. Full benefit checks can continue for up to 9 months during the trial work period.

4. Cost-of-Living Increases Awarded by Social Security Will Not Reduce Your Disability Benefits

The Claim Administrator will not decrease your Disability benefit by the periodic cost-of-living increases awarded by Social Security. This is also true for any cost-of-living increases awarded by Social Security to your spouse and children.

This is called a Social Security "freeze." It means that only the Social Security benefit awarded to you and your dependents will be used by the Claim Administrator to reduce your Disability benefit; with the following exceptions:

- a) an error by Social Security in computing the initial amount;
- b) a change in dependent status; or
- c) your Employer submitting updated earnings records to Social Security for earnings received prior to your Disability.

Over a period of years, the net effect of these cost-of-living increases can be substantial.

How the Claim Administrator Assists You in the Social Security Approval Process

As soon as you are approved for Disability benefits, the Claim Administrator begins assisting you with the Social Security approval process.

1. Assistance Throughout the Application Process

The Claim Administrator has a dedicated team of Social Security Specialists. These Specialists, many of whom have worked for the Social Security Administration, are also located within our Claim Department. They provide expert assistance up front, offer support while you are completing the Social Security forms, and help guide you through the application process.

SPECIAL SERVICES (continued)

2. Guidance Through Appeal Process by Social Security Specialists

Social Security disability benefits may be initially denied, but are often approved following an appeal. If your benefits are denied, our dedicated team of Social Security Specialists provides expert assistance on an appeal if your situation warrants continuing the appeal process. They guide you through each stage of the appeal process. These stages may include:

- a) Reconsideration by the Social Security Administration
- b) Hearing before an Administrative Law Judge
- c) Review by an Appeals Council established within the Social Security Administration in Washington, D.C.
- d) A civil suit in Federal Court

3. Social Security Attorneys

Depending on your individual needs, the Claim Administrator may provide a referral to an attorney who specializes in Social Security law. The Social Security approved attorney's fee is credited to the Long Term Disability overpayment, which results upon your receipt of the retroactive Social Security benefits. The attorney's fee, which is capped by Social Security law, will be deducted from the lump sum Social Security Disability benefits award and will not be used to further reduce your Long Term Disability benefit.

Early Intervention Program

The Claim Administrator's Early Intervention Program is offered to all covered employees, and your participation is voluntary*. The program helps identify early those employees who might benefit from vocational analyses and rehabilitation services before they are eligible for Long Term Disability benefits. Early rehabilitation efforts are more likely to reduce the length of your Long Term Disability and help you return to work sooner than expected.

If you cannot work, or can only work part-time due to a disability, your employer will notify the Claim Administrator. Our Clinical Specialists may be able to assist you by:

1. Reviewing and evaluating your disabling condition, even before a claim for Long Term Disability benefits is submitted (with your consent);
2. Designing individualized return to work plans that focus on your abilities, with the goal of return to work;
3. Identifying local community resources;
4. Coordinating services with other benefit providers, including: medical carrier, short term disability carrier,* workers' compensation carrier, and state disability plans;
5. Monitoring return to work plans in progress and modifying them as recommended by the attending physician (with your consent).

Our assistance is offered at no cost to either you or your employer.

* If you also have the Claim Administrator's Short Term Disability coverage or Salary Continuance Plan Management, these services are provided automatically. Notification by your employer is not necessary.

Return To Work Program

Goal of Rehabilitation

The goal of the Claim Administrator is to focus on employees' abilities, instead of disabilities. This "abilities" philosophy is the foundation of our Return to Work Program. By focusing on what employees can do versus what they can't, the Claim Administrator can assist you in returning to work sooner than expected.

Incentives For Returning To Work

Your Disability plan is designed to provide clear advantages and financial incentives for returning to work either full-time or part-time, while still receiving a Disability benefit. In addition to financial incentives, there may be personal benefits resulting from returning to work. Many employees experience higher self-esteem

SPECIAL SERVICES (continued)

and the personal satisfaction of being self-sufficient and productive once again. If it is determined that you are capable, but you do not participate in the Return to Work Program, your Disability benefits may cease.

Return to Work Services

As a covered employee you are automatically eligible to participate in our Return to Work Program. The program aims to identify the necessary training and therapy that can help you return to work. In many cases, this means helping you return to your former occupation, although rehabilitation can also lead to a new occupation which is better suited to your condition and makes the most of your abilities.

There is no additional cost to you for the services This Plan provides, and they are tailored to meet your individual needs. These services include, but are not limited to, the following:

1. Vocational Analyses

Assessment and counseling to help determine how your skills and abilities can be applied to a new or a modified job with your employer.

2. Labor Market Surveys

Studies to find jobs available in the national economy that would utilize your abilities and skills. Also identify your earning potential for a specific occupation.

3. Retraining Programs

Programs to facilitate return to your previous job, or to train you for a new job.

4. Job Modifications/Accommodations

Analyses of job demands and functions to determine what modifications may be made to maximize your employment opportunities.

This also includes changes in your job or modifications to help you perform the previous job or a similar vocation, as required of your employer under the Americans With Disabilities Act (ADA).

5. Job Seeking Skills and Job Placement Assistance

Special training to identify abilities, set goals, develop resumes, polish interviewing techniques, and provide other career search assistance.

Return to Work Program Staff

The Case Manager handling your claim will coordinate return to work services. You may be referred to a clinical specialist, such as a Nurse Consultant, Psychiatric Clinical Specialist, or Vocational Rehabilitation Consultant, who has advanced training and education to help people with disabilities return to work. One of our clinical specialists will work with you directly, as well as with local support services and resources. They have returned hundreds of individuals to meaningful, gainful employment.

Rehabilitation Vendor Specialists

In many situations, the services of independent vocational rehabilitation specialists may be utilized. Services are obtained at no additional cost to you; This Plan pays for all vendor services. Selecting a rehabilitation vendor is based on:

1. attending physician's evaluation and recommendations;
2. your individual vocational needs; and
3. vendor's credentials, specialty, reputation and experience.

When working with vendors, the Claim Administrator continues to collaborate with you and your doctor to develop an appropriate return to work plan.

ADMINISTRATIVE DETAILS ABOUT THIS PLAN

THIS SUMMARY PLAN DESCRIPTION IS EXPRESSLY MADE PART OF THE TRIAD NATIONAL SECURITY, LLC DISABILITY COVERAGE PLAN AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A SUMMARY PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR

Triad National Security, LLC
Bikini Atoll Rd, SM 30, Office P280
Los Alamos, NM 87545
505-667-0942

EMPLOYER IDENTIFICATION NUMBER: 82-3291283

PLAN NUMBER	COVERAGE	PLAN NAME
501	Disability Income Coverage: Long Term Benefits	Triad Health and Welfare Plan for Employees

TYPE OF PLAN

This is a self-funded Disability Income Coverage: Long Term Benefits Plan provided by the Employer. Metropolitan Life Insurance Company ("MetLife") does not insure any of the benefits described in the Summary Plan Description.

CLAIM ADMINISTRATOR FOR BENEFITS:

MetLife

TYPE OF ADMINISTRATION:

MetLife is the Claim Administrator pursuant to the terms of an administrative service agreement and has been given authority under This Plan to conduct a full and fair review of any claims on behalf of This Plan.

AGENT FOR SERVICE OF LEGAL PROCESS

For disputes arising under This Plan, service of legal process may be made upon the Plan Administrator at the above address.

ELIGIBILITY FOR COVERAGE; DESCRIPTION OR SUMMARY OF BENEFITS

This Summary Plan Description describes the eligibility requirements for coverage. It also includes a detailed description of the coverage.

PLAN TERMINATION OR CHANGES

This Plan sets forth those situations in which the Employer has the rights to end This Plan.

The Employer reserves the right to change or terminate This Plan at any time. Therefore, there is no guarantee that You will be eligible for the coverage described herein for the duration of Your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of Your beneficiary is not required to terminate, modify, amend, or change This Plan.

In the event Your coverage ends in accordance with the DATE YOUR COVERAGE ENDS subsection of Your Summary Plan Description, You may still be eligible to receive benefits. The circumstances under which benefits are available are described in this Summary Plan Description.

PLAN YEAR

This Plan's fiscal records are kept on a Plan year basis beginning each January 1st and ending on the following December 31st.

CLAIMS INFORMATION

Disability Benefits Claims

Routine Questions

If there is any question about a claim payment, an explanation may be requested from the Employer who is usually able to provide the necessary information.

Claim Submission

For claims for disability benefits, the claimant must report the claim to the Claim Administrator and, if requested, complete the appropriate claim form. The claimant must also submit the required proof as described below.

When a claimant files an initial claim for Long Term Disability coverage described in this Summary Plan Description, both the notice of claim and the required Proof should be sent to the Claim Administrator within 45 days of the end of the Elimination Period.

Notice of Claim and Proof may also be given to the Claim Administrator by following the steps set forth below:

Step 1

A claimant should give the Claim Administrator notice by calling 1-800-300-4296. The Claim Administrator will send an authorization form to the Claimant. The Claimant should sign the authorization form at their earliest opportunity and return it to the Claim Administrator.

Step 2

The Claim Administrator will contact the claimant and/or the claimant's Physician to discuss medical information. The Claim Administrator may also contact your Employer to discuss your specific job duties in detail.

Step 3

The Proof must be submitted to the Claim Administrator not later than 45 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 as soon as is reasonably possible.

Items to be Submitted for a Long Term Disability Claim

When submitting Proof on an initial or continuing claim for Disability Income coverage, 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 Income;
 - Social Security disability benefits; and
 - Workers compensation benefits or benefits under a similar law.
- Written authorization for the Claim Administrator to obtain and release medical, employment and financial information and any other items the Claim Administrator may reasonably require to document Your Disability or to determine Your receipt of or eligibility for Other Income;
- any and all medical information, including but not limited to:
 - x-ray films; and
 - photocopies of medical records, including:
 - histories,
 - physical, mental or diagnostic examinations; and
 - treatment notes; and
- the names and addresses of all:
 - physicians and medical practitioners who have provided You with diagnosis, treatment or consultation;
 - hospitals or other medical facilities which have provided You with diagnosis, treatment or consultation; and
 - pharmacies which have filled Your prescriptions within the past three years.

Initial Determination

After You submit a claim for disability benefits to the Claim Administrator, the Claim Administrator will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a reasonable period, not to exceed 45 days from the date You submitted Your claim; except for situations requiring an extension of time because of matters beyond the control of This Plan, in which case the Claim Administrator may have up to two (2) additional extensions of 30 days each to provide You such notification. If the Claim Administrator needs an extension, it will notify You prior to the expiration of the initial 45 day period (or prior to the expiration of the first 30 day extension period if a second 30 day extension period is needed), state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of the Claim Administrator's notice requesting further information and an extension until the Claim Administrator receives the requested information does not count toward the time period the Claim Administrator is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the extension notice requesting further information from the Claim Administrator.

If the Claim Administrator denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because the Claim Administrator did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed.

Appealing the Initial Determination

If the Claim Administrator denies Your claim, You may appeal the decision. Upon Your written request, the Claim Administrator will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to the Claim Administrator at the address indicated on the

claim form within 180 days of receiving the Claim Administrator's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of This Plan
- Reference to the initial decision
- An explanation why You are appealing the initial determination

As part of Your appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After the Claim Administrator receives Your written request appealing the initial determination, the Claim Administrator will conduct a full and fair review of Your claim. Deference will not be given to the initial denial, and the Claim Administrator's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, the Claim Administrator will consult with a health care professional with appropriate training and experience in the field of medicine involved in the medical judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

The Claim Administrator will notify You in writing of its final decision within a reasonable period of time, but no later than 45 days after the Claim Administrator's receipt of Your written request for review, except that under special circumstances the Claim Administrator may have up to an additional 45 days to provide written notification of the final decision. If such an extension is required, the Claim Administrator will notify You prior to the expiration of the initial 45 day period, state the reason(s) why such an extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information, the time period from the Claim Administrator's notice to You of the need for an extension to when the Claim Administrator receives the requested information does not count toward the time the Claim Administrator is allowed to notify You of its final decision. You will have 45 days to provide the requested information from the date You receive the notice from the Claim Administrator.

If the Claim Administrator denies the claim on appeal, the Claim Administrator will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. Upon written request, the Claim Administrator will provide You free of charge with copies of documents, records and other information relevant to Your claim.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under This Plan, the Plan Administrator, the Claim Administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of This Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of This Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

STATEMENT OF ERISA RIGHTS

The following statement is required by federal law and regulation.

As a participant in This Plan, You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan documents, a copy of the latest annual report (Form 5500 Series) filed by This Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of This Plan, and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The Administrator may make a reasonable charge for the copies.

Receive a summary of This Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate Your Plan, called "fiduciaries" of This Plan, have a duty to do so prudently and in the interest of You and other Plan participants and beneficiaries.

No one, including Your employer or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a welfare benefit or exercising Your rights under ERISA.

Enforce Your Rights

If Your claim for a welfare benefit is denied or ignored in whole or in part, You have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps You can take to enforce the above rights. For instance, if You request a copy of Plan documents or the latest annual report and do not receive them within 30 days, You may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay You up to \$110 a day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If You have a claim for benefits which is denied or ignored, in whole or in part, You may file suit in a state or Federal court.

If it should happen that Plan fiduciaries misuse This Plan's money, or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor, or You may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If You are successful, the court may order the person You have sued to pay these costs and fees.

If You lose, the court may order You to pay these costs and fees; for example, if it finds Your claim is frivolous.

Assistance with Your Questions

If You have any questions about Your Plan, You should contact the Plan Administrator. If You have any questions about this statement or about Your rights under ERISA, or if You need assistance in obtaining documents from the Plan Administrator, You should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in Your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about Your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

FUTURE OF THE PLAN

It is hoped that This Plan will be continued indefinitely, but Triad National Security, LLC reserves the right to change or terminate This Plan in the future. Any such action would be taken only after careful consideration.

The Board of Directors (Benefits and Investment Committee) of Triad National Security, LLC shall be empowered to amend or terminate This Plan or any benefit under This Plan at any time.

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