

# EMPLOYEE BENEFITS GUIDE

Effective January 1, 2023



**BLU-JET**  
by Unverferth

**BRENT**

**KB Killbros**

**RTHMAN**  
by Unverferth

**PARKER**

**TOP AIR**

**UM**  
unverferth

**BUILT BETTER  
TOGETHER.**



## UNVERFERTH WHO WE ARE

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As a company committed to delivering quality farm equipment and exceptional sales and service to our customers throughout North America, we strive to provide a positive and productive environment for all of our employees. People are the heart and soul of this company and they are dedicated to supplying farmers with high-quality, innovative products that help feed the world.

## UNVERFERTH EMPLOYEE BENEFITS

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All full-time Unverferth Manufacturing employees are eligible for a wide range of company provided and optional benefits in addition to their salaries and wages. Some of the benefits are available date of hire, and others are available after a 30-day waiting period.

## UNVERFERTH BENEFITS OFFERED

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- Medical Insurance
- Dental Insurance
- Flexible Spending Account (FSA)
- Life Insurance
- Accident and Critical Illness Insurance
- Disability (Short-Term & Long-Term)
- 401(k) and Profit Sharing
- Wellness Program

After the initial election choices, employees may make insurance-related changes annually at Open Enrollment in May, or they may also modify their elections at any time with a qualifying event.

Qualifying Events Include:

- Marriage/Divorce
- Birth of Child/Adoption
- Loss of Coverage

Feel free to contact Unverferth Manufacturing with any questions or for further information.

## UNVERFERTH MEDICAL INSURANCE

Unverferth Manufacturing values providing employees and their families with excellent medical insurance. These are traditional plans with industry-low deductibles.

All full-time employees, who average over 30 hours per week, are eligible for medical insurance after 30 days of employment. There are **NO MEDICAL PREMIUMS** for yourself and your family to be added to this plan; meaning your premium is **\$0/** month. Below is a brief plan description:

COVERED MEDICAL BENEFITS	COST IF YOU USE AN IN-NETWORK PROVIDER	COST IF YOU USE A NON-NETWORK PROVIDER
Overall Deductible	\$600 person \$1,200 family	\$600 person \$1,200 family
Out-of-Pocket Limit	\$1,850 person \$3,700 family	\$2,350 person \$4,200 family
Preventative Care / Screening / Immunization	No Charge	40% coinsurance after deductible is met
Primary Care Visits to treat an injury or illness	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Special Care Visit	20% coinsurance after deductible is met	40% coinsurance after deductible is met

COVERED PRESCRIPTION DRUG BENEFITS	COST IF YOU USE AN IN-NETWORK PROVIDER	COST IF YOU USE A NON-NETWORK PROVIDER
Pharmacy Deductible	Not Applicable	Not Applicable
Pharmacy Out of Pocket	\$5,500 single \$11,000 family	Not Applicable
Prescription Drug Coverage – Tier 1 (Generic Brands)	\$10 copay (retail) \$20 copay (home delivery- 3 month)	Not Covered
Prescription Drug Coverage – Tier 2 (Preferred Brands)	\$25 copay (retail) \$50 copay (home delivery- 3 month)	Not Covered
Prescription Drug Coverage- Tier 3 (Non-Preferred Brands)	\$50 copay (retail) \$100 copay (home delivery- 3 month)	Not Covered

**NOTE:** If an employee's spouse is offered medical coverage through their employer, they must enroll in that insurance and can be added to the Unverferth plan as a secondary insurance. If spouse is participating in an HSA, secondary insurance is not allowed based on the IRS regulations.



## UNVERFERTH

# DENTAL INSURANCE

All full time employees, who average over 30 hours per week, are eligible for the dental insurance after 30 days of employment. This is a **\$0 premiums** for yourself and family to be added to this plan. Below is a brief plan description:

Annual Benefit Maximum ► Per eligible insured person	\$1,500
Orthodontic Lifetime Benefit Maximum ► Per eligible insured person	\$1,000
Annual Deductible (Does not apply to Orthodontic Services) ► Per eligible insured person	\$25/ 3x per year per individual

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> • Periodic oral exam 2 per 12 months • Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance • Bitewing X-rays: 2 sets per 12 months • Full-mouth or Panoramic X-rays: 1 per 36 months • Fluoride application: 2 per 12 months; through age 14 • Sealants 1 per 60 months; through age 14	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Basic Services</b> • Consultation (second opinion) 1 per 12 months • Space Maintainer 1 per 12 months; through age 14; posterior teeth • Amalgam (silver-colored) Filling 1 per tooth per 36 months • Composite (tooth-colored) Filling 1 per tooth per 36 months • posterior (back) fillings covered as composites • Brush Biopsy (cancer test) Covered, 1 per 12 months; all ages	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> • Root Canal and retreatments 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> • Apicoectomy and apexification 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> • Periodontal Maintenance 2 per 12 months; w/teeth cleaning • Scaling and root planing 1 per quadrant per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> • Periodontal Surgery (osseous, gingivectomy, graft procedures) 1 per quadrant per 36 months	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> • Simple Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> • Surgical Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Major (Restorative) Services</b> • Crowns, onlays, veneers 1 per tooth per 60 months • Cosmetic teeth whitening Not Covered	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontics</b> • Dentures and bridges 1 per tooth per 60 months • Dental Implants Covered, 1 per tooth per 60 months	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> • Crown, denture, bridge repairs 2 per 12 months; 6 months after placement • Denture and bridge adjustments: 1 per 36 months; 6 months after placement	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> • Dependent Children Only*	50% Coinsurance	50% Coinsurance	No Waiting Periods

\*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.



## UNVERFERTH

**FLEXIBLE SPENDING ACCOUNT (FSA)**

An FSA allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free. That makes an FSA a great tool for saving money.

## Benefits of FSAs:

- ▶ Pre-tax savings. The dollars you contribute to an FSA are added pre-tax.
  - Example: If you contribute \$2,500 to an FSA during a plan year and pay a tax rate of 30%, you would save \$750.
- ▶ Funds available right away. All of your FSA funds are available on the first day of the plan year.

Medical FSA - 2023	Dependent Care - 2023
Up to \$3,050	\$2,500 - Individual \$5,000 - Family

**Eligible Expenses**

In order to have an expense covered by your FSA dollar, that expense has to be considered eligible by the IRS. To find out which specific expenses are eligible, view our searchable eligibility list at <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/>

The IRS has a "Use or Lose" rule in place for FSAs, funds not spent by the end of the plan year are at risk of being forfeited. **NOTE:** There is a 3-month grace period to use unspent funds.

### Company provided Life Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Unverferth Manufacturing Company Inc.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are an active employee of Unverferth Manufacturing Company Inc. and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Eligibility Waiting Period</b>	You are eligible on the first day that follows 30 consecutive days as a member.

## Benefits

<b>Basic Life Coverage Amount</b>	Your Basic Life coverage amount is \$30,000.
<b>Basic AD&amp;D Coverage Amount</b>	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
<b>Age Reductions</b>	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70.

### Life Insurance

#### How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.

For You:	<b>\$10,000 – \$500,000</b> in increments of <b>\$10,000</b>
For Your Spouse:	<b>\$5,000 – \$100,000</b> in increments of <b>\$5,000</b>
For Your Child(ren):	<b>\$5,000 – \$10,000</b> in increments of <b>\$5,000</b>

#### What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You:	Up to <b>\$240,000</b>
For Your Spouse:	Up to <b>\$30,000</b>



Coverage Amount	Employee's Age as of May 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$10,000	0.27	0.31	0.37	0.44	0.61	1.00	1.80	2.28	2.15	2.53
\$20,000	0.53	0.61	0.75	0.88	1.22	2.00	3.61	4.56	4.29	5.06
\$30,000	0.80	0.92	1.12	1.32	1.83	3.00	5.41	6.85	6.44	7.59
\$40,000	1.06	1.23	1.50	1.75	2.45	4.01	7.22	9.13	8.59	10.12
\$50,000	1.33	1.53	1.87	2.19	3.06	5.01	9.02	11.41	10.73	12.65
\$60,000	1.59	1.84	2.24	2.63	3.67	6.01	10.83	13.69	12.88	15.18
\$70,000	1.86	2.15	2.62	3.07	4.28	7.01	12.63	15.98	15.03	17.70
\$80,000	2.12	2.46	2.99	3.51	4.89	8.01	14.44	18.26	17.17	20.23
\$90,000	2.39	2.76	3.36	3.95	5.50	9.01	16.24	20.54	19.32	22.76
\$100,000	2.65	3.07	3.74	4.38	6.12	10.02	18.05	22.82	21.47	25.29
\$110,000	2.92	3.38	4.11	4.82	6.73	11.02	19.85	25.11	23.61	27.82
\$120,000	3.18	3.68	4.49	5.26	7.34	12.02	21.66	27.39	25.76	30.35
\$130,000	3.45	3.99	4.86	5.70	7.95	13.02	23.46	29.67	27.90	32.88
\$140,000	3.72	4.30	5.23	6.14	8.56	14.02	25.26	31.95	30.05	35.41
\$150,000	3.98	4.60	5.61	6.58	9.17	15.02	27.07	34.23	32.20	37.94
\$160,000	4.25	4.91	5.98	7.02	9.78	16.02	28.87	36.52	34.34	40.47
\$170,000	4.51	5.22	6.36	7.45	10.40	17.03	30.68	38.80	36.49	43.00
\$180,000	4.78	5.52	6.73	7.89	11.01	18.03	32.48	41.08	38.64	45.53
\$190,000	5.04	5.83	7.10	8.33	11.62	19.03	34.29	43.36	40.78	48.06
\$200,000	5.31	6.14	7.48	8.77	12.23	20.03	36.09	45.65	42.93	50.58
\$210,000	5.57	6.45	7.85	9.21	12.84	21.03	37.90	47.93	45.08	53.11
\$220,000	5.84	6.75	8.22	9.65	13.45	22.03	39.70	50.21	47.22	55.64
\$230,000	6.10	7.06	8.60	10.08	14.07	23.04	41.51	52.49	49.37	58.17
\$240,000	6.37	7.37	8.97	10.52	14.68	24.04	43.31	54.78	51.52	60.70
\$250,000	6.63	7.67	9.35	10.96	15.29	25.04	45.12	57.06	53.66	63.23
\$260,000	6.90	7.98	9.72	11.40	15.90	26.04	46.92	59.34	55.81	65.76
\$270,000	7.17	8.29	10.09	11.84	16.51	27.04	48.72	61.62	57.96	68.29
\$280,000	7.43	8.59	10.47	12.28	17.12	28.04	50.53	63.90	60.10	70.82
\$290,000	7.70	8.90	10.84	12.72	17.73	29.04	52.33	66.19	62.25	73.35
\$300,000	7.96	9.21	11.22	13.15	18.35	30.05	54.14	68.47	64.40	75.88
\$310,000	8.23	9.51	11.59	13.59	18.96	31.05	55.94	70.75	66.54	78.41
\$320,000	8.49	9.82	11.96	14.03	19.57	32.05	57.75	73.03	68.69	80.94
\$330,000	8.76	10.13	12.34	14.47	20.18	33.05	59.55	75.32	70.83	83.46
\$340,000	9.02	10.44	12.71	14.91	20.79	34.05	61.36	77.60	72.98	85.99
\$350,000	9.29	10.74	13.08	15.35	21.40	35.05	63.16	79.88	75.13	88.52
\$360,000	9.55	11.05	13.46	15.78	22.02	36.06	64.97	82.16	77.27	91.05
\$370,000	9.82	11.36	13.83	16.22	22.63	37.06	66.77	84.45	79.42	93.58
\$380,000	10.08	11.66	14.21	16.66	23.24	38.06	68.58	86.73	81.57	96.11
\$390,000	10.35	11.97	14.58	17.10	23.85	39.06	70.38	89.01	83.71	98.64
\$400,000	10.62	12.28	14.95	17.54	24.46	40.06	72.18	91.29	85.86	101.17
\$410,000	10.88	12.58	15.33	17.98	25.07	41.06	73.99	93.57	88.01	103.70
\$420,000	11.15	12.89	15.70	18.42	25.68	42.06	75.79	95.86	90.15	106.23
\$430,000	11.41	13.20	16.08	18.85	26.30	43.07	77.60	98.14	92.30	108.76
\$440,000	11.68	13.50	16.45	19.29	26.91	44.07	79.40	100.42	94.45	111.29
\$450,000	11.94	13.81	16.82	19.73	27.52	45.07	81.21	102.70	96.59	113.82
\$460,000	12.21	14.12	17.20	20.17	28.13	46.07	83.01	104.99	98.74	116.34
\$470,000	12.47	14.43	17.57	20.61	28.74	47.07	84.82	107.27	100.89	118.87
\$480,000	12.74	14.73	17.94	21.05	29.35	48.07	86.62	109.55	103.03	121.40
\$490,000	13.00	15.04	18.32	21.48	29.97	49.08	88.43	111.83	105.18	123.93
\$500,000	13.27	15.35	18.69	21.92	30.58	50.08	90.23	114.12	107.33	126.46

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

## Spouse Life with AD&amp;D Weekly Premiums

Coverage Amount	Spouse's Age as of May 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$5,000	0.13	0.15	0.19	0.22	0.31	0.50	0.90	1.14	1.07	1.26
\$10,000	0.27	0.31	0.37	0.44	0.61	1.00	1.80	2.28	2.15	2.53
\$15,000	0.40	0.46	0.56	0.66	0.92	1.50	2.71	3.42	3.22	3.79
\$20,000	0.53	0.61	0.75	0.88	1.22	2.00	3.61	4.56	4.29	5.06
\$25,000	0.66	0.77	0.93	1.10	1.53	2.50	4.51	5.71	5.37	6.32
\$30,000	0.80	0.92	1.12	1.32	1.83	3.00	5.41	6.85	6.44	7.59
\$35,000	0.93	1.07	1.31	1.53	2.14	3.51	6.32	7.99	7.51	8.85
\$40,000	1.06	1.23	1.50	1.75	2.45	4.01	7.22	9.13	8.59	10.12
\$45,000	1.19	1.38	1.68	1.97	2.75	4.51	8.12	10.27	9.66	11.38
\$50,000	1.33	1.53	1.87	2.19	3.06	5.01	9.02	11.41	10.73	12.65
\$55,000	1.46	1.69	2.06	2.41	3.36	5.51	9.93	12.55	11.81	13.91
\$60,000	1.59	1.84	2.24	2.63	3.67	6.01	10.83	13.69	12.88	15.18
\$65,000	1.73	2.00	2.43	2.85	3.98	6.51	11.73	14.84	13.95	16.44
\$70,000	1.86	2.15	2.62	3.07	4.28	7.01	12.63	15.98	15.03	17.70
\$75,000	1.99	2.30	2.80	3.29	4.59	7.51	13.53	17.12	16.10	18.97
\$80,000	2.12	2.46	2.99	3.51	4.89	8.01	14.44	18.26	17.17	20.23
\$85,000	2.26	2.61	3.18	3.73	5.20	8.51	15.34	19.40	18.25	21.50
\$90,000	2.39	2.76	3.36	3.95	5.50	9.01	16.24	20.54	19.32	22.76
\$95,000	2.52	2.92	3.55	4.17	5.81	9.51	17.14	21.68	20.39	24.03
\$100,000	2.65	3.07	3.74	4.38	6.12	10.02	18.05	22.82	21.47	25.29

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

## Child Life Weekly Premiums

Coverage Amount	Premium
\$5,000	0.23
\$10,000	0.46



**How it works:**

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most – whether that's to help with your deductible, or your daily expenses while you recover.

Imagine that you survive a serious car accident. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic in another city and physical therapy.



You'd get an additional \$500 because you were injured in a car accident. Because you drove more than 100 miles one way for your follow-up appointment, you'd receive an extra \$200. If your car accident occurred more than 100 miles away from your home and a family member who resides with you traveled to be near you while you were in the hospital, we'd pay additional benefits to help cover lodging expenses.

**BENEFITS PAID TO YOU**

Ambulance.....	\$600
Emergency Room Visit.....	\$200
CAT Scan.....	\$300
Hospital Admission Benefit .....	\$1,500
5-Day Hospital Confinement (\$400 per day).....	\$2,000
Right Leg Fracture.....	\$6,000
Knee Cap Fracture.....	\$1,300
Pelvis Fracture.....	\$3,400
Physician Follow-up Appointment.....	\$70
Physical Therapy Appointment.....	\$50
<b>SUBTOTAL.....</b>	<b>\$15,420</b>
<b>Automobile Accident Benefit.....</b>	<b>\$500</b>
<b>Transportation Benefit.....</b>	<b>\$200</b>
<b>Lodging (4 days).....</b>	<b>\$800</b>
<b>Total paid directly to you.....</b>	<b>\$16,920</b>

**What you pay:**

Coverage for...	Weekly Premium
You	\$2.88
You and your spouse	\$4.53
You and your children	\$5.46
You, your spouse and your children	\$8.53

# UNVERFERTH CRITICAL ILLNESS

## An Extra Layer of Protection:

Critical Illness insurance can make a big difference in your ability to pay out of pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what is covered by your medical insurance. Elect coverage in an amount of \$5,000, \$10,000, \$15,000 or \$30,000 for yourself and \$5,000, \$10,000 or \$15,000 for your spouse.

Employee Non-Tobacco Weekly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$0.45	\$0.75	\$1.34	\$2.18	\$3.65	\$6.23
\$10,000	\$0.90	\$1.50	\$2.68	\$4.36	\$7.29	\$12.46
\$15,000	\$1.35	\$2.25	\$4.02	\$6.54	\$10.94	\$18.69
\$30,000	\$2.70	\$4.50	\$8.03	\$13.08	\$21.88	\$37.38

Employee Tobacco Weekly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$0.54	\$1.02	\$2.16	\$4.07	\$7.42	\$12.10
\$10,000	\$1.08	\$2.03	\$4.32	\$8.15	\$14.84	\$24.21
\$15,000	\$1.63	\$3.05	\$6.47	\$12.22	\$22.26	\$36.31
\$30,000	\$3.25	\$6.09	\$12.95	\$24.44	\$44.52	\$72.62

Spouse Non-Tobacco Weekly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$0.45	\$0.75	\$1.34	\$2.18	\$3.65	\$6.23
\$10,000	\$0.90	\$1.50	\$2.68	\$4.36	\$7.29	\$12.46
\$15,000	\$1.35	\$2.25	\$4.02	\$6.54	\$10.94	\$18.69
\$30,000	\$2.70	\$4.50	\$8.03	\$13.08	\$21.88	\$37.38

Spouse Tobacco Weekly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$0.54	\$1.02	\$2.16	\$4.07	\$7.42	\$12.10
\$10,000	\$1.08	\$2.03	\$4.32	\$8.15	\$14.84	\$24.21
\$15,000	\$1.63	\$3.05	\$6.47	\$12.22	\$22.26	\$36.31
\$30,000	\$3.25	\$6.09	\$12.95	\$24.44	\$44.52	\$72.62

Your child(ren) through age 25

Automatically covered at 25% of your coverage amount

## Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational hepatitis
- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

**Short-Term Disability:**

Group Short-Term Disability (STD) benefits help provide financial protection for covered members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this benefit plan is funded by Unverferth Manufacturing Company Inc. and may be added to your gross monthly income. If premium payments are made with "after-tax" dollars, benefits are federally tax-free under current federal tax law.

All full-time employees working at least 30 hours a week are automatically enrolled in this company paid-for plan after 30 consecutive days of employment.

Weekly Benefit	65% of the first \$1,538 of weekly predictability earnings as of the date of disability, reduced by deductible income.
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	\$15
Benefit Waiting Period	Your weekly benefit becomes payable after you have been continuously disabled, under a doctor's care, for 7 days.

**Long-Term Disability:**

All full-time employees working 30 hours a week or more will be automatically enrolled in the Base Long-Term Disability plan. You have the option to elect an additional Buy-Up Long-Term Disability plan.

**NOTE:** Prior to starting Long Term Disability, you must fulfill 180 days of Short Term Disability.

Base coverage provided by Unverferth Manufacturing Company Inc. at no cost to you

Buy-up coverage you can purchase, paid for by you

\$1000

60% of your eligible earnings.

Your Age (as of May 1)	Rate %
<35	0.15
35-39	0.23
40-44	0.34
45-49	0.47
50-54	0.63
55-59	1.08
60-64	0.91
65+	1.17

Example:

1. Your annual salary (example is \$30,000) minus \$20,000 then divided by 12 (\$30,000-\$20,000/12=\$833.33)
2. Divide that number by 100 (\$833.33/100=\$8.33)
3. Multiply that by the correct rate in the side table (\$833\*\$.15 for a 34 year old = \$1.249)
4. Divide that number by 4.33 (\$1.249/4.33=\$.28)  
\$.28 is your weekly premium



## UNVERFERTH RETIREMENT

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### **Profit Sharing:**

Qualifications:

You must be 18 years of age and complete one (1) full year of service, working a minimum of 1,000 hours.

### **Key Dates:**

**Entry Date:** One (1) year from hire date (must have completed 1,000 hours)

**First Contribution:** February after your entry date

**100% Vested:** Your 5th year of service

### **Vesting Schedule:**

1st Year of Service	0%
2nd Year of Service	25%
3rd Year of Service	50%
4th Year of Service	75%
5th Year of Service	100%

Contributions to the plan are based on profits determined at the end of the fiscal year (September 30th) and range from 0% - 15% of your base earnings for that calendar year.

### **401(k) Retirement Plan:**

Qualifications:

You must be 18 years of age and be employed for a minimum of thirty (30) days with the company.

As a new participant, you are automatically enrolled at 5% of your base pay effective on the first day of eligibility.

You are 100% vested from the first day of enrollment.

## UNVERFERTH PAID DAYS OFF

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### **Vacation Pay:**

Employees are eligible for paid vacation hours based on the following years of service:

- After completing 3 months of service: 40 hours paid vacation
- After completing 1 year of service: 80 hours paid vacation
- After completing 7 years of service: 120 hours paid vacation
- After completing 15 years of service: 160 hours paid vacation
- After completing 20 years of service: 200 hours paid vacation
- After completing 30 years of service: 240 hours paid vacation

### **Vacation Carry Overs:**

80 vacation hours can be carried over from the previous year. If excess of 80 vacation hours carried over, the employee will be paid out the excess hours at the time of their anniversary-hire date.

### **Holidays:**

Employees will receive 9 paid holidays per calendar year, holidays observed:

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Black Friday
- Christmas
- Day After Christmas