

## I. Introduction

The ST. LUKE'S

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## **Pre-existing Condition** means:

1.

2.

nature and extent of your claim. The eqorngvgf Gornq{ggøu Statement of the Long Term Disability Claim Application must be received by the Plan Administrator or its designated representative

b. Any day you work as provided in (a) immediately above will count towards the Elimination Period provided you were not earning over 80% of your Predisability Earnings.

After the Elimination Period, if you return to any

Medicare;

- b. make specific reference to the Plan provisions on which the denial is based;
- c. provide a description of any additional information necessary to prepare a claim and an explanation of why it is necessary; and

d.

without its written consent, for any fees or

misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor