

SCHEDULE OF INSURANCE

The Policy of short term Disability insurance provides You with short term income protection if You become Disabled from a covered Injury, Sickness, or pregnancy.

Cost of Coverage:

You must contribute toward the cost of coverage.

Disclosure of Fees:

We may reduce or adjust premiums, rates, fees and/or other expenses for programs under The Policy.

Disclosure of Services:

In addition to the insurance coverage, We may offer noninsurance benefits and services to Active Employees.

Eligible Class(es) For Coverage:

All Full-time Active Employees who are citizens or legal residents of the United States, its territories and protectorates; excluding temporary, leased or seasonal employees.

Full-time Employment: at least 30 hours weekly

Eligibility Waiting Period for Coverage:

None

Benefits Commence:

- 1) for Disability caused by Injury: on the 15th day of Total Disability or Disabled and Working;
- 2) for Disability caused by Sickness: on the 15th day of Total Disability or Disabled and Working.

Weekly Benefit:

The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$1,000;

reduced by Other Income Benefits.

Maximum Duration of Benefits Payable:

- 1) 11 week(s) if caused by Injury; or
- 2) 11 week(s) if caused by Sickness.

Additional Benefits:**Disabled and Working Benefit**

see benefit

Rehabilitative Employment Benefit

see benefit

ELIGIBILITY AND ENROLLMENT

Eligible Persons: *Who is eligible for coverage?*

All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

Eligibility for Coverage: *When will I become eligible?*

You will become eligible for coverage on the later of:

- 1) the Policy Effective Date; or
- 2) the date on which You complete the Eligibility Waiting Period for Coverage shown in the Schedule of Insurance, if applicable.

Enrollment: *How do I enroll for coverage?*

All eligible Active Employees will be enrolled automatically by the Employer.

SCHEDULE OF INSURANCE

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Disclosure of Services:

In addition to the insurance coverage, We may offer noninsurance benefits and services to Active Employees.

Eligible Class(es) For Coverage: All Full-time Active Employees who are citizens or legal residents of the United States, its territories and protectorates; excluding temporary, leased or seasonal employees.

Full-time Employment: at least 30 hours weekly

Eligibility Waiting Period for Coverage:

None

Elimination Period: 90 day(s)

Maximum Monthly Benefit: \$10,000

Minimum Monthly Benefit: The greater of:

- 1) \$100; or
- 2) 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits.

Benefit Percentage: 60%

Maximum Duration of Benefits

Maximum Duration of Benefits Table

| Age When Disabled | Benefits Payable |
|--------------------------|---|
| Prior to Age 63 | To Normal Retirement Age or 48 months, if greater |
| Age 63 | To Normal Retirement Age or 42 months, if greater |
| Age 64 | 36 months |
| Age 65 | 30 months |
| Age 66 | 27 months |
| Age 67 | 24 months |
| Age 68 | 21 months |
| Age 69 and over | 18 months |

Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by Your date of birth as follows:

| Year of Birth | Normal Retirement Age |
|----------------------|------------------------------|
| 1937 or before | 65 |
| 1938 | 65 + 2 months |
| 1939 | 65 + 4 months |
| 1940 | 65 + 6 months |
| 1941 | 65 + 8 months |
| 1942 | 65 + 10 months |
| 1943 thru 1954 | 66 |
| 1955 | 66 + 2 months |

| | |
|---------------|----------------|
| 1956 | 66 + 4 months |
| 1957 | 66 + 6 months |
| 1958 | 66 + 8 months |
| 1959 | 66 + 10 months |
| 1960 or after | 67 |

Additional Benefit:

Family Care Credit Benefit

see benefit

Survivor Income Benefit

The Survivor Income Benefit is calculated as 3 times the lesser of:

- 1) Your Monthly Benefit in effect the last full calendar month prior to the date of Your death; or
- 2) The Maximum Monthly Benefit.

If You died before receiving a full calendar month benefit, the Survivor Income Benefit will be 3 times Your Monthly Benefit as of Your date of death.

Workplace Modification Benefit

see benefit

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Eligibility for Coverage: *When will I become eligible?*

You will become eligible for coverage on the later of:

- 1) the Policy Effective Date; or
- 2) the date on which You complete the Eligibility Waiting Period for Coverage shown in the Schedule of Insurance, if applicable.

Enrollment: *How do I enroll for coverage?*

All eligible Active Employees will be enrolled automatically by the Employer.

PERIOD OF COVERAGE

Effective Date: *When does my coverage start?*

Your coverage will start on the date You become eligible.

Deferred Effective Date: *When will my effective date for coverage or a change in my coverage be deferred?*

If You are absent from work due to:

- 1) accidental bodily injury;
- 2) sickness;
- 3) Mental Illness;
- 4) Substance Abuse; or
- 5) pregnancy;

on the date Your insurance, or increase in coverage, would otherwise have become effective, Your insurance, or increase in coverage will not become effective until You are Actively at Work one full day.

Changes in Coverage: *Can I change my benefit options?*

You may change Your benefit option at any time. You may decrease coverage or increase coverage to a higher option.

Any such increase in coverage is subject to the following provisions:

- 1) Deferred Effective Date; and
- 2) Pre-existing Conditions Limitation.