Erica Lane Enterprises

Short term disability - FLETC Union, FLETC Non Union and

Estimated weekly benefit & bi-weekly deduction amount

End of rate guarantee period: 07/31/2022

To determine your estimated weekly benefit amount, multiply your weekly earnings by your benefit percentage. See your benefit summary for the definition of earnings.

| If your weekly earnings are greater than \$2,083 then use Age 24 & Under 0.016615 \$2,083 as your earnings. 25-29 0.016153 X Benefit percentage: 0.60 35-39 0.008307 40-44 0.0096923 = Estimated weekly benefit amount: \$ | | | |
|--|---|----------------|----------------|
| \$2,083 as your earnings. X Benefit percentage: 0.60 Estimated weekly benefit amount: \$ | , | Age | Bi-Weekly rate |
| X Benefit percentage: 0.60 30-34 0.006923 X Benefit percentage: 0.008307 40-44 0.0096923 40-44 0.0096923 45-49 0.014307 50-54 0.0161533 55-59 0.020769 To determine your estimated bi-weekly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right. 60-64 0.0244619 Estimated weekly benefit amount: \$ | If your weekly earnings are greater than \$2,083 then use | Age 24 & Under | 0.0166154 |
| X Benefit percentage: 0.60 35-39 0.008307 40-44 0.009692 45-49 0.014307 50-54 0.016153 55-59 0.020769 To determine your estimated bi-weekly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right. 60-64 0.024461 Estimated weekly benefit amount: \$ X Age rate: \$ X Employee Contribution Percent: 100% | \$2,083 as your earnings. | 25-29 | 0.0161538 |
| ## ## ## ## ## ## ## ## ## ## ## ## ## | | 30-34 | 0.0069231 |
| = Estimated weekly benefit amount: \$ 0.014307' 50-54 0.016153' 50-54 0.020769' 55-59 0.020769' 55-59 0.0224619 | X Benefit percentage: 0.60 | 35-39 | 0.0083077 |
| To determine your estimated bi-weekly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right. Estimated weekly benefit amount: X Age rate: X Employee Contribution Percent: 100% | | 40-44 | 0.0096923 |
| To determine your estimated bi-weekly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right. Estimated weekly benefit amount: X Age rate: X Employee Contribution Percent: 100% 55-59 60-64 0.0244619 65-69 70+ 0.0290769 X Employee Contribution Percent: 100% | = Estimated weekly benefit amount: \$ | 45-49 | 0.0143077 |
| To determine your estimated bi-weekly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right. Estimated weekly benefit amount: X Age rate: X Employee Contribution Percent: 100% 60-64 0.0244619 65-69 0.0258463 70+ 0.0290769 | | 50-54 | 0.0161538 |
| multiply your estimated weekly benefit amount by your age rate in the box at the right. Estimated weekly benefit amount: \$ | | 55-59 | 0.0207692 |
| age rate in the box at the right. Estimated weekly benefit amount: X Age rate: X Employee Contribution Percent: 100% | To determine your estimated bi-weekly deduction, | 60-64 | 0.0244615 |
| Estimated weekly benefit amount: \$ X Age rate: \$ X Employee Contribution Percent: 100% | multiply your estimated weekly benefit amount by your | 65-69 | 0.0258462 |
| X Age rate: \$ X Employee Contribution Percent: 100% | age rate in the box at the right. | 70+ | 0.0290769 |
| X Employee Contribution Percent: 100% | Estimated weekly benefit amount: \$ | | |
| | X Age rate: \$ | | |
| = Employee's estimated bi-weekly deduction: \$ | X Employee Contribution Percent: 100% | | |
| | | | |

Example

Age 30; weekly earnings: \$1,500; age rate is 0.0069231; Employee Contribution: 100%

Estimated weekly benefit amount: $$1,500.00 \times 0.60 = 900.00

Employee's estimated bi-weekly deduction: $$900.00 \times 0.0069231 \times 1.00 = 6.23



If your age changes to a different rate band during the guarantee period, your deduction amount will change to reflect the new rate band effective on the next policy anniversary date.

This is a general statement of Short Term Disability insurance underwritten by Principal Life Insurance Company. It is not an insurance contract and does not contain all of the qualifications and restrictions of the coverage being offered to you. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here. For more details about the coverage, refer to the policy that will be issued to each member.