

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

Annual Enrollment Period: as determined by Your Employer on a yearly basis.

Eligibility Waiting Period for Coverage:

None

Benefits Commence:

- 1) for Disability caused by Injury: on the 1st day of Total Disability or Disabled and Working, after exhaustion of all accumulated sick time or salary continuation;
- 2) for Disability caused by Sickness: on the 8th day of Total Disability or Disabled and Working, after exhaustion of all accumulated sick time or salary continuation.

Option 1:

Weekly Benefit:

The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$1,100;

reduced by Other Income Benefits.

Option 2:

Weekly Benefit:

The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$1,150;

reduced by Other Income Benefits.

Option 3:

Weekly Benefit:

The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$100;

reduced by Other Income Benefits.

Option 4:

Weekly Benefit:

The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$150;

reduced by Other Income Benefits.

Option 5:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$200;

reduced by Other Income Benefits.

Option 6:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$250;

reduced by Other Income Benefits.

Option 7:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$300;

reduced by Other Income Benefits.

Option 8:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$350;

reduced by Other Income Benefits.

Option 9:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$400;

reduced by Other Income Benefits.

Option 10:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$450;

reduced by Other Income Benefits.

Option 11:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$500;

reduced by Other Income Benefits.

Option 12:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$550;

reduced by Other Income Benefits.

Option 13:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$600;

reduced by Other Income Benefits.

Option 14:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$650;

reduced by Other Income Benefits.

Option 15:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$700;

reduced by Other Income Benefits.

Option 16:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$750;

reduced by Other Income Benefits.

Option 17:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$800;

reduced by Other Income Benefits.

Option 18:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$850;

reduced by Other Income Benefits.

Option 19:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$900;

reduced by Other Income Benefits.

Option 20:

Weekly Benefit: The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$950;

reduced by Other Income Benefits.

Option 21:

Weekly Benefit: The lesser of:

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

reduced by Other Income Benefits.

Option 22:

Weekly Benefit:

The lesser of:

- 1) 60% of Your Pre-disability Earnings; or
- 2) \$1,050;

reduced by Other Income Benefits.

Minimum Weekly Benefit:

\$100

Maximum Duration of Benefits Payable:

- 1) 26 week(s) if caused by Injury; or
- 2) 26 week(s) if caused by Sickness.

