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.