

<b>SCHEDULE OF BENEFITS</b>
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<b>Policyholder:</b>	CHEBOYGAN AREA SCHOOLS	
<b>Policy Number:</b>	EAB2G00051-0001	
<b>Effective Date:</b>	July 1, 2016	
<b>Eligibility:</b>	<p>The following are eligible: ALL ACTIVE FULL TIME EMPLOYEES EXCLUDING TEACHERS, ADMINISTRATORS AND DIRECTORS</p> <p>A full-time Employee is one who regularly works a minimum of 15 hours per week for the Policyholder. Part-time, seasonal and temporary Employees of the Policyholder are not eligible.</p>	
<b>Waiting Period:</b>	<p>If You are in a class eligible for insurance on or before the Policy Effective Date: None</p> <p>If You enter a class eligible for insurance after the Policy Effective Date: None</p>	
<b>Elimination Period:</b>	90 Days	
<b>LTD Monthly Benefit:</b>	66 2/3% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$2,500.00 per month subject to reduction by deductible sources of income or Disability Earnings	
<b>Social Security Offset Method:</b>	Primary & Family	
<b>Minimum Monthly Benefit:</b>	\$100.00 or 10% of Your Gross LTD Monthly Benefit, whichever is greater	
<b>Policyholder Contribution:</b>	100% of premium	
<b>Maximum Period Payable:</b>	<b>Age on Date Disability Commences</b>	<b>Maximum Period Payable</b>
	Less than 60	To Age 65
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 or over	12 months