

SCHEDULE OF BENEFITS

Policyholder:	CHEBOYGAN AREA SCHOOLS	
Policy Number:	EAB2G00051-0001	
Effective Date:	July 1, 2016	
Eligibility:	<p>The following are eligible: ALL ACTIVE FULL TIME ADMINISTRATORS & 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>	
Waiting Period:	<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>	
Elimination Period:	30 Days	
LTD Monthly Benefit:	66 2/3% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$7,292.00 per month subject to reduction by deductible sources of income or Disability Earnings	
Social Security Offset Method:	Primary & Family	
Minimum Monthly Benefit:	\$100.00 or 10% of Your Gross LTD Monthly Benefit, whichever is greater	
Policyholder Contribution:	100% of premium	
Maximum Period Payable:	Age on Date Disability Commences	Maximum Period Payable
	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