

## SCHEDULE OF BENEFITS

To be attached to and made part of your Booklet

For Members of

### PLAN EFFECTIVE DATE:

### MEMBERS INCLUDED:

DATE OF ELIGIBILITY: You will be eligible on the Plan Effective Date, the date of your employment, or the day following completion of the eligibility waiting period as determined by your Employer, whichever is later.

### LONG TERM DISABILITY

**Maximum Monthly Benefit:** 66 2/3% of monthly earnings subject to a maximum benefit of

#### **Qualifying Period - Benefits begin:**

- (a) upon the exhaustion of accumulated sick days, or upon expiration of **60** calendar days of disability accumulated in any twelve (12) consecutive months, whichever is later, or,
- (b) upon expiration of three (3) consecutive days of disability occurring during a school year in which the Qualifying Period was previously satisfied.

NOTE: The last three (3) sick days or days of disability under (a) above must be consecutive and due to the same or related cause.

#### **Regular Occupation Total**

**Disability Period:** 2 years

#### **Maximum Period of Payment:**

- (a) for disability commencing prior to age 60 - up to age 65,
- (b) for disability commencing at or after age 60 and prior to age 66 - up to 5 years,
- (c) for disability commencing at or after age 66 - up to the following periods:

<u>Disabled at Age</u>	<u>Duration of Benefits</u>
66	4 years
67	3 years
68	2 years
69 or later	1 year

#### **Social Security Benefits Integrated with Monthly Benefits:**

Primary and Family Benefits

**Minimum Monthly Benefit:** Five percent (5%) of your Maximum Monthly Benefit before reduction of Income From Other Sources or \$50, whichever is greater (for disabilities commencing on or after July 1, 1986).

**Freeze on Offsets:** Future monthly LTD benefits will not be reduced because of automatic, statutory or general cost of living increases in income amounts used as monthly benefit offsets. If any such income amounts are initially estimated, these amounts will be adjusted to reflect the final determination.

<b>Pre-existing Condition Limitation:</b>	Yes
<b>Cost of Living Adjustment:</b>	Included
<b>Survivor Income Benefit:</b>	Included
<b>Educational Supplement Program:</b>	Included
<b>Limited Benefits for Disability due to Mental Disease or Illness:</b>	2 Year Limitation
<b>Limited Benefits for Disability due to Alcoholism or Drug Abuse:</b>	2 Year Limitation
<b>Benefits for Disabilities due to Pregnancy:</b>	Included
<b>Rehabilitation Benefits:</b>	Included

Waiver of MESSA Health Care Plan Contributions During Total Disability: up to 24 months for any one period of disability commencing on or after July 1, 1986.

Monthly earnings shall mean one-twelfth (1/12) of your annual rate of compensation not including bonuses, commissions or any other special compensation.

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