STANDARD INSURANCE

When a disability affects an Employee, benefit payments are available. With Long Term Disability (LTD) Insurance, a portion of your income is protected if you are unable to work because of a disability.

Schedule of Coverage

LTD Benefit is the lesser of the following:
- 66 2/3% of your pre-disability earnings to a maximum benefit of $7,000 per month; or
- 70% of your pre-disability earnings, reduced by deductible income (i.e., Social Security or PERA disability).

The benefit waiting period is 90 days. The minimum monthly payment is $100. If a disability began on or after January 1, 2001, a cost-of-living adjustment (COLA) may increase benefit payments.

Pre-disability earnings are based on the last full day worked prior to the disability. The Maximum Benefit Period is determined by your age when disability begins, as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Maximum Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 or younger</td>
<td>to age 65, or to SSNRA(^1), or 3 years 6 months, whichever is longest</td>
</tr>
<tr>
<td>62</td>
<td>to SSNRA(^1) or 3 years 6 months, whichever is longer</td>
</tr>
<tr>
<td>63</td>
<td>to SSNRA(^1) or 3 years, whichever is longer</td>
</tr>
<tr>
<td>64</td>
<td>to SSNRA(^1) or 2 years 6 months, whichever is longer</td>
</tr>
<tr>
<td>65</td>
<td>2 years</td>
</tr>
<tr>
<td>66</td>
<td>1 year 9 months</td>
</tr>
<tr>
<td>67</td>
<td>1 year 6 months</td>
</tr>
<tr>
<td>68</td>
<td>1 year 3 months</td>
</tr>
<tr>
<td>69 or older</td>
<td>1 year</td>
</tr>
</tbody>
</table>

\(^1\)SSNRA = Social Security Normal Retirement Age

Exclusions

Preexisting Condition defined as treatment received during the 90-day period just before your coverage becomes effective.

Exclusion Period ................................................... 12 months

Limitations

Chronic Fatigue Conditions................................. Yes
Limitation Period .............................................. 24 Months

Chemical and Environmental Sensitivities ............ Yes
Limitation Period .............................................. 24 months
Mental Disorders ................................................... Yes
Limitation Period ................................................. 24 months

Musculoskeletal and Connective Tissue Disorders ............................................. Yes
Limitation Period ................................................... 24 months

Alcohol Use, Alcoholism or Drug Use .................................................. Yes
Limitation Period: .................................................. 24 months

**Benefit Offsets**
Social Security/Deductible Income
Social Security Offset: ........................................... Full Offset

Salary Continuation Offset: ........................................... Sick Pay or other salary continuation payable to you by your employer, but not including vacation pay.

**Survivor Benefit**
In the event of your death while receiving long term disability benefits, a Survivor Benefit may be payable to your eligible survivor. Contact the Human Resources/Benefits Office for further details.

**Filing a Claim**
If you have a claim, notify the Human Resources/Benefits Office immediately. You will be required to show written proof of your disability. Claims should be filed on the appropriate forms. If you do not receive the appropriate forms within 15 days after you request them, you may submit your claim in a letter to the Human Resources/Benefits Office. The letter should include the date disability began and the cause and nature of the disability.

You have 90 days after the end of the benefit waiting period to file a claim. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after the end of the 90-day benefit waiting period. If a claim is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

For questions, call Standard Insurance Customer Service: ....................1-800-368-1135 x 7831
Website ......................................................................................................... www.standard.com

**NOTE**: This summary is designed to answer some common questions about LTD coverage. It is not intended to provide a detailed description of the coverage. When you become covered, a more detailed description of the coverage will be available in a certificate provided to you. The controlling provisions of coverage are in the Plan Document. This summary and the certificate do not modify the Plan Document or coverage in any way.