

SCHEDULE OF BENEFITS

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for **you** by paying a portion of your income while **you** are disabled. The amount **you** receive is based on the amount **you** earned before your **disability** began. In some cases, **you** can receive disability payments even if **you** work while **you** are disabled. Your **disability** must begin while **you** are covered under the long term disability plan.

All terms **bolded** are defined in the **GLOSSARY** section.

You must write your name and the date **you** received this certificate in the space provided so that it becomes your certificate of coverage. The date **you** are eligible for coverage is described in the **GENERAL PROVISIONS** section.

EMPLOYEE NAME:

DATE RECEIVED:

ELIGIBLE GROUP(S):

All Employees and Partners in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

DISABILITY COVERED:

Total Disability and Partial Disability

For definition of **disability** refer to "**WHEN ARE YOU TOTALLY DISABLED?**" and "**WHEN ARE YOU PARTIALLY DISABLED?**" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this long term disability plan.

MAXIMUM MONTHLY BENEFIT:

Partners

60% of **monthly pre-disability earnings** to a maximum benefit of \$35,000 per month.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "**WHAT ARE BENEFIT REDUCTIONS?**" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

Attorneys, Chiefs, Directors, and Officers

60% of **monthly pre-disability earnings** to a maximum benefit of \$20,000 per month.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "**WHAT ARE BENEFIT REDUCTIONS?**" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

All Employees not eligible in another group

60% of **monthly pre-disability earnings** to a maximum benefit of \$10,000 per month.

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ELIMINATION PERIOD:

90 days

This is the period of **disability** which must be satisfied before **you** are eligible to receive benefits.

MAXIMUM PERIOD OF PAYMENT (for **total disability** and **partial disability** combined):

<u>Age at Disability</u>	<u>Maximum Period of Payment</u>
Less than Age 62	To Social Security Normal Retirement Age
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months

No premium payments are required for your coverage while **you** are receiving payments under this long term disability plan.

TOTAL BENEFIT CAP:

The total benefit payable to **you** on a monthly basis (including all benefits provided under this long term disability plan) will not exceed 100% of your **monthly pre-disability earnings** or your **maximum monthly benefit**.

The above items are only highlights of this long term disability plan. For a full description of your coverage, continue reading your certificate of coverage section.

BENEFITS AT A GLANCE

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EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: November 1, 2006

POLICY NUMBER: 950418 001

ELIGIBLE GROUP(S):

All Employees and Partners in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 25 hours per week.

WAITING PERIOD:

The **waiting period** is a continuous period of **active employment** which **you** must satisfy before **you** are eligible for coverage.

For **employees** in an eligible group on or before November 1, 2006: None

For **employees** entering an eligible group after November 1, 2006: None

REHIRE:

If your employment ends and **you** are rehired within 12 months, your previous work while in an eligible group will apply toward the **waiting period**. All other policy provisions apply.

WHO PAYS FOR THE COVERAGE:

Partners

You pay the cost of your coverage.

Attorneys, Chiefs, Directors, and Officers, All Employees not eligible in another group

Your **Employer** pays the cost of your coverage.

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PRE-EXISTING CONDITION:

Benefits are not payable for any **disability** caused by or resulting from a **pre-existing condition**, as defined in the policy. To see if your **disability** excludes **you** from receiving benefits due to a **pre-existing condition**, refer to "**WHAT IS AN EXCLUDED PRE-EXISTING CONDITION?**" in the **BENEFIT INFORMATION** section.

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