

Schedule of Benefits

(GR-9N S-01-001-01)

Employer: City of De Pere

Group Policy Number: GP-686271-GI

Issue Date: January 6, 2015

Effective Date: January 1, 2015

Schedule: 1A

Cert Base: 1

For: Long Term Disability

Long Term Disability Coverage (GR 9N 05-001-01)

Schedule of Long Term Disability Benefits

Elimination Period

The first 90 days of a period of disability.

(GR 9N 05-001-01)

Scheduled Monthly Benefit

60% of your monthly **predisability earnings**

(GR 9N 05-001-01)

Maximum Monthly Benefit Under this Plan (plus all other Income benefits)

\$5,000

Minimum Monthly Benefit

(GR 9N 05-001-01)

The greater of:

- (a) \$100; and
- (b) 10% of your scheduled monthly benefit or, if less, 10% of the maximum monthly benefit

Benefits Actually Payable

Any monthly benefit actually payable to you by **Aetna** will be reduced by other Income benefits. For additional information regarding other income benefits, see your Booklet Certificate.

Maximum Benefit Duration*

Your period of disability will end when the later of the following events occur:

- The calendar month when you reach normal retirement age, as determined by the 1983 Amended Social Security Normal Retirement Age; or
- The expiration of the number of months of disability, after the elimination period is met as figured from the following Schedule, if your disability starts on or after the date you reach age 62.

Maximum Benefit Duration Schedule

Age When Period of Disability Starts

62 but less than 63
63 but less than 64
64 but less than 65
65 but less than 66
66 but less than 67
67 but less than 68
68 but less than 69
69 and over

Months of Disability

42 months
36 months
30 months
24 months
21 months
18 months
15 months
12 months

1983 Amended Social Security Normal Retirement Age

Year of Birth

Before 1938
1938
1939
1940
1941
1942

Normal Retirement Age

65
65 and 2 months
65 and 4 months
65 and 6 months
65 and 8 months
65 and 10 months

1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

General (GR-9N S-28-01)

This *Schedule of Benefits* replaces any similar *Schedule of Benefits* previously in effect under your plan of long term disability benefits. Requests for coverage other than that to which you are entitled in accordance with this *Schedule of Benefits* cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.