

SCHEDULE OF BENEFITS

Employer(s):	DeForest Area School District
Plan Number:	7858
Original Plan Effective Date:	July 1, 2020
Eligible Class:	Class 01: All Eligible Employees
Employer Premium Contribution:	0%
Elimination Period:	Injury: 3 days Physical Disease: 7 days
Minimum Hourly Work Requirement:	20 hours per week
Waiting Period:	None
Evidence of Insurability Requirement:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
Employee Eligibility Date:	First of month following completion of the Waiting Period
Minimum Participation Requirement:	14%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Suspension of coverage for up to one year while on Military Leave
Definition of Disability:	Total
Own Occupation Period:	From the end of the Elimination Period to the end of the Maximum Benefit Period
Recurrent Disability:	2 weeks
Definition of Predisability Earnings:	Base pay only
Gross Weekly STD Benefit Flat Amount	Option of \$147; \$175; \$224; \$273; \$301; \$357; \$420; \$462; \$504; \$580; \$667; \$767 or \$882; not to exceed 66-2/3% of Weekly Predisability Earnings
Guarantee Issue:	\$301

Maximum Benefit Period:	Commencing at the end of the Elimination Period and continuing for the lesser of 60 consecutive calendar days, or until LTD Benefits commence. No STD Benefits will be paid for periods of time for which LTD Benefits are payable.
Integration with Sick Pay:	Pays in addition to Sick Pay
Social Security Integration:	N/A
Freeze Type:	N/A
Integration with Work Earnings:	N/A
Pre-existing Condition Exclusion:	12 months/12 months - Initial amounts and coverage increases
Twenty-Four Hour Coverage:	Applies
Claim Payment Method:	Biweekly

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