

SCHEDULE OF BENEFITS

POLICYHOLDER: Lincolnway Area Affiliation of Participating School Districts Employee Benefit Trust Fund

PARTICIPATING EMPLOYER: Manhattan S.D. #114

POLICY NUMBER: F022645-0001

EFFECTIVE DATE: July 1, 2018 (Revised Effective February 1, 2026)

ANNUAL ENROLLMENT PERIOD: 8/1-8/31

ELIGIBILITY: Division 1 All other active, full-time Employees of the Participating Employer working in the United States of America who are Actively at Work for the Participating Employer and who have completed the Eligibility Waiting Period, if any. A full-time Employee is one who regularly works a minimum of 20 hours per week for the Participating Employer. Part-time, seasonal and temporary Employees of the Participating Employer are not eligible.

Eligibility Waiting Period: Current *Employees:* None
New *Employees:* None

Policyholder Contribution: Basic Life & AD&D 100% of premium
Supplemental Dependent Life 0% of premium
Supplemental Life & AD&D 0% of premium

GROUP TERM LIFE INSURANCE

Employee Basic Life Benefit Amount \$25,000

Employee Supplemental Life Benefit Amount Incremental selection from a minimum of \$25,000 to a maximum of \$100,000 in increments of \$25,000, not to exceed 5 times Annual Earnings

Annual Earnings means *Your* gross annual income from the Participating Employer. It includes *Your* total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. *Annual Earnings* does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than the Participating Employer.

Guarantee Issue Benefit Limit *Employee Basic:* \$25,000

Employee Supplemental: the lesser of \$100,000 or 3 times Annual Earnings

Spouse Supplemental: \$20,000

Amounts in excess of the Guarantee Issue Benefit Limit are subject to satisfactory *Evidence of Insurability*

Reduction of Benefits	None
Waiver of Premium	
Waiver Eligibility	Totally Disabled prior to age 60 without interruption from the last date worked for at least 6 months
Insured Eligibility	<i>Employee</i>
Maximum Waiver of Premium Duration	age 65

Accelerated Death Benefit (ADB)

Benefit Amount	75% (75% is maximum in Illinois) Basic and <i>Supplemental</i> Term Life Insurance In force
Insured Eligibility	<i>Employee</i>
Minimum Covered Life Insurance Amount	\$15,000
Maximum ADB Payment	\$500,000
Minimum ADB Payment	\$7,500

Portability

Benefit Eligibility	Basic and <i>Supplemental</i> Life and AD&D
Insured Eligibility	<i>Employee & Spouse</i>
Portability Benefit Duration	Age 70

DEPENDENT TERM LIFE INSURANCE

<i>Spouse</i> Benefit Amount	<i>Supplemental</i> : An elected amount in increments of \$10,000 up to a maximum of \$50,000, not to exceed 50% the <i>Employee's</i> Life amount
<i>Child(ren)</i> Benefit Amount	<i>Supplemental</i> : \$0 - Age live birth to 15 days \$500 - age 15 days to 6 months \$5,000 - age 6 months to 26 years

GROUP ACCIDENTAL DEATH & DISMEMBERMENT

<i>Employee Basic AD&D Coverage Amount</i>	\$25,000
<i>Employee Supplemental AD&D Coverage Amount</i>	Equal to Your <i>Supplemental</i> Life Benefit Amount

Reduction of Benefits	None
Seat Belt Benefit	10% of <i>Employee</i> Coverage Amount, to a maximum of \$25,000
Air Bag Benefit	5% of <i>Employee</i> Coverage Amount to a maximum of \$15,000
Repatriation Benefit	Actual costs to a maximum of \$2,000
Education Benefit	
Benefit Amount	5% of <i>Employee</i> Coverage Amount, to a maximum of \$3,000 per year
Maximum Benefit Duration	Benefit payable for a maximum of four (4) years
Eligible Dependents	Age live birth to age 19 years (23 if a full-time student)
Day Care Benefit Amount	
Benefit Amount	3% of <i>Employee</i> Coverage Amount to a maximum of \$2,000 per year
Maximum Benefit Duration	Six (6) Years