SCHEDULE OF BENEFITS

POLICYHOLDER: Oberlin College
GROUP POLICY NUMBER: 68437-6LTD2011

The BENEFITS AT A GLANCE in your certificate B-15055 includes this Schedule of Benefits. Please keep this Schedule of Benefits with your certificate. This Schedule of Benefits is subject to all other terms of the policy/certificate.

ELIGIBLE CLASS(ES)
All full-time employees in active employment with the Employer in the United States.
You must be an employee of the Employer and in an eligible class.
Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT
Faculty employees must have at least a 4/9 appointment.
Administrative and Professional employees must be working at least 20 hours or more per week for at least 9 months.
Confidential employees must be working at least 20 hours or more per week for at least 9 months.
Service employees must be employed on either a full year or school year basis and working at least 20 hours per week.
Security employees must be employed on either a full year or school year basis and working at least 18 hours per week.
Administrative Assistants, must work at least .36 FTE in a position designated as 9 months per fiscal year or .40 FTE in a position designated for more than 9 months per fiscal year.
Intern employees must work at least 9 months or more.

WAITING PERIOD
For persons in an eligible class on or before the policy effective date: None
For persons entering an eligible class after the policy effective date: None

WHO PAYS FOR THE COVERAGE
Your Employer pays the cost of your coverage.

WAIVER OF PREMIUM
We do not require premium payments for your coverage while you are receiving or are entitled to receive Long Term Disability payments under the policy.

ACCUMULATION OF ELIMINATION PERIOD
Elimination period: 180 consecutive days.
Accumulation period: 360 consecutive days.
The elimination period and the accumulation period begin on the first day of your disability.
Benefits for a payable claim begin the day after the elimination period is completed.

MONTHLY BENEFIT
60% of monthly earnings to a maximum benefit of $10,000 per month.
Your benefit may be reduced by any deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under the policy.
MONTHLY EARNINGS

Monthly earnings means your gross monthly income from your Employer in effect just prior to your date of disability. 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. It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than your Employer.

Earnings, whether for a full year or partial year, will be converted to a monthly amount for the purpose of calculating the monthly payment. If you become disabled while you

If you become disabled while you are on a covered layoff or leave of absence, including a sabbatical leave, we will use your monthly earnings from your Employer in effect just prior to the date your absence begins.

MAXIMUM PERIOD OF PAYMENT

<table>
<thead>
<tr>
<th>Your Age When Disability Begins</th>
<th>Maximum Period of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than age 62</td>
<td>To age 67 but not less than 5 years</td>
</tr>
<tr>
<td>Age 62</td>
<td>60 months</td>
</tr>
<tr>
<td>Age 63</td>
<td>48 months</td>
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<tr>
<td>Age 64</td>
<td>42 months</td>
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<tr>
<td>Age 65</td>
<td>36 months</td>
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<tr>
<td>Age 66</td>
<td>30 months</td>
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<tr>
<td>Age 67</td>
<td>24 months</td>
</tr>
<tr>
<td>Age 68</td>
<td>21 months</td>
</tr>
<tr>
<td>Age 69 and over</td>
<td>18 months</td>
</tr>
<tr>
<td>Age 69 and over</td>
<td>12 months</td>
</tr>
</tbody>
</table>

REGULAR OCCUPATION PERIOD

2 Year(s)

TOTAL BENEFIT CAP

If you are eligible to receive payments under the policy in addition to your monthly payment, the total benefit payable to you on a monthly basis (including all benefits provided under the policy) will not exceed 100% of your monthly earnings. However, if you are participating in a vocational rehabilitation plan, the total benefit payable to you on a monthly basis (including all benefits provided under the policy) will not exceed 110% of your monthly earnings.

The above items are only highlights of the policy. For a full description of your coverage, including any additional benefits, exclusions or limitations that may apply, continue reading your Certificate of Coverage.

EFFECTIVE DATE

This Schedule of Benefits is effective for disabilities which start on or after the later of the following dates:

• July 1, 2014.
• The effective date of your insurance.

Registrar

R08824

RB-15055