



| <p>How much coverage is provided?</p> | <ul style="list-style-type: none"> • 66.67% of your annual salary • Maximum Monthly Benefit is \$17,500 • Allows for you to earn a portion of lost wages in the event that you are disabled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------|-------------------|---------------|-----|-----------------|-----------|----------------|----|----|-----------|------|-----------------|----|-----------|------|-----------------|----|-----------|------|-----------------|----|-----------|------|-----------------|----|-----------|------|------------------|----|-----------|---------|----|--------------|-----------|------|-----------------|--|--|------|-----------------|--|--|------|-----------------|--|--|------|-----------------|--|--|------|------------------|--|--|----------------|----|
| <p>When will benefits end?</p> | <p>If you become disabled prior to age 63, you will be eligible for benefits until the later of 48 months or the day before attaining Social Security Normal Retirement Age. If you become disabled at age 63 or after, the duration of benefits reduces according to the table below.</p> <p style="text-align: right;"><u>Social Security Normal Retirement Age</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Age at Disablement</th> <th style="width: 20%;">Benefit Duration*</th> <th style="width: 20%;">Year of birth</th> <th style="width: 20%;">Age</th> </tr> </thead> <tbody> <tr> <td>Prior to age 63</td> <td>48 months</td> <td>1937 and prior</td> <td>65</td> </tr> <tr> <td>63</td> <td>42 months</td> <td>1938</td> <td>65 and 2 months</td> </tr> <tr> <td>64</td> <td>36 months</td> <td>1939</td> <td>65 and 4 months</td> </tr> <tr> <td>65</td> <td>30 months</td> <td>1940</td> <td>65 and 6 months</td> </tr> <tr> <td>66</td> <td>27 months</td> <td>1941</td> <td>65 and 8 months</td> </tr> <tr> <td>67</td> <td>24 months</td> <td>1942</td> <td>65 and 10 months</td> </tr> <tr> <td>68</td> <td>21 months</td> <td>1943-54</td> <td>66</td> </tr> <tr> <td>69 and older</td> <td>18 months</td> <td>1955</td> <td>66 and 2 months</td> </tr> <tr> <td></td> <td></td> <td>1956</td> <td>66 and 4 months</td> </tr> <tr> <td></td> <td></td> <td>1957</td> <td>66 and 6 months</td> </tr> <tr> <td></td> <td></td> <td>1958</td> <td>66 and 8 months</td> </tr> <tr> <td></td> <td></td> <td>1959</td> <td>66 and 10 months</td> </tr> <tr> <td></td> <td></td> <td>1960 and later</td> <td>67</td> </tr> </tbody> </table> <p style="font-size: small;">*To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.</p> <p style="text-align: right; font-size: small;"><i>Notes: Persons born on January 1 of any</i></p> | Age at Disablement | Benefit Duration* | Year of birth | Age | Prior to age 63 | 48 months | 1937 and prior | 65 | 63 | 42 months | 1938 | 65 and 2 months | 64 | 36 months | 1939 | 65 and 4 months | 65 | 30 months | 1940 | 65 and 6 months | 66 | 27 months | 1941 | 65 and 8 months | 67 | 24 months | 1942 | 65 and 10 months | 68 | 21 months | 1943-54 | 66 | 69 and older | 18 months | 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 | | | 1960 and later | 67 |
| Age at Disablement | Benefit Duration* | Year of birth | Age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior to age 63 | 48 months | 1937 and prior | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | 42 months | 1938 | 65 and 2 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | 36 months | 1939 | 65 and 4 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | 30 months | 1940 | 65 and 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 | 27 months | 1941 | 65 and 8 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 | 24 months | 1942 | 65 and 10 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | 21 months | 1943-54 | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 and older | 18 months | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1960 and later | 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Am I eligible for this coverage?</p> | <p>You are eligible for this plan if you are an active employee working at least 20 hours per week in the following classes:</p> <p>Class 1: All Full-Time Active Administrators, Teachers and Nurses</p> <p>Class 2: All Other Full-Time Active Employees and Part-Time Certified Staff excluding Full-Time Administrators, Nurses, Teachers, Paraprofessionals and Food Service Employees</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>What is an elimination period?</p> | <p>An Elimination Period is the time between when your disability begins and the time you are eligible to receive benefits. No benefits are paid during the Elimination Period. Your Elimination Period is 90 consecutive calendar days.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

What if I earn income while I'm disabled such as Social Security Income?

As with most Disability Insurance plans, benefits are reduced by other income you may receive during a disability, including employer-sponsored sick leave pay, Social Security or a State Retirement Disability benefit plan. Please refer to your insurance certificate for more information.

Are there any exclusions or limitations?

Exclusions:

- **War.** You are not covered for a Disability caused or contributed to by War or any act of War. War means a state or period of declared or undeclared war whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties, or acts of terrorism.
- **Criminal Conduct.** You are not covered for a Disability caused or contributed to by your committing or attempting to commit an assault, battery, or any other crime. You are not covered for a Disability caused as a result of your engaging in an illegal activity, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
- **Military Leave.** You are not covered for a Disability that occurs during any military leave for active duty, including training duty, the National Guard and Coast Guard, or any active or reserve component of the military forces of any state or country.
- **Imprisonment.** No LTD Benefits will be paid for any period of Disability when you are, for any reason, confined in a penal or correctional institution or under house arrest.
- **Intentionally Self-Inflicted Injury-Suicide.** You are not covered for a Disability caused or contributed to by an intentionally self-inflicted injury or attempted suicide, while sane or insane.

Pre-existing Condition:

If you received medical treatment, took prescribed drugs or consulted a physician for an illness or injury, etc. in the 3 months prior to the effective date of coverage, that particular sickness or injury or anything related to that condition will not qualify for benefits during the first 12 months of the plan.

Limitations:

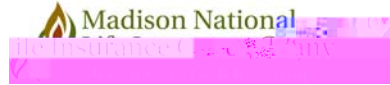
- **Mental Disorders.** LTD Benefit payments based on a Mental Disorders Abuse are limited to 24 months during your lifetime unless institutionalized.
- **Foreign Residency.** Payment of LTD Benefits is limited to 6 months for each period of continuous Disability while the Insured Person resides outside of the United States or Canada.
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Administered by:



Corporate Headquarters
250 South Executive Drive, Suite 300
Brookfield, WI 53005
Offices Nationwide
800.627.3660

Underwritten by:



PO Box 5008, Madison, WI 53705

This is a brief description of disability insurance. For complete details including all benefits, exclusions and limitations, refer to Certificate form number GLDI-C200-(12/06)-NE as issued to your employer.

Madison National Life Insurance Company, Inc. is a Wisconsin Insurance company and a Member of the IHC Group. The IHC Group is an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for over 30 years. For information on the IHC Group, see www.ihcgroup.com.