



The Lincoln National Life Insurance Company
A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
1-800-423-2765 Online: www.LincolnFinancial.com

In Consideration of the Application for this Policy made by

Berrien Regional Education Service Agency

(herein called the Policyholder)

and the payment of all premiums when due, the Lincoln National Life Insurance Company agrees to make the payments provided in this Policy to the person or persons entitled to them.

Policy No. 000010206051 Policy Effective Date: July 1, 2015.

Monthly Premium: 0.260% of Total Covered Payroll per Month

The above rate or rates are guaranteed until July 1, 2018, unless any of the Policy's terms are changed.

Policy Anniversaries will be annual beginning on July 1, 2018

The first premium is due on this Policy's Effective Date, and subsequent premiums are due on August 1, 2015, and on the same day of each month thereafter.

This policy is delivered in the state of Michigan and subject to the laws of that jurisdiction.

The Lincoln National Life Insurance Company has executed this Policy at its Group Insurance Service Office in Omaha, Nebraska this 22nd of July, 2015.

Handwritten signature of Charles A. Brault in cursive.

SECRETARY

Handwritten signature of Dennis R. Glass in cursive.

PRESIDENT

GROUP LONG-TERM DISABILITY INSURANCE POLICY

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
Policy Face Page

Berrien Regional Education Service Agency
000010206051
SCHEDULE OF BENEFITS
For
Class 1 - All Full-Time Employees

MINIMUM HOURS: 21 hours per week

WAITING PERIOD: (For date insurance begins, refer to “Effective Date“ sections)
 None

CONTRIBUTIONS: Insured employees are not required to contribute to the cost of the Long-Term Disability coverage.

LONG-TERM DISABILITY BENEFITS

BENEFIT PERCENTAGE: 66 2/3%

MAXIMUM MONTHLY BENEFIT: \$5,000

MINIMUM MONTHLY BENEFIT: \$100

Long-Term Disability Benefits for PRE-EXISTING CONDITIONS will be subject to the Pre-Existing Condition Exclusion on the Exclusion page.

The Maximum Monthly Benefit will not exceed the Benefit Percentage times Basic Monthly Earnings.

ELIMINATION PERIOD: 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period.

MAXIMUM BENEFIT PERIOD: (For Sickness, Injury or Pre-Existing Conditions): The Insured Employee’s Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later).

Age at Disability	Maximum Benefit Period
Less than Age 60	To Age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

OWN OCCUPATION PERIOD means a period beginning at the end of the Elimination Period and ending 24 months later for Insured Employees.