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## Reed College Benefits as of April 1, 2009 All Eligible Members

<b>Long Term Disability Benefits</b>	
Benefits Begin:	Benefits begin after 180 days of disability.
Benefit Replacement Percentage	60% of your basic monthly earnings (Does not include bonuses or overtime)
Maximum Monthly Benefit	\$7,500
Maximum Benefit Period	If you become disabled and are less than age 61, benefits are generally payable to Social Security Normal Retirement Age. If you become disabled after your 61 <sup>st</sup> birthday, benefits are payable according to a schedule. Please see your certificate for complete details.
Minimum Monthly Benefit	The greater of \$100 or 10% of the gross monthly benefit
Definition of Total Disability	You are considered totally disabled if you are unable to do the material duties of your own occupation during the first 36 months of disability, thereafter you must be disabled from any occupation that you are fitted for by reason of training, experience or education.
Partial Disability Qualification	If because of a disability you are earning less than 80% of what you were earning before you became disabled, you may qualify for a partial disability benefit.
Pre-existing Condition Exclusion	A pre-existing condition is one that exists 3 months prior to your effective date of LTD coverage. LTD benefits are not payable for any disability caused by a pre-existing condition, if the disability begins during the first 12 months of your coverage. However, if during the first 12 months of coverage you can be treatment free for the pre-existing condition for 6 consecutive months, you will have coverage for such condition upon completion of the 6 month treatment free period.
Cost of Living Adjustment	Regence will pay you a Cost of Living Adjustment Benefit every July 1 <sup>st</sup> . The adjustment will equal to 3% of the net monthly benefit providing you have been totally disabled for 12 months or longer following the elimination period, and you are receiving total disability benefits on July 1 <sup>st</sup> . COLA increases will continue as long as you remain totally disabled. The COLA increases are not subject to the monthly maximum benefit.
Pension Contribution Benefit	If you are receiving total disability payments and are participating in your employer's pension plan, we will pay your employer an additional benefit equal to 10% of your basic monthly earnings, up to the maximum allowed by Law. This extra benefit will be paid to your employer for deposit into your pension plan.
Definition of Disability for Activities of Daily Living Rider	If you are unable to perform the material and substantial duties of your Regular Occupation due to sickness or injury <b>and</b> you are continuously unable to perform at least <b>two</b> Activities of Daily Living without stand-by help, or if you have cognitive impairment you will receive the lesser of 20% of your covered monthly earnings or \$5,000. This benefit is not subject to offsets from other sources of income.
Activities of Daily Living	Activities of Daily Living (ADL) means: <ul style="list-style-type: none"> <li>◆ Bathing</li> <li>◆ Dressing</li> <li>◆ Transferring</li> <li>◆ Mobility</li> <li>◆ Eating</li> <li>◆ Continence</li> <li>◆ Toileting</li> </ul>
Exclusions & Limitations	No benefits are payable for self inflicted injuries, war or any act of war, active participation in a riot, and committing or attempting to commit a felony. There is a 24 month mental/nervous benefit limitation.
W-2 Preparation	All benefits are taxable. We prepare the W-2 at the end of the year and send it directly to you.
Conversion	Conversion is not available for LTD coverage. Coverage ends on the last day of your eligibility.

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<b>Supplemental Life Insurance (Payroll Deduction)</b>																																															
Eligibility	Employees enrolled in the Basic Life plan. Spouses and/or Dependent Children (eligible to age 21, or 25 if a full time student) may be enrolled if you (the employee) are enrolled in the Supplemental Life plan.																																														
Amounts Available	<ul style="list-style-type: none"> <li>• Employee - \$10,000 to \$500,000 in \$10,000 increments.</li> <li>• Spouse - \$5,000 to \$500,000, in \$5,000 increments.</li> <li>• Child (ren) - \$2,000, 4,000, \$6,000, \$8,000 or \$10,000.</li> </ul>																																														
Age Reduction	<p>If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce according to the following scale.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;"><u>Benefits reduce to:</u></td> <td style="text-align: right;"><u>At age:</u></td> </tr> <tr> <td>65%</td> <td style="text-align: right;">70</td> </tr> <tr> <td>50%</td> <td style="text-align: right;">75</td> </tr> </table>	<u>Benefits reduce to:</u>	<u>At age:</u>	65%	70	50%	75																																								
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Accelerated Benefit	You may collect part of your or your covered dependent's supplemental life insurance prior to death if you or a covered dependent are diagnosed as terminally ill and have a life expectancy of less than 6 months. You may apply for up to 75% of the supplemental life insurance in force, to a \$150,000 maximum. The remaining percent of benefit you do not elect is payable to your beneficiary or you in the case of a covered dependent, upon your or your covered dependent's death.																																														
Underwriting and Effective Date	<p>Employees may apply for up to \$100,000 and spouses up to \$25,000 guarantee issue (no health statement required) if applied for within 31 days of initial eligibility. Any amount applied for OVER \$100,000 for employees and \$25,000 for spouses during the initial 31 day eligibility period requires a health statement. ANY amount applied for, for both employees and spouses AFTER the initial 31 day eligibility period (late enrollment), requires a health statement.</p> <p>Any coverage requiring a health statement is not effective until approved in writing by Regence Life and Health. In some cases, we may request a Paramed Exam. If requested, the Paramed Exam will be at Regence Life and Health's expense.</p>																																														
Total Disability	If you (the employee) become totally disabled (as defined by the policy) prior to age 60 and are disabled for at least 6 consecutive months, your supplemental life insurance may be continued until you reach age 65 without further premium payment by either your employer or you. Your covered dependent's coverage would terminate and they could convert or elect portability at that time. If a covered dependent becomes disabled, coverage may continue with premium payment.																																														
Cost - Rates	<p>Premiums are based on the applicant's age and are paid through payroll deduction.</p> <table style="width: 100%; border-collapse: collapse; margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="3" style="text-align: left; vertical-align: bottom;">Age</th> <th colspan="3" style="text-align: center;"><b>Monthly Rates</b></th> </tr> <tr> <th colspan="2" style="text-align: center;"><u>Employee</u></th> <th style="text-align: center;"><u>Spouse</u></th> </tr> <tr> <th style="text-align: center;"><u>Non-Smoker per \$1,000</u></th> <th style="text-align: center;"><u>Smoker rates per \$1,000</u></th> <th style="text-align: center;"><u>per \$1,000</u></th> </tr> </thead> <tbody> <tr> <td>Under age 29</td> <td style="text-align: right;">\$.064</td> <td style="text-align: right;">\$.099</td> <td style="text-align: right;">\$.112</td> </tr> <tr> <td>30-34</td> <td style="text-align: right;">.074</td> <td style="text-align: right;">.126</td> <td style="text-align: right;">.135</td> </tr> <tr> <td>35-39</td> <td style="text-align: right;">.112</td> <td style="text-align: right;">.191</td> <td style="text-align: right;">.210</td> </tr> <tr> <td>40-44</td> <td style="text-align: right;">.156</td> <td style="text-align: right;">.320</td> <td style="text-align: right;">.357</td> </tr> <tr> <td>45-49</td> <td style="text-align: right;">.269</td> <td style="text-align: right;">.549</td> <td style="text-align: right;">.594</td> </tr> <tr> <td>50-54</td> <td style="text-align: right;">.484</td> <td style="text-align: right;">.979</td> <td style="text-align: right;">.952</td> </tr> <tr> <td>55-59</td> <td style="text-align: right;">.835</td> <td style="text-align: right;">1.301</td> <td style="text-align: right;">1.322</td> </tr> <tr> <td>60-64</td> <td style="text-align: right;">1.198</td> <td style="text-align: right;">1.691</td> <td style="text-align: right;">1.880</td> </tr> <tr> <td>65-69</td> <td style="text-align: right;">1.989</td> <td style="text-align: right;">3.353</td> <td style="text-align: right;">2.808</td> </tr> </tbody> </table> <p>For over age 70 rates, please see your certificate for details.</p> <p style="text-align: center;"><b><u>Dependent Child(ren) Rates</u></b> \$ .489 per \$2,000 increment.</p>	Age	<b>Monthly Rates</b>			<u>Employee</u>		<u>Spouse</u>	<u>Non-Smoker per \$1,000</u>	<u>Smoker rates per \$1,000</u>	<u>per \$1,000</u>	Under age 29	\$.064	\$.099	\$.112	30-34	.074	.126	.135	35-39	.112	.191	.210	40-44	.156	.320	.357	45-49	.269	.549	.594	50-54	.484	.979	.952	55-59	.835	1.301	1.322	60-64	1.198	1.691	1.880	65-69	1.989	3.353	2.808
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Exclusions	No benefits are payable if death is due to suicide or attempted suicide during the first two years of coverage.																																														
Portability	Portability allows you and your covered dependents to continue your supplemental life if you retire, have a reduction in eligibility hours, or your employment terminates. The rates charged will be the current Reed College rates plus a billing fee. To elect coverage, please complete the Portability Application and return it with your premium check to Regence Life and Health within 31 days from the date your group coverage ends. Once Portability becomes effective, the Accelerated Benefits provision is no longer available. Also if you become disabled after you elect portability, premium must continue to be paid.																																														

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## Reed College Benefits as of April 1, 2009 All Eligible Employees

<b>Supplemental AD&amp;D Insurance (Payroll Deduction)</b>																																					
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Amounts Available	<p>You may elect coverage for yourself only (Employee Only) or you may elect to cover yourself and your family (Employee &amp; Family). If both husband and wife are employees of Reed College, both may enroll as Employee Only or one may elect to enroll for Employee &amp; Family.</p> <p>If you elect Employee &amp; Family coverage, your eligible dependents will be covered as follows:</p> <ul style="list-style-type: none"> <li>• If you have an eligible spouse, but no eligible dependent children, your spouse will be insured for 50% of the principal sum.</li> <li>• If you have an eligible spouse AND eligible dependent children, your spouse will be insured for 40% of the principal and each eligible dependent child will be insured for 10% of the principal.</li> <li>• If you have eligible dependent children, but no eligible spouse, each eligible dependent child will be insured 15% of the principal sum.</li> </ul>																																				
AD&D Schedule	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>100% for:</u></td> <td style="width: 25%;"><u>75% for:</u></td> <td style="width: 25%;"><u>50% for:</u></td> <td style="width: 25%;"><u>25% for:</u></td> </tr> <tr> <td>Life</td> <td>Paraplegia*</td> <td>One hand</td> <td>Thumb and index</td> </tr> <tr> <td>Both hands</td> <td></td> <td>One foot</td> <td>finger of the same</td> </tr> <tr> <td>Both feet</td> <td></td> <td>Sight of one eye</td> <td>hand.</td> </tr> <tr> <td>Sight of both eyes</td> <td></td> <td>Speech</td> <td></td> </tr> <tr> <td>One hand and one foot</td> <td></td> <td>Hearing</td> <td></td> </tr> <tr> <td>One hand or foot and sight of one eye</td> <td></td> <td>Hemiplegia*</td> <td></td> </tr> <tr> <td>Speech and Hearing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quadriplegia*</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">*Coverage from loss resulting from paralysis terminates at age 70.</p>	<u>100% for:</u>	<u>75% for:</u>	<u>50% for:</u>	<u>25% for:</u>	Life	Paraplegia*	One hand	Thumb and index	Both hands		One foot	finger of the same	Both feet		Sight of one eye	hand.	Sight of both eyes		Speech		One hand and one foot		Hearing		One hand or foot and sight of one eye		Hemiplegia*		Speech and Hearing				Quadriplegia*			
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Seat Belt Benefit	If you or an insured dependent (if family plan elected) die in a car accident and were wearing a seat belt, the beneficiary will collect an additional benefit. The minimum benefit is \$1,000 per insured person up to the lesser of: 1) 10% of the insured person's loss of life benefit or 2). \$10,000.																																				
Child Care Center Benefit	If you or your insured spouse (if family plan elected) die in a covered accident, a benefit equal to 3% of the insured's Principal Sum, not to exceed \$3,000 per year will be paid for each of your insured eligible dependent child (ren) under the age of 5 enrolled in a licensed child care center. Payable for 4 years to a maximum of \$12,000.																																				
Coma Benefit	If you or an insured dependent (if family plan elected) become Comatose within 365 days of the covered accident and remain Comatose beyond the 31 waiting period, an additional benefit of 1% of the insured's Principal Sum will be paid monthly up to a maximum of 100 months.																																				
Beneficiary Critical Period	If you or your insured spouse (if family plan elected) die in a covered accident, an additional benefit of 1% of the deceased person's Principal Sum will be paid for 12 months.																																				
Special Education Benefit	If you selected the Family Plan, and you die in a covered accident, an additional benefit equal to 5% your Principal Sum (not to exceed \$5,000) will be paid monthly for a maximum of four years for each child enrolled in a school of higher learning.																																				
Exclusions	Intentionally self-inflicted injuries, or any attempt, while sane or insane; war or any act of war declared or undeclared, injury suffered while serving full-time active duty in the armed forces for more than 30 days, travel or flight in any aircraft used for test or experimental purposes, by or for any military authority for travel, by the Policyholder or any of its subsidiaries, except for chartered aircraft, travel or flight if the insured is serving as pilot, crew member or student pilot, hang-gliding or parachuting, commission of a felony by the insured or sickness, disease or bodily infirmity, except bacterial infection resulting from accidental cut or wound or accidental ingestion of a poisonous food substance.																																				
Conversion	Conversion is not available for Voluntary AD&D coverage. Coverage ends on the last day of your eligibility.																																				