

SAMPLE

Appendix E

**Addendum to
WEA Insurance Corporation
Group Long Term Disability Policy and Certificate
Benefit Summary**

Employer: WAUPACA SCHOOL DISTRICT

Effective Date: 10/01/2001

Maximum Covered Salary: \$9,000 per month*

Percent of Covered Salary Insured: 90% of monthly salary

Maximum Gross Benefit: \$8,100 per month*

Elimination Period: 90 days

Integration of Dependents' Social Security Benefits: Yes

Maximum Benefit Period:	Age on Date of Disability	Maximum Benefit Period
	Less than 62	to age 65
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 or older	12 months

Amendments Which Apply to Your Policy:

WEA COLA

Important Notes:

* The Maximum Covered Salary and Maximum Gross Benefit are subject to periodic adjustment. For currently effective amounts, please refer to the Benefit Summary on file with the Employer listed above.

All Benefits are subject to all provisions, exclusions, and limitations contained in the Policy.