

Zurich American Life Insurance Company of New York Long Term Disability Income Insurance Plan Benefits Schedule

This Benefits Schedule (hereinafter "Schedule") is a summary of some of the features and benefits of *your Policyholder's* Long Term Disability Plan. It is not a contract. *You* are not necessarily entitled to insurance because *you* received this Schedule. *You* are only entitled to insurance if *you* are eligible in accordance with the terms of the Certificate, *you* have met *your Policyholder's* eligibility requirements and premium has been paid. For a complete description of the terms, conditions, exclusions and limitations of the *Policyholder's Plan*, refer to *your* Certificate. In the event of a discrepancy between this Schedule and the Certificate, the Certificate will govern.

IMPORTANT: THIS SCHEDULE SHOULD BE ATTACHED TO YOUR CERTIFICATE. THIS SCHEDULE REPLACES ANY PRIOR SCHEDULES ISSUED TO YOU WITH RESPECT TO THE COVERAGES DESCRIBED IN THE CERTIFICATE.

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| Policyholder: | The Episcopal Church Clergy & Employees' Benefit Trust |
| Policy Number: | CNYEX01112 |
| Policy Effective Date: | January 1, 2020 |
| Plan Year: | January 1, 2020 through December 31, 2020 and each following January 1st. |
| <p>Eligible Class: All persons in the following class are eligible for <i>member</i> coverage:</p> <p>Class 1D: All <i>active members</i> normally scheduled to work a minimum of 20 compensated hours per week. Excludes temporary and seasonal <i>members</i>.</p> | |
| <p>Minimum Hours Requirement For Active Employment: <i>Members</i> must be normally scheduled to work a minimum of 20 compensated hours per week.</p> | |
| <p>Service Waiting Period: None</p> | |
| <p>Who Pays For The Coverage: <i>You</i> pay the cost of <i>your</i> coverage.</p> <p>Premium Waiver: If <i>you</i> become disabled, no premium payments are required for <i>your</i> coverage while <i>you</i> are receiving benefits under this <i>Plan</i>, provided the premium was paid during the <i>elimination period</i>.</p> | |
| <p>Elimination Period:</p> <p>Benefits start after the first 180 days of an approved disability. Benefits begin the day after the <i>elimination period</i> is completed.</p> | |
| Accumulation Period: | 30 days |

| Monthly Benefit | |
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| <p>Monthly Benefit Percentage: 50% of <i>covered monthly earnings</i> to the maximum monthly benefit less <i>deductible sources of income</i>.</p> <p>Your benefit may be reduced by <i>deductible sources of income</i> and <i>disability earnings</i>. Some disabilities may not be covered or may have limited coverage under this <i>plan</i>.</p> | |
| The Maximum Monthly Benefit Is: | \$5,000 per month |
| The Minimum Monthly Benefit Is: | <p>Greater of \$100 or 10% of <i>your gross disability benefit</i>.</p> <p>You are not eligible for the <i>minimum monthly benefit</i> during periods of overpayment until the overpayment has been recovered by <i>us</i> or offset by <i>your monthly benefit</i>.</p> |

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| <p>Limited Benefits For Mental Disorders:</p> <p>Disabilities resulting from mental disorders will be paid in accordance with any benefit limitation described in the Certificate.</p> |
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| Additional Benefits and Features: | |
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| Benefit: | Benefit Amount: |
| Survivor Benefit | A lump sum benefit equal to 3 months of <i>your gross disability benefit</i> . |
| <p>Rehabilitation Program Benefit</p> <p>Ten percent of <i>your gross disability benefit</i> to a maximum of \$500 per month for 24 months. Refer to the Certificate for program details.</p> <p>In addition, we will provide a <i>monthly benefit</i> to you for 3 months following the date <i>your</i> disability ends if we determine <i>you</i> are no longer disabled while:</p> <ul style="list-style-type: none"> • <i>you</i> are participating in the <i>rehabilitation program</i>; and • <i>you</i> are not able to find employment. | |

Maximum Benefit Duration Table

The table below shows the maximum duration for which benefits may be paid. All other limitations of the *Policy* will apply.

| Age At Disability | Maximum Benefit Period |
|--------------------------|---|
| Less than age 60 | To Social Security Normal Retirement Age or to age 65 but not less than 5 years |
| Age 60 | 60 months |
| Age 61 | 48 months |
| Age 62 | 42 months |
| Age 63 | 36 months |
| Age 64 | 30 months |
| Age 65 | 24 months |
| Age 66 | 21 months |
| Age 67 | 18 months |
| Age 68 | 15 months |
| Age 69 or older | 12 months |
| Year of Birth | Social Security Normal Retirement Age |
| 1937 or before | 65 years |
| 1938 | 65 years 2 months |
| 1939 | 65 years 4 months |
| 1940 | 65 years 6 months |
| 1941 | 65 years 8 months |
| 1942 | 65 years 10 months |
| 1943-1954 | 66 years |
| 1955 | 66 years 2 months |
| 1956 | 66 years 4 months |
| 1957 | 66 years 6 months |
| 1958 | 66 years 8 months |
| 1959 | 66 years 10 months |
| 1960 and after | 67 years |

Limited And Excluded Conditions And Disabilities:

Total Benefit: The total benefit payable to *you* on a monthly basis (including all benefits provided under this *Plan*) will not exceed 100% of *your covered monthly earnings* unless otherwise stated in the Certificate under specific conditions.

Your Plan does not cover disabilities related to all *sickness, illness* or disease. Refer to *your* Certificate for a complete list of exclusions and limitations.