

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.

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 1B: All <i>active members</i> normally scheduled to work a minimum of 20 compensated hours per week. Excludes temporary and seasonal <i>members</i>, and, if elected by <i>your employer</i>, all clergy.</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>Your employer</i> pays 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	
<p>Monthly Benefit Percentage: 60% 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:	\$7,500 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>

<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>

Additional Benefits and Features:	
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, <i>we</i> will provide a <i>monthly benefit</i> to <i>you</i> for 3 months following the date <i>your</i> disability ends if <i>we</i> 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.