

# Schedule of Benefits

*(GR-9N-S-01-001-01 FL)*

**Employer:** Patriot Transportation Holding, Inc.

**Group Policy Number:** GP-284731-GI

**Issue Date:** March 4, 2016

**Effective Date:** February 1, 2016

**Schedule:** 10A

**Cert Base:** 10

For: Long Term Disability - Salaried Employees

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

# Long Term Disability Coverage (GR 9N 05-001-01)

## Schedule of Long Term Disability Benefits

**Elimination Period** The first 150 days of a period of disability.

(GR 9N 05-001-01)

**Scheduled Monthly Benefit** 60% of your monthly **predisability earnings**

(GR 9N 05-001-01)

Maximum Monthly Benefit Under this Plan (plus all other Income benefits) \$12,000

Minimum Monthly Benefit

(GR 9N 05-001-01)

The greater of:

- (a) \$100; and
- (b) 10% of your scheduled monthly benefit or, if less, 10% of the maximum monthly benefit

### Benefits Actually Payable

Any monthly benefit actually payable to you by **Aetna** will be reduced by other Income benefits. For additional information regarding other income benefits, see your Booklet Certificate.

### Maximum Benefit Duration\*

Your period of disability will end when the later of the following events occur:

- The calendar month when you reach normal retirement age, as determined by the 1983 Amended Social Security Normal Retirement Age; or
- The expiration of the number of months of disability, after the elimination period is met as figured from the following Schedule, if your disability starts on or after the date you reach age 62.

### Maximum Benefit Duration Schedule

Age When Period of Disability Starts	Months of Disability
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and over	12 months

### 1983 Amended Social Security Normal Retirement Age

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months

1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

\*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

## **General** (GR-9N S-28-01)

This *Schedule of Benefits* replaces any similar *Schedule of Benefits* previously in effect under your plan of long term disability benefits. Requests for coverage other than that to which you are entitled in accordance with this *Schedule of Benefits* cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.