SHORT TERM DISABILITY CERTIFICATE
SCHEDULE OF BENEFITS

EPIC certifies that you are insured for covered expenses as described in this certificate as of the effective date shown in our records, subject to the terms, conditions, exclusions, limitations and all other provisions of the policy. Final interpretation of all provisions and coverage will be governed by the policy on file with EPIC at its home office.

If the term NONE or N/A (Not Applicable) appears in this schedule, that coverage or provision doesn't apply to you, and no benefits are payable under that coverage or that provision doesn't apply to the policy.

Beneficiary is as specified on the enrollment card, application or most recent change designated.

1. Short Term Disability Benefits Coverage

a. Short Term Disability Benefit Amount [Not Applicable, $50-$2,500] ; or

b. The lesser of a maximum of [Not Applicable, 50%, 60%, 662/3%, 70%] of pre-disability Basic Weekly Earnings or [$50-$2,500] per week.

c. Maximum Number of Weeks Short Term Disability Benefit Amount is Payable: [13, 26. 52, 104]

d. Pregnancy: [Applicable/Not Applicable]

e. [0-60] days for covered injury; [0-60] days for covered sickness

f. Hospital confinement: [Applicable/Not Applicable]

g. Survivor Benefit: [Applicable/Not Applicable]

(1) [1-6] times the Short Term Disability Benefit Amount.

h. 24 Hour Coverage: [Applicable/Not Applicable]

2. Partial Disability Benefit Coverage: [Applicable/Not Applicable]

3. Waiting Period for Pre-existing Conditions:

a. [3, 4, 6, 12, 18, 24, Not Applicable] months

b. [3, 4, 6, 12, 18, 24, Not Applicable] months