CALIFORNIA HYDRONICS CORPORATION

Long term disability

Estimated monthly benefit amount & monthly deduction amount End of rate guarantee period: 12/31/2024

	Age	Monthly rate
To determine your estimated monthly deduction, multiply	Under age 24	0.0019
your covered monthly earnings by your age rate in the box at the	25-29	0.0018
right. See your benefit summary for the definition of earnings.	30-34	0.0023
	35-39	0.0035
Covered monthly earnings: \$	40-44	0.0056
If your monthly earnings are greater than \$10,000.00 then use	45-49	0.0073
\$10,000.00 as your earnings.	50-54	0.0094
	55-59	0.0091
X Age rate:	60-64	0.0108
	65-69	0.0067
X Employee Contribution Percent: 100%	70+	0.0064
multiply your covered monthly earnings by your benefit percentage Covered monthly earnings: \$	е.	
If your monthly earnings are greater than \$10,000.00 then use \$10,000.	00 as your earnings.	
X Benefit percentage: 0.60		
= Estimated monthly benefit amount: \$	_	
Example Age 30; covered monthly earnings: \$9,000; age rate is 0.0023; Employed	e Contribution: 100%	
Employee's estimated monthly deduction : \$9,000.00 X	(0.0023 X 1.00 = \$2	0.70



Estimated monthly benefit amount:

If your age changes to a different rate band during the guarantee period, your monthly deduction will change to reflect the new rate band effective on the next policy anniversary date.

 $$9,000.00 \times 0.60 = $5,400.00$

This is a general statement of Long Term Disability insurance underwritten by Principal Life Insurance Company. It is not an insurance contract and does not contain all of the qualifications and restrictions of the coverage being offered to you. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here. For more details about the coverage, refer to the policy that will be issued to each member.

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