CALIFORNIA HYDRONICS CORPORATION

Long term disability

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

Age	Monthly rate
Under age 24	0.0019
25-29	0.0018
30-34	0.0023
35-39	0.0035
40-44	0.0056
45-49	0.0073
50-54	0.0094
55-59	0.0091
60-64	0.0108
65-69	0.0067
70+	0.0064

To determine your estimated monthly deduction, multiply your covered monthly earnings by your age rate in the box at the right. See your benefit summary for the definition of earnings.

Covered monthly earnings: $_____
If your monthly earnings are greater than $10,000.00 then use $10,000.00 as your earnings.

 X Age rate: _____

 X Employee Contribution Percent: 100%

 = **Employee's estimated monthly deduction : $_____**

To determine your estimated monthly benefit amount, multiply your covered monthly earnings by your benefit percentage.

Covered monthly earnings: $_____
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; Employee Contribution: 100%

Employee's estimated monthly deduction :	$9,000.00 X 0.0023 X 1.00 = $20.70
Estimated monthly benefit amount :	$9,000.00 X 0.60 = $5,400.00

Principal®

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.