

SCHEDULE OF BENEFITS

Policyholder:	The University of Texas System
Policy Number:	GFZ71778-0001
Effective Date:	September 1, 2009
Annual Enrollment Period:	7/1 to 7/31
Eligibility: Class 01	All active benefit eligible employees who are Actively at Work for the Policyholder who are expected to work at least 20 hours per week and to continue in the employment for a term of at least 4½ months or appointed for at least 50% of a standard full-time appointment.
Eligibility Waiting Period:	The date of hire or the first day of the month following the date of hire, whichever <i>You</i> elect when <i>You</i> enroll.
Short-Term Disability STD Benefit	60% of <i>Your Weekly Earnings</i> to a maximum of \$693 per week subject to reduction by deductible sources of income or <i>Disability Earnings</i> .
Elimination Period	14 Days - <i>Injury</i> 14 Days - <i>Sickness</i> Elimination Period is extended to the later of the period shown above or the expiration of <i>Your Sick Leave</i> .
Benefits are Payable on	Day 15 of <i>Injury</i> Day 15 of <i>Sickness</i> ;
Maximum Period Payable	22 weeks following the Elimination Period or until benefits become payable under the Long Term Disability plan, whichever occurs first. For <i>Disability</i> caused by a <i>Pre-Existing Condition</i> : Up to 4 weeks following the Elimination Period or until benefits become payable under the Long Term Disability plan, whichever occurs first.
Benefits are Payable for	Non-occupational disabilities only
Policyholder Contribution	0% of Premium

OTHER FEATURES

- Work Incentive Benefit
- Recurrent Disability
- FMLA Coverage Extension

THIS SCHEDULE OF BENEFITS CANCELS AND REPLACES ALL OTHER SCHEDULES PREVIOUSLY ISSUED TO *YOU* UNDER THE POLICY. IT OUTLINES THE POLICY FEATURES. THE FOLLOWING PAGES PROVIDE A COMPLETE DESCRIPTION OF THE PROVISIONS OF *YOUR* CERTIFICATE.