

**SCHOOLS INSURANCE FUND INSURANCE TRUST
JOINDER AGREEMENT FOR
LONG-TERM DISABILITY INSURANCE**

Kearsley Community Schools (the "Employer") hereby requests application for participation in Schools Insurance Fund (the "Trust") for group long-term disability insurance benefits under a master group policy underwritten by Madison National Life Insurance Company (the "Insurer"). The "Group Policy" means only the provisions of the master group policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

A. Administrative

- | | |
|---------------------------------|---|
| 1. Employer: | Kearsley Community Schools
G-4396 Underhill Drive
Flint, Michigan 48506
6732 |
| 2. Plan Number: | Public Education |
| 3. Nature of Business: | Monthly |
| 4. Frequency of Billing: | September 1, 2009 |
| 5. Plan Effective Date: | Long Term Disability |
| 6. Coverage Replaced: | Lafayette Life Insurance Company |
| 7. Prior Carrier: | September 1, 2009 |
| 8. Term Date of Prior Coverage: | |

B. Class and Benefit Summary

Class Number:	01	02	03
Eligible Class:	Superintendent, Administrators and Supervisor of Special Education	Teachers and Central Office Clerical	Supervisors
Employer Premium Contribution:	100%	100%	100%
Initial Premium Rate:	.54% of covered payroll	.54% of covered payroll	.54% of covered payroll
Initial Premium Rate Guarantee:	11 months	11 months	11 months
Elimination Period:	75 consecutive working days	75 consecutive working days	75 consecutive working days
Minimum Hourly Work Requirement:	600 hours per year	600 hours per year	600 hours per year
Waiting Period:	None	None	None



Class Number:	01	02	03
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	Upon completion of the Waiting Period	Upon completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%
Leaves and Sabbaticals:	Coverage with Premium Payment while on FMLA leave	Coverage with Premium Payment while on FMLA leave	Coverage with Premium Payment while on FMLA leave
Definition of Disability:	Partial	Partial	Partial
Own Occupation Period:	36 months from the end of the Elimination Period	36 months from the end of the Elimination Period	36 months from the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 days	30 days	30 days
Recurrent Disability:	6 months	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$10,417	\$8,333	\$5,000
LTD Benefit Percentage:	66-2/3%	66-2/3%	60%
Maximum Monthly Benefit:	\$6,944	\$5,556	\$3,000
Guarantee Issue:	\$6,944	\$5,556	\$3,000
Minimum Monthly Benefit:	\$50	\$50	\$50
All Sources Threshold:	70%	70%	70%
All Sources Period:	Duration of benefits	Duration of benefits	Duration of benefits



Class Number:	01	02	03
Social Security Integration:	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze
Mental Disorder Limitation:	Same as any Physical Disease	Same as any Physical Disease	Same as any Physical Disease
Substance Abuse Limitation:	Same as any Physical Disease	Same as any Physical Disease	Same as any Physical Disease
Claim Payment Method:	Monthly	Monthly	Monthly
Cost of Living Adjustment (COLA) Benefit:	Included	Included	Included
Rehabilitation Benefit:	Included	Included	Included
Survivor Benefit:	Included	Included	Included



Class Number:	04	05
Eligible Class:	Clerical Employees and Aides	Custodians, Transportation, Mechanics, Maintenance, Fuel Attendants, Warehouse, Grounds Personnel and Cooks
Employer Premium Contribution:	100%	100%
Initial Premium Rate:	.54% of covered payroll	.54% of covered payroll
Initial Premium Rate Guarantee:	11 months	11 months
Elimination Period:	75 consecutive working days	75 consecutive working days
Minimum Hourly Work Requirement:	600 hours per year	600 hours per year
Waiting Period:	None	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	Upon completion of the Waiting Period
Minimum Participation Required:	100%	100%
Leaves and Sabbaticals:	Coverage with Premium Payment while on FMLA leave	Coverage with Premium Payment while on FMLA leave
Definition of Disability:	Partial	Partial
Own Occupation Period:	36 months from the end of the Elimination Period	36 months from the end of the Elimination Period



Class Number:	04	05
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 days	30 days
Recurrent Disability:	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$3,333	\$4,583
LTD Benefit Percentage:	60%	66-2/3%
Maximum Monthly Benefit:	\$2,000	\$3,056
Guarantee Issue:	\$2,000	\$3,056
Minimum Monthly Benefit:	\$50	\$50
All Sources Threshold:	70%	70%
All Sources Period:	Duration of benefits	Duration of benefits
Social Security Integration:	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze
Pre-existing Condition Exclusion:	N/A	3/12
Mental Disorder Limitation:	Same as any Physical Disease	Same as any Physical Disease
Substance Abuse Limitation:	Same as any Physical Disease	Same as any Physical Disease
Claim Payment Method:	Monthly	Monthly
Cost of Living Adjustment (COLA) Benefit:	Included	Included
Rehabilitation Benefit:	Included	Included
Survivor Benefit:	Included	Included



Maximum Benefit Period: (Classes 01– 04)

Age at Disablement	Benefit Duration
Less than 60	To age 65
60-64	The greater of 3 years or to age 65
65-68	2 years
69 or over	1 year

Maximum Benefit Period: (Class 05)

Age at Disablement	Benefit Duration
61 or younger	To age 65
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 or older	1 year

C. Payment of Premiums

1. **Premium Due Date.** Premium is due on the 1st of the month to which coverage for such premium applies (e.g., premium for coverage in October would be due October 1st).
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in the Employer's Joinder Agreement.
3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.
5. Premium is due for an Insured Person for each month in which such employee is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Premium is due for the full month, regardless of when effective or termination dates occur within a month. The Insurer does not prorate premium.
6. All premiums will be based upon information provided by the Employer in the Census Reports.