

**NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

GROUP DISABILITY INCOME POLICY

Sponsor: Otsuka America, Inc.

Policy Number: GD/GF3-860-066656-01

Effective Date: January 1, 2015

Governing Jurisdiction is California and subject to the laws of that State.

Premiums are due and payable monthly on the first day of each month.

Policy Anniversaries shall occur each January 1st beginning in 2016.

The Lincoln National Life Insurance Company (hereinafter referred to as Lincoln) agrees to pay benefits provided by this policy in accordance with its provisions. This policy provides Short Term Disability and Long Term Disability coverages.

PLEASE READ THIS POLICY CAREFULLY FOR FULL DETAILS.

This policy is a legal contract and is issued in consideration of the Application of the Sponsor, a copy of which is attached, and of the payment of premiums by the Sponsor.

For purposes of this policy, the Sponsor acts on its own behalf or as the Covered Person's agent. Under no circumstances will the Sponsor be deemed the agent of Lincoln.

This policy is delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by The Employee Retirement Income Security Act of 1974 (ERISA) and any subsequent amendments.

The following pages including any amendments, riders or endorsements are a part of this policy.

Signed at Lincoln's Home Office, 1301 S. Harrison Street, Fort Wayne, IN 46802-3425

If discussions with Lincoln, its agent or other representative, have failed to produce a satisfactory resolution to any problem, you may contact the California Insurance Department for assistance. Department of Consumer Services Division- 300 S. Spring Street, Los Angeles, CA 90013. Phone- 1-800-927-HELP.


SECRETARY


PRESIDENT

NON-PARTICIPATING

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SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBILITY REQUIREMENTS FOR INSURANCE BENEFITS

Minimum Hourly Requirement:

Applicable to Short Term Disability

Applicable to Class 1A, 1B, 2C, 4A, 5A, 6A, 7A, 8A, 9A
Employees working a minimum of 30 regularly scheduled hours per week

Applicable to Class 2A
Full-time Employees working a minimum of 30 regularly scheduled hours per week and part-time
Employees working a minimum of 15 regularly scheduled hours per week

Applicable to Class 10
Employees working a minimum of 20 regularly scheduled hours per week

Applicable to Long Term Disability

Applicable to Class 1A, 1B, 1C, 2B, 4A, 5A, 6A, 7A, 8A, 9A
Employees working a minimum of 30 regularly scheduled hours per week

Applicable to Class 2A
Full-time Employees working a minimum of 30 regularly scheduled hours per week and part-time
Employees working a minimum of 15 regularly scheduled hours per week

Applicable to Class 10
Employees working a minimum of 20 regularly scheduled hours per week

Short Term Disability Benefits:

- | | |
|-----------|---|
| Class 1A: | All active, full-time exempt U.S. Employees of Pharmavite LLC |
| Class 1B: | All active, full-time non-exempt U.S. Employees of Pharmavite LLC |
| Class 2A: | All active, full-time Employees and part time Employees of OAI and all full-time Employees of A&P Inphatec, Veryan Medical, and Ridge Vineyards Employees not working in California |
| Class 2C: | All active, full-time Employees of Visterra |
| Class 4A: | All active, eligible Employees of MegaFood |
| Class 5A: | All active, full-time Employees of Cambridge Isotope Laboratories |
| Class 6A: | All active, full-time Employees of Astex |
| Class 7A: | All active, full-time Employees of Crystal Geyser Water |
| Class 8A: | All active, eligible Employees of ReCor Medical |
| Class 9A: | All active, full-time Employees of Womens Health Business Unit |

Class 10: All active, full-time and part-time Employees of Daiya Foods

Note: This policy does not cover the following Employees: Temporary and seasonal Employees, Employees who are not legal residents working in the United States.

Long Term Disability Benefits:

Class 1A: All active, full-time exempt U.S. Employees of Pharmavite LLC, excluding DVPs and above

Class 1B: All active, full-time non-exempt U.S. Employees of Pharmavite LLC, excluding DVPs and above

Class 1C: All executives of Pharmavite LLC (DVPs and above)

Class 2A: All active, full-time and part-time Employees of OAPI, OAI, OPDC, ODH and all full-time Employees of Ridge Vineyards, A&P Inphatec, and Veryan Medical

Class 2B: All active, full-time Employees of Visterra, Inc.

Class 4A: All active, eligible Employees of MegaFood

Class 5A: All active, full-time Employees of Cambridge Isotope Laboratories

Class 6A: All active, full-time Employees of Astex

Class 7A: All active, full-time Employees of Crystal Geyser Water

Class 8A: All active, eligible Employees of ReCor Medical

Class 9A: All active, full-time Employees of Womens Health Business Unit

Class 10: All active, full-time and part-time Employees of Daiya Foods

Note: This policy does not cover the following Employees: Temporary and seasonal Employees, Employees who are not legal residents working in the United States.

Eligibility Waiting Period:

Applicable to Short Term Disability

Applicable to Class 1A, 1B, 2A, 2C, 4A, 8A, 9A, 10

1. If the Covered Person is employed by the Sponsor on the policy effective date - None
2. If the Covered Person begins employment for the Sponsor after the policy effective date - None

Applicable to Class 5A, 6A

1. If the Covered Person is employed by the Sponsor on the policy effective date - First of the month following the date of hire
2. If the Covered Person begins employment for the Sponsor after the policy effective date - First of the month following the date of hire

Applicable to Class 7A

1. If the Covered Person is employed by the Sponsor on the policy effective date -
30 days of continuous, Active Employment
2. If the Covered Person begins employment for the Sponsor after the policy effective date -
30 days of continuous, Active Employment

Applicable to Long Term Disability

Applicable to Class 1A, 1B, 1C, 2A, 2B, 4A, 8A, 9A, 10

1. If the Covered Person is employed by the Sponsor on the policy effective date -
None
2. If the Covered Person begins employment for the Sponsor after the policy effective date -
None

Applicable to Class 5A, 6A

1. If the Covered Person is employed by the Sponsor on the policy effective date -
First of the month following the date of hire
2. If the Covered Person begins employment for the Sponsor after the policy effective date -
First of the month following the date of hire

Applicable to Class 7A

1. If the Covered Person is employed by the Sponsor on the policy effective date -
30 days of continuous, Active Employment
2. If the Covered Person begins employment for the Sponsor after the policy effective date -
30 days of continuous, Active Employment

Employee Contributions Required:

Short Term Disability Benefits:

No

Long Term Disability Benefits:

Applicable to Class 1A, 1B, 1C, 2A, 2B, 5A, 6A, 7A, 8A, 9A, 10

No

Applicable to Class 4A

Yes

Name of Associated Companies:

Otsuka Pharmaceutical, Development, and
Commercialization
503 Carnegie Center
Princeton, NJ 08540 USA

Otsuka America Pharmaceutical Inc.
2440 Research Blvd
Rockville, MD 20850 USA

A&P Inphatec LLC
One Embarcadero Center
Suite 2020
San Francisco, CA 94111 USA

Veryan Medical Inc
1209 Orange Street
Wilmington, DE 19801 USA

Ridge Vineyards Inc.
P.O. Box 1810
Cupertino, CA 95015 USA

Otsuka Precision Health, Inc.
2440 Research Blvd
Rockville, MD 20850 USA

Visterra, Inc.
275 2nd Avenue
Waltham, MA 02451 USA

Pharmavite LLC
8531 Fallbrook Ave
West Hills, CA 91304 USA

Astex Pharmaceuticals
4420 Rosewood Drive
Pleasanton, CA 94588 USA

Womens Health Business Unit
3043 4th Avenue
San Diego, CA 92103 USA

Cambridge Isotope Laboratories, Inc.
3 Highwood Drive
Tewksbury, MA 01876 USA

ReCor Medical
1049 Elwell Ct
Palo Alto, CA 94303 USA

MegaFood, Inc.
11 Delta Drive
Londonderry, NH 03053 USA

Daiya Foods
1685 H St 1354
Blaine, WA 98230 USA

Crystal Geyser Water
501 Washington St
Calistoga, CA 94515 USA

SECTION 1 - SCHEDULE OF BENEFITS

(Continued)

SHORT TERM DISABILITY COVERAGE

Elimination Period:

The period for which a benefit is payable will commence following the Elimination Period shown below:

Class 1A, 1B, 2A, 6A, 8A, 9A, 10:

7 calendar days for Injury

7 calendar days for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period.

Class 2C:

14 calendar days for Injury

14 calendar days for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period.

Class 4A:

0 calendar days for Injury

7 calendar days for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period.

Class 5A:

30 calendar days for Injury

30 calendar days for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period.

Class 7A:

29 calendar days for Injury

29 calendar days for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period.

Amount of Insurance:

Applicable to Class 1A, 1B, 9A:

60.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$3,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 2A:

60.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$2,300.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4. The Minimum Weekly Benefit is \$25.00.

Applicable to Class 2C:

60.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$2,500.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4. The Minimum Weekly Benefit is \$50.00.

Applicable to Class 4A:

70.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$1,500.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 5A, 7A:

60.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$2,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4. The Minimum Weekly Benefit is \$25.00.

Applicable to Class 6A:

60.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$3,500.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 8A:

66.67% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$3,462.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 10:

60.00% of Basic Weekly Earnings not to exceed a Maximum Weekly Benefit of \$1,500.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Maximum Benefit Period:

Applicable to Class 1A, 1B, 2A, 9A

Applicable to Injury:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 25th week of Disability for which a benefit is payable.

Applicable to Class 2C

Applicable to Injury:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 11th week of Disability for which a benefit is payable.

Applicable to Class 4A**Applicable to Injury:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 13th week of Disability for which a benefit is payable.

Applicable to Class 5A**Applicable to Injury:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 154th day of Disability for which a benefit is payable.

Applicable to Class 6A**Applicable to Injury:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 83rd day of Disability for which a benefit is payable.

Applicable to Class 7A**Applicable to Injury:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 153rd day of Disability for which a benefit is payable.

Applicable to Class 8A, 10**Applicable to Injury:**

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 12th week of Disability for which a benefit is payable.

Applicable to Class 1A, 1B, 2A, 9A

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 25th week of Disability for which a benefit is payable.

Applicable to Class 2C

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 11th week of Disability for which a benefit is payable.

Applicable to Class 4A, 8A, 10

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 12th week of Disability for which a benefit is payable.

Applicable to Class 5A

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 154th day of Disability for which a benefit is payable.

Applicable to Class 6A

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 83rd day of Disability for which a benefit is payable.

Applicable to Class 7A

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 153rd day of Disability for which a benefit is payable.

SECTION 1 - SCHEDULE OF BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE

Elimination Period:

Applicable to Class 1A, 1B, 1C, 2A, 5A, 7A, 9A:

The greater of:

- a. the end of the Covered Person's Short Term Disability Benefits; or
- b. 180 days.

Applicable to Class 2B, 4A, 6A, 8A:

The greater of:

- a. the end of the Covered Person's Short Term Disability Benefits; or
- b. 90 days.

Applicable to Class 10:

90 days.

Amount of Insurance:

Applicable to Class 1A, 1B, 9A:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$13,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 1C:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$18,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 2A, 6A:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$15,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 2B, 7A:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$9,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 4A:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$8,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 5A:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$10,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 8A:

66.67% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$15,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Applicable to Class 10:

60.00% of Basic Monthly Earnings not to exceed a Maximum Monthly Benefit of \$6,000.00 less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Maximum Basic Monthly Earnings on which the Benefit is Based:

Applicable to Class 1A, 1B, 9A:	\$21,666.67
Applicable to Class 1C:	\$30,000.00
Applicable to Class 2A, 6A:	\$25,000.00
Applicable to Class 2B, 7A:	\$15,000.00
Applicable to Class 4A:	\$13,333.33
Applicable to Class 5A:	\$16,666.67
Applicable to Class 8A:	\$22,498.88
Applicable to Class 10:	\$10,000.00

Own Occupation Duration:

Applicable to Class 1A, 1B, 2A, 2B, 4A, 6A, 7A, 8A, 9A, 10:

24 Month Own Occupation

Applicable to Class 1C, 5A:

Maximum Own Occupation

SECTION 1 - SCHEDULE OF BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Minimum Monthly Benefit:

The Minimum Monthly Benefit is \$100.00 or 10.00% of the Covered Person's Gross Monthly Benefit, whichever is greater.

Maximum Benefit Period:

Applicable to Class 1A, 1B, 1C, 2A, 2B, 4A, 5A, 6A, 7A, 8A, 9A:

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than age 60	Greater of SSNRA* or to age 65 (but not less than 5 years)
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

* SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment to the Social Security Act and any subsequent amendments and provides:

<u>Year of Birth</u>	<u>Normal Retirement Age</u>
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and after	67

Applicable to Class 10:

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than age 62	To SSNRA*
62	60 months
63	48 months

64	42 months
65	36 months
66	30 months
67	24 months
68	18 months
69 and over	12 months
Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and after	67

SECTION 2 - DEFINITIONS

In this section Lincoln defines some basic terms needed to understand this policy. The male pronoun whenever used in this policy includes the female.

"Active Employment" means the Employee must be actively at work for the Sponsor:

1. on a full-time or part-time basis and paid regular earnings;
2. for at least the minimum number of hours shown in the Schedule of Benefits; and either perform such work:
 - a. at the Sponsor's usual place of business; or
 - b. at a location to which the Sponsor's business requires the Employee to travel.

An Employee will be considered actively at work if he was actually at work on the day immediately preceding:

1. a weekend (except where one or both of these days are scheduled work days);
2. holidays (except when the holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. an excused leave of absence (except medical leave for the Covered Person's own disabling condition and lay-off); and
6. an emergency leave of absence (except emergency medical leave for the Covered Person's own disabling condition).

"Administrative Office" means The Lincoln National Life Insurance Company, 100 Liberty Way, Suite 100, Dover, NH 03820-4695.

"Annual Enrollment Period" or **"Enrollment Period"** means the period before each policy anniversary so designated by the Sponsor and Lincoln during which an Employee may enroll for coverage under this policy.

SECTION 2 - DEFINITIONS

(Continued)

"Application" is the document designated in Section 9; it is attached to and is made a part of this policy.

Applicable to Class 1A, 1B, 1C, 2A, 2B, 4A, 5A, 6A, 7A, 9A, 10:

"Basic Monthly Earnings" means the Covered Person's gross monthly rate of earnings from the Sponsor in effect immediately prior to the date Disability or Partial Disability begins. However, such earnings will not include bonuses, commissions, overtime pay and extra compensation.

Applicable to Class 8A:

"Basic Monthly Earnings" means the Covered Person's gross monthly rate of earnings from the Sponsor in effect immediately prior to the date Disability or Partial Disability begins. However, such earnings will not include bonuses, commissions, overtime pay and extra compensation.

Applicable to Class 1A, 1B, 2A, 2C, 4A, 5A, 6A, 7A, 8A, 9A:

"Basic Weekly Earnings" means the Covered Person's gross weekly rate of earnings from the Sponsor in effect immediately prior to the date Disability or Partial Disability begins. However, such earnings will not include bonuses, commissions, overtime pay and extra compensation.

Applicable to Class 10:

"Basic Weekly Earnings" means the Covered Person's gross weekly rate of earnings from the Sponsor in effect immediately prior to the date Disability begins. However, such earnings will not include bonuses, commissions, overtime pay and extra compensation.

"Consumer Price Index" means the government publication "The Consumer Price Index for Urban Wage Earners and Clerical Workers" provided monthly by the U.S. Department of Labor, or its successor or in the event of no successor a similar Index of comparable purpose chosen by Lincoln.

"Covered Person" means an Employee insured under this policy.

"Disability" or "Disabled", with respect to Short Term Disability, means the Covered Person, as a result of Injury or Sickness, is unable to perform with reasonable continuity the Material and Substantial Acts necessary to pursue his Own Job in the usual and customary way.

SECTION 2 - DEFINITIONS

(Continued)

"Disability" or **"Disabled"**, with respect to Long Term Disability, means:

Applicable to Class 1C, 5A:

- a. if the Covered Person is eligible for the Maximum Own Occupation benefit, **"Disability"** or **"Disabled"** means during the Elimination Period and until the Covered Person reaches the end of the Maximum Benefit Period, as a result of an Injury or Sickness, he is unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue his Own Occupation in the usual and customary way.

Applicable to Class 1A, 1B, 2A, 2B, 4A, 6A, 7A, 8A, 9A, 10:

- b.
 - i. if the Covered Person is eligible for the 24 Month Own Occupation benefit, **"Disability"** or **"Disabled"** means that during the Elimination Period and the next 24 months of Disability the Covered Person, as a result of Injury or Sickness, is unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue his Own Occupation in the usual and customary way; and
 - ii. thereafter, the Covered Person is unable to perform, with reasonable continuity, the Substantial and Material Acts of any occupation, meaning that as a result of sickness or injury the Covered Person is not able to engage with reasonable continuity in any occupation in which he could reasonably be expected to perform satisfactorily in light of his age, education, training, experience, station in life, and physical and mental capacity.

SECTION 2 - DEFINITIONS

(Continued)

"Domestic Partner" means an adult who has chosen to share their life in an intimate and committed relationship of mutual caring. A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State pursuant to this division, and, at the time of filing, all of the following requirements are met:

1. Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
2. The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
3. Both persons are at least 18 years of age.
4. Either of the following:
 - a. Both persons are members of the same sex.
 - b. One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in Section 402(a) of Title 42 of the United States Code for old-age insurance benefits or Title XVI of the Social Security Act as defined in Section 1381 of Title 42 of the United States Code for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over 62 years of age.
 - c. Both persons are capable of consenting to the domestic partnership.

"Eligibility Date" means the date an Employee becomes eligible for insurance under this policy. Eligibility Requirements are shown in the Schedule of Benefits.

"Eligible Survivor" means the Covered Person's spouse or Domestic Partner, if living, otherwise the Covered Person's children under age 25.

"Eligibility Waiting Period" means the continuous length of time an Employee must be in Active Employment in an eligible class to reach his Eligibility Date.

"Elimination Period", with respect to Short Term Disability, means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is shown in the Schedule of Benefits and begins on the first day of Disability.

Applicable to Class 1A, 1B, 1C, 2B, 7A, 9A, 10:

"Elimination Period", with respect to Long Term Disability, means a period of consecutive days of Disability or Partial Disability for which no benefit is payable. The Elimination Period is shown in the Schedule of Benefits and begins on the first day of Disability.

If the Covered Person returns to work for any thirty or fewer days during the Elimination Period and cannot continue, Lincoln will count only those days the Covered Person is Disabled or Partially Disabled to satisfy the Elimination Period.

Applicable to Class 2A:

"Elimination Period", with respect to Long Term Disability, means a period of consecutive days of Disability or Partial Disability for which no benefit is payable. The Elimination Period is shown in the Schedule of Benefits and begins on the first day of Disability.

If the Covered Person returns to work for any ninety or fewer days during the Elimination Period and cannot continue, Lincoln will count only those days the Covered Person is Disabled or Partially Disabled to satisfy the Elimination Period.

Applicable to Class 4A:

"Elimination Period", with respect to Long Term Disability, means a period of consecutive days of Disability or Partial Disability for which no benefit is payable. The Elimination Period is shown in the Schedule of Benefits and begins on the first day of Disability.

If the Covered Person returns to work for any fifteen or fewer days during the Elimination Period and cannot continue, Lincoln will count only those days the Covered Person is Disabled or Partially Disabled to satisfy the Elimination Period.

Applicable to Class 5A, 6A:

"Elimination Period", with respect to Long Term Disability, means a period of consecutive days of Disability or Partial Disability for which no benefit is payable. The Elimination Period is shown in the Schedule of Benefits and begins on the first day of Disability.

If the Covered Person returns to work for any forty five or fewer days during the Elimination Period and cannot continue, Lincoln will count only those days the Covered Person is Disabled or Partially Disabled to satisfy the Elimination Period.

Applicable to Class 8A:

"Elimination Period", with respect to Long Term Disability, means a period of consecutive days of Disability or Partial Disability for which no benefit is payable. The Elimination Period is shown in the Schedule of Benefits and begins on the first day of Disability.

If the Covered Person returns to work for any thirty or fewer days during the Elimination Period and cannot continue, Lincoln will count only those days the Covered Person is Disabled or Partially Disabled to satisfy the Elimination Period.

"Employee" means a person in Active Employment with the Sponsor.

SECTION 2 - DEFINITIONS

(Continued)

"Enrollment Form" is the document completed by the Covered Person, if required, when enrolling for coverage. This form must be satisfactory to Lincoln.

"Evidence of Insurability" means a statement of proof of an Employee's medical history upon which acceptance for insurance will be determined by Lincoln.

"Extended Treatment Plan" means continued care that is consistent with the American Psychiatric Association's standard principles of Treatment, and is in lieu of confinement in a Hospital or Institution. It must be approved in writing by a Physician.

"Family and Medical Leave" means a leave of absence for the birth, adoption or foster care of a child, or for the care of the Covered Person's child, spouse or parent or for the Covered Person's own serious health condition as those terms are defined by the Federal Family and Medical Leave Act of 1993 (FMLA) and any amendments, or by applicable state law.

Applicable to Long Term Disability Class 4A:

"Family Status Change" means any one of the following events that may occur:

1. the Employee's marriage or divorce;
2. the Employee's filing or rescinding of a Domestic Partner certification;
3. the birth of a child to the Employee;
4. the adoption of a child by the Employee;
5. the death of the Employee's spouse or Domestic Partner or child;
6. the commencement or termination of employment of the Employee's spouse or Domestic Partner;
7. the change from part-time employment to full-time employment by the Employee or the Employee's spouse or Domestic Partner;
8. the change from full-time employment to part-time employment by the Employee or the Employee's spouse or Domestic Partner;
9. the taking of unpaid leave of absence by the Employee or the Employee's spouse or Domestic Partner.

"Gross Monthly Benefit" means the Covered Person's Monthly Benefit before any reduction for Other Income Benefits and Other Income Earnings.

"Gross Weekly Benefit" means the Covered Person's Weekly Benefit before any reduction for Other Income Benefits and Other Income Earnings.

"Hospital" or **"Institution"** means a facility licensed to provide Treatment for the condition causing the Covered Person's Disability.

SECTION 2 - DEFINITIONS

(Continued)

"Indexed Basic Monthly Earnings" means the Covered Person's Basic Monthly Earnings in effect just prior to the date Disability or Partial Disability began adjusted on the first anniversary of benefit payments and each anniversary thereafter.

"Initial Enrollment Period" means one of the following periods during which an Employee may first enroll for coverage under this policy:

1. for an Employee who is eligible for insurance on the policy effective date, a period before the policy effective date set by the Sponsor and Lincoln.
2. for an Employee who becomes eligible for insurance after the policy effective date, the period which ends 31 days after his Eligibility Date.

"Injury" means bodily impairment resulting directly from an accident and independently of all other causes. For the purpose of determining benefits under this policy:

1. any Disability which begins more than 60 days after an Injury will be considered a Sickness; and
2. any Injury which occurs before the Covered Person is covered under this policy, but which accounts for a medical condition that arises while the Covered Person is covered under this policy will be treated as a Sickness.

"Last Monthly Benefit" means the gross Monthly Benefit payable to the Covered Person prior to his death without any reduction for earnings received from employment.

"Substantial and Material Acts", with respect to Short Term Disability, means acts that are normally required for the performance of the Covered Person's Own Job and cannot be reasonably omitted or modified.

"Substantial and Material Acts", with respect to Long Term Disability, means acts that are normally required for the performance of the Covered Person's Own Occupation and cannot be reasonably omitted or modified.

SECTION 2 - DEFINITIONS

(Continued)

"Mental Illness" means a psychiatric or psychological condition classified as such in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) regardless of the underlying cause of the Mental Illness. If the DSM is discontinued, Lincoln will use the replacement chosen or published by the American Psychiatric Association.

"Monthly Benefit", with respect to Long Term Disability, means the monthly amount payable by Lincoln to the Disabled or Partially Disabled Covered Person.

"Own Job", with respect to Short Term Disability, means the Covered Person's job that he was performing when his Disability or Partial Disability began.

"Own Occupation", with respect to Long Term Disability, means the Covered Person's occupation that he was performing when his Disability or Partial Disability began.

SECTION 2 - DEFINITIONS

(Continued)

"Partial Disability" or "Partially Disabled", with respect to Short Term Disability, means the Covered Person is not Totally Disabled and that while actually working in his Own Job, as a result of Injury or Sickness the Covered Person is unable to earn 80% or more of his Basic Weekly Earnings.

Applicable to Class 1A, 1B, 1C, 2A, 2B, 4A, 5A, 6A, 7A, 9A, 10:

"Partial Disability" or "Partially Disabled", with respect to Long Term Disability, means the Covered Person is not Totally Disabled and that while actually working in his Own Occupation, as a result of Injury or Sickness the Covered Person is unable to earn 80% or more of his Indexed Basic Monthly Earnings.

Applicable to Class 8A:

"Partial Disability" or "Partially Disabled", with respect to Long Term Disability, means the Covered Person is not Totally Disabled and that while actually working in his Own Occupation, as a result of Injury or Sickness the Covered Person is unable to earn 80% or more of his Basic Monthly Earnings.

"Physician" means a person who:

1. is licensed to practice medicine and is practicing within the terms of his license; or
2. is a licensed practitioner of the healing arts in a category specifically favored under the health insurance laws of the State where the policy is delivered, and is practicing within the terms of his license.

It does not include a Covered Person, any family member or domestic partner.

SECTION 2 - DEFINITIONS

(Continued)

"Proof" means written proof covering the occurrence, the character and the extent of the loss for which the claim is made.

"Retirement Benefit under a Retirement Plan" means money which:

1. is payable under a Retirement Plan either in a lump sum or in the form of periodic payments and derives from the same loss as benefits under this policy;
2. does not represent contributions made by an Employee (payments which represent Employee contributions are deemed to be received over the Employee's expected remaining life regardless of when such payments are actually received); and
3. is payable upon Disability, if the payment derives from the same loss as benefits under this policy and does reduce the amount of money which would have been paid under the plan at the normal retirement age.

SECTION 2 - DEFINITIONS

(Continued)

"Retirement Plan" means a plan of the Sponsor which provides retirement benefits to Employees and which is not funded wholly by Employee contributions. The term shall not include a profit-sharing plan, informal salary continuation plan, registered retirement savings plan, stock ownership plan, 401(K) or a non-qualified plan of deferred compensation.

"Schedule of Benefits" means the section of this policy which shows, among other things, the Eligibility Requirements, Eligibility Waiting Period, Elimination Period, Amount of Insurance, Minimum Benefit, and Maximum Benefit Period.

"Sickness" means illness, disease, pregnancy or complications of pregnancy.

"Sponsor" means the entity to whom this policy is issued.

"Substance Abuse" means alcohol and/or drug abuse, addiction or dependency.

"Treatment" means receiving care or services provided by or under the direction of a Physician including diagnostic measures resulting in a positive diagnosis, being prescribed drugs and/or medicines, whether the Covered Person chooses to take them or not, and taking drugs and/or medicines.

"Weekly Benefit", with respect to Short Term Disability, means the weekly amount payable by Lincoln to the Disabled or Partially Disabled Covered Person.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

Applicable to Short Term Disability Class 1A, 1B, 2A, 2C, 4A, 5A, 6A, 7A, 8A, 9A, 10:

Applicable to Long Term Disability Class 1A, 1B, 1C, 2A, 2B, 5A, 6A, 7A, 8A, 9A, 10:

Eligibility Requirements for Insurance Benefits

The eligibility requirements for insurance benefits are shown in the Schedule of Benefits.

Eligibility Date for Insurance Benefits

An Employee in an eligible class will qualify for insurance on the later of:

1. this policy's effective date; or
2. the day after the Employee completes the Eligibility Waiting Period shown in the Schedule of Benefits.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

Applicable to Short Term Disability Class 1A, 1B, 2A, 2C, 4A, 5A, 6A, 7A, 8A, 9A, 10:
Applicable to Long Term Disability Class 1A, 1B, 1C, 2A, 2B, 5A, 6A, 7A, 8A, 9A, 10:

Effective Date of Insurance

Insurance will be effective at 12:01 A.M. Standard Time in the governing jurisdiction on the day determined as follows, but only if the Employee's application or enrollment for insurance is made with Lincoln through the Sponsor in a form or format satisfactory to Lincoln.

An Employee will be insured on his Eligibility Date.

Delayed Effective Date for Insurance

The effective date of any initial, increased or additional insurance will be delayed for an individual if he is not in Active Employment because of Injury or Sickness. The initial, increased or additional insurance will begin on the date the individual returns to Active Employment.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

Applicable to Long Term Disability Class 4A:

Eligibility Requirements for Insurance Benefits

The eligibility requirements for insurance benefits are shown in the Schedule of Benefits.

Eligibility Date for Insurance Benefits

An Employee in an eligible class will qualify for insurance on the later of:

1. this policy's effective date; or
2. the day after the Employee completes the Eligibility Waiting Period shown in the Schedule of Benefits.

Initial Enrollment Period

During the Initial Enrollment Period an Employee can enroll in any one coverage or coverage option shown in the Schedule of Benefits. If he does not choose any coverage or coverage option, he will not be enrolled for any coverage. If an Employee's Initial Enrollment Period takes place during or after the Annual Enrollment Period, but before the policy anniversary his coverage option will apply for (a) the rest of the policy year in which he first becomes eligible; and (b) the next policy year.

Annual Enrollment Period

During each Annual Enrollment Period, a Covered Person may keep his coverage at the same level or make one of the following changes in coverage for the next policy year:

1. a decrease in coverage;
2. an increase in coverage subject to Evidence of Insurability.

If a Covered Person fails to enroll for a change in his coverage option during any Annual Enrollment Period he will continue to be insured for the same coverage option during the next policy year and no change in that coverage can be made during the next policy year, unless the Covered Person experiences a Family Status Change.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

Applicable to Long Term Disability Class 4A:

Family Status Change

When an Employee experiences a Family Status Change, he may keep his coverage at the same level or make one of the following changes in coverage:

1. a decrease in coverage;
2. an increase in coverage subject to Evidence of Insurability.

The Covered Person must apply for the change in coverage within 31 Days of the date of the Family Status Change. Such changes in coverage must be due to or consistent with the reason that the change in coverage was permitted. A change in coverage is consistent with a Family Status Change only if it is necessary or appropriate as the result of the Family Status Change.

Effective Date of Insurance

Insurance will be effective at 12:01 A.M. Standard Time in the governing jurisdiction on the day determined as follows, but only if the Employee's application or enrollment for insurance is made with Lincoln through the Sponsor in a form or format satisfactory to Lincoln.

1. For Coverage Applied for During Initial Enrollment Periods:
 - a. an Employee will be insured on the date the Employee makes application for insurance if he enrolls on or before the 31st day after his Eligibility Date; or
 - b. an Employee who does not enroll on or before the 31st day after his Eligibility Date, or terminated his insurance while continuing to be eligible may not enroll until the next Annual Enrollment Period or following a Family Status Change.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

Applicable to Long Term Disability Class 4A:

Effective Date of Insurance (Continued)

2. For Contributory Coverage Applied for During Annual Enrollment Periods

An Employee will be insured for the selected contributory coverage on the later of these dates:

- a. the first day of the next policy anniversary; or
- b. the date Lincoln gives its approval, if the Employee:
 - i. increases his coverage option; or
 - ii. terminated his insurance while continuing to be eligible.

In the case of i. and ii. above, the Employee must submit an application and Evidence of Insurability to Lincoln for approval. This will be at the Employee's expense.

3. For Coverage Applied for Due to a Family Status Change

An Employee will be insured for the selected coverage on the later of the following dates, provided he applies or enrolls for the change in coverage before the end of the 31st Day following the Family Status Change:

- a. the date of the Family Status Change;
- b. the date the Employee applies or enrolls for the change in coverage; or
- c. the date Lincoln gives its approval, if the Employee:
 - i. increases his coverage option; or
 - ii. terminated his insurance while continuing to be eligible.

In the case of i. and ii. above, the Employee must submit an application and Evidence of Insurability to Lincoln for approval. This will be at the Employee's expense.

Delayed Effective Date for Insurance

The effective date of any initial, increased or additional insurance will be delayed for an individual if he is not in Active Employment because of Injury or Sickness. The initial, increased or additional insurance will begin on the date the individual returns to Active Employment.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

Family and Medical Leave

An Employee's coverage may be continued under this policy for an approved family or medical leave of absence for up to 12 weeks following the date coverage would have terminated, subject to the following:

1. the authorized leave is in writing;
2. the required premium is paid;
3. the Covered Person's benefit level, or the amount of earnings upon which the Covered Person's benefit may be based, will be that in effect on the date before said leave begins; and
4. continuation of coverage will cease immediately if any one of the following events should occur:
 - a. the Covered Person returns to work;
 - b. this group insurance policy terminates;
 - c. the Covered Person is no longer in an eligible class;
 - d. nonpayment of premium when due by the Sponsor or the Covered Person;
 - e. the Covered Person's employment terminates.

Applicable to Short Term Disability Class 1A, 1B, 9A:

Applicable to Long Term Disability Class 1A, 1B, 1C, 9A:

Rehire Terms

If a former Employee is re-hired by the Sponsor within 30 days of his termination date, all past periods of Active Employment with the Sponsor will be used in determining the re-hired Employee's Eligibility Date. If a former Employee is re-hired by the Sponsor more than 30 days after his termination date, he is considered to be a new Employee when determining his Eligibility Date.

Applicable to Short Term Disability Class 2A:

Applicable to Long Term Disability Class 2A:

Rehire Terms

If a former Employee is re-hired by the Sponsor within 6 months of his termination date, all past periods of Active Employment with the Sponsor will be used in determining the re-hired Employee's Eligibility Date. If a former Employee is re-hired by the Sponsor more than 6 months after his termination date, he is considered to be a new Employee when determining his Eligibility Date.

Applicable to Short Term Disability Class 4A, 10:

Applicable to Long Term Disability Class 4A, 10:

Rehire Terms

**Family and Medical Leave/Rehire
Eligibility and Effective Dates
ELG-7**

Form ADOP

If a former Employee is re-hired by the Sponsor within 12 months of his termination date, all past periods of Active Employment with the Sponsor will be used in determining the re-hired Employee's Eligibility Date. If a former Employee is re-hired by the Sponsor more than 12 months after his termination date, he is considered to be a new Employee when determining his Eligibility Date.

Applicable to Short Term Disability Class 7A:

Applicable to Long Term Disability Class 7A:

Rehire Terms

If a former Employee is re-hired by the Sponsor within 90 days of his termination date, all past periods of Active Employment with the Sponsor will be used in determining the re-hired Employee's Eligibility Date. If a former Employee is re-hired by the Sponsor more than 90 days after his termination date, he is considered to be a new Employee when determining his Eligibility Date.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

Leave of Absence

Applicable to Short Term Disability Class 1A, 1B, 8A, 9A, 10:

Applicable to Long Term Disability Class 1A, 1B, 1C, 2B, 8A, 9A, 10:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is given a leave of absence.

The Covered Person's coverage will not continue beyond the end of the month following the month in which the leave of absence begins. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

Applicable to Short Term Disability Class 2A:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is given a leave of absence.

The Covered Person's coverage will not continue beyond a period of 30 days. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

Applicable to Short Term Disability Class 2C, 7A:

Applicable to Long Term Disability Class 7A:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is given a leave of absence.

The Covered Person's coverage will not continue beyond the end of the month in which the leave of absence begins. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

Applicable to Short Term Disability Class 4A, 5A, 6A:

Applicable to Long Term Disability Class 4A, 5A, 6A:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is given a leave of absence.

The Covered Person's coverage will not continue beyond a period of one month. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

Applicable to Long Term Disability Class 2A:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is given a leave of absence.

The Covered Person's coverage will not continue beyond a period of three months. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

**Leave of Absence/Lay-off/Associated Companies
Eligibility and Effective Dates**

Form ADOP

ELG-8

Lay-off

Applicable to Short Term Disability Class 1A, 1B, 8A, 9A, 10:

Applicable to Long Term Disability Class 1A, 1B, 1C, 8A, 9A, 10:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is temporarily laid off.

The Covered Person's coverage will not continue beyond the end of the month following the month in which the lay-off begins. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

Applicable to Short Term Disability Class 7A:

Applicable to Long Term Disability Class 7A:

The Sponsor may continue the Covered Person's coverage(s) by paying the required premiums, if the Covered Person is temporarily laid off.

The Covered Person's coverage will not continue beyond the end of the month in which the lay-off begins. In continuing such coverage under this provision, the Sponsor agrees to treat all Covered Persons equally.

Associated Companies

Companies, corporations, firms or individuals that are subsidiary to, or affiliated with, the Sponsor will be called Associated Companies. The Associated Companies, if any, are listed in the Schedule of Benefits. Employees of Associated Companies will be considered Employees of the Sponsor for purposes of this policy.

As they relate to this policy, all actions, agreements and notices between Lincoln and the Sponsor will be binding on the Associated Companies.

If any Associated Companies cease to be Associated Companies for any reason, its Employees will be deemed to have transferred to a class of Employees not eligible for coverage under this policy.

Leave of Absence/Lay-off/Associated Companies
Eligibility and Effective Dates

Form ADOP (continued)

ELG-8

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

Transfer Provision

In order to prevent loss of coverage for an individual because of transfer of insurance carriers, this policy will provide coverage for certain individuals as follows:

Failure to be In Active Employment Due to Injury or Sickness:

Subject to premium payments, this policy will cover individuals who:

1. at the time of transfer are covered under the prior carrier's policy; and
2. are not in Active Employment due to Injury or Sickness on the effective date of this policy.

Benefits will be determined based on the lesser of:

1. the amount of the Disability benefit that would have been payable under the prior policy and subject to any applicable policy limitations; or
2. the amount of Disability benefits payable under this policy. If benefits are payable under the prior policy for the Disability, no benefits are payable under this policy.

Disability Due to a Pre-Existing Condition

Applicable to Long Term Disability Class 1A, 1B, 1C, 2A, 2B, 4A, 5A, 6A, 7A, 8A, 9A, 10:

If an individual was insured under the prior carrier's policy at the time of transfer and was in Active Employment and insured under this policy on its effective date, benefits may be payable for a Disability due to a Pre-Existing Condition.

If the individual can satisfy this policy's Pre-Existing Condition Exclusion, the benefit will be determined according to this policy.

If the individual cannot satisfy this policy's Pre-Existing Condition Exclusion, then:

1. Lincoln will apply the Pre-Existing Condition Exclusion of the prior carrier's policy and;
2. if the individual would have satisfied the prior carrier's pre-existing condition exclusion, giving consideration towards continuous time coverage under this policy; and the prior carrier's policy, the benefit will be determined according to this policy. However, the Maximum Monthly Benefit amount payable under this policy shall not exceed the maximum monthly benefit payable under the prior carrier's policy.

No benefit will be paid if the individual cannot satisfy the Pre-Existing Condition Exclusions of either policy.

SECTION 4 - DISABILITY INCOME BENEFITS

SHORT TERM DISABILITY COVERAGE

Disability Benefit

When Lincoln receives Proof that a Covered Person is Disabled due to Injury or Sickness, Lincoln will pay the Covered Person a Weekly Benefit after the end of the Elimination Period, subject to any other provisions of this policy. The Proof must be given at the Covered Person's expense.

For purposes of determining Disability, the Injury or Sickness must occur and Disability must begin while the Employee is insured for this coverage.

The Weekly Benefit will not:

1. exceed the Covered Person's Amount of Insurance; or
2. be paid for longer than the Maximum Benefit Period.

The Amount of Insurance and the Maximum Benefit Period are shown in the Schedule of Benefits.

Amount of Disability Weekly Benefit

To figure the amount of Weekly Benefit:

1. Take the lesser of:
 - a. the Covered Person's Basic Weekly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits; or
 - b. the Maximum Weekly Benefit shown in the Schedule of Benefits; and then
2. Deduct Other Income Benefits and Other Income Earnings, (shown in the Other Income Benefits and Other Income Earnings provision of this policy), from this amount.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY COVERAGE (Continued)

Applicable to Class 1A, 1B, 2A, 2C, 4A, 5A, 6A, 7A, 8A, 9A:

Partial Disability

When Lincoln receives Proof that a Covered Person is Partially Disabled and has experienced a loss of earnings due to Injury or Sickness, he will receive a loss of earnings Weekly Benefit, subject to any other provisions of this policy. The Proof must be given at the Covered Person's expense.

To be eligible to receive Partial Disability benefits, the Covered Person may be employed in his Own Job or another job, must satisfy the Elimination Period, and must be earning less than 80% of his Basic Weekly Earnings.

For purposes of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is insured for this coverage.

Work Incentive Calculation

The work incentive benefit will be an amount equal to the Covered Person's Basic Weekly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits, under the Heading titled, "Amounts of Insurance", without any reductions from earnings.

The work incentive benefit will only be reduced, if the Weekly Benefit payable plus any earnings exceed 100% of the Covered Person's Basic Weekly Earnings. If the combined total is more, the Weekly Benefit will be reduced by the excess amount so that the Weekly Benefit plus the Covered Person's earnings does not exceed 100% of his Basic Weekly Earnings.

The Weekly Benefit payable will not be more than the Disability benefit otherwise payable under this policy.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY COVERAGE (Continued)

Other Income Benefits and Other Income Earnings

Other Income Benefits means:

1. The amount that the Covered Person receives which is paid to the Covered Person in compensation for the same Disability and loss of income covered by this policy under:
 - a. any governmental program or coverage required or provided by statute (including any amount attributable to the Covered Person's dependent family).
2. any amount of Disability Benefits under the United States Social Security Act, the Canada Pension Policy, the Quebec Pension Plan, or any similar plan or act, which:
 - a. the Covered Person receives which is paid to the Covered Person in compensation for the same Disability and loss of income covered by this policy; and
 - b. his dependent spouse, dependent child or dependent children receives because of such Disability.
3. any amount the Covered Person receives from or on behalf of a third party for loss of time benefits as a result of injury caused or contributed to by the third party, not including attorney's fees paid by the claimant.

Other Income Earnings means:

1. any amount the Covered Person receives from any formal or informal sick leave or salary continuation plan(s);and
2. the amount of earnings the Covered Person earns or receives from any form of employment for which the Covered Person becomes employed after the Covered Person's Disability or Partial Disability began.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY COVERAGE (Continued)

Lump Sum Payments

Other Income Benefits from a compromise, settlement, award or judgement which are paid to the Covered Person in a lump sum and meant to compensate the Covered Person for loss of past or future wages will be prorated on a weekly basis as follows:

1. over the period of time such benefits would have been paid if not in a lump sum; or
2. if such period of time cannot be determined, over a period of 260 weeks.

Cost of Living Freeze

After the first deduction for each of the Other Income Benefits, the Weekly Benefit will not be further reduced due to any cost of living increases payable under the Other Income Benefits provision of this policy.

Prorated Benefits

Applicable to Class 1A, 1B, 2A, 2C, 4A, 5A, 6A, 7A, 8A, 9A:

For any period for which a Short Term Disability benefit is payable that does not extend through a full week, the benefit will be paid on a prorated basis. The rate will be 1/7th for each day for such period of Disability.

Applicable to Class 10:

For any period for which a Short Term Disability benefit is payable that does not extend through a full week, the benefit will be paid on a prorated basis. The rate will be 1/5th for each day for such period of Disability.

SECTION 4 - DISABILITY INCOME BENEFITS
(Continued)

SHORT TERM DISABILITY COVERAGE (Continued)

Discontinuation of the Short Term Disability Benefit (Continued)

The Weekly Benefit will cease on the earliest of: (Continued)

1. the date the Covered Person unreasonably refuses to be examined at reasonable intervals;

Applicable to Class 1A, 1B, 2A, 2C, 4A, 5A, 6A, 7A, 8A, 9A:

2. the date the Covered Person's current Partial Disability earnings exceed 80% of his Basic Weekly Earnings;

Because the Covered Person's current earnings may fluctuate, Lincoln will average earnings over three consecutive weeks rather than immediately terminating his benefit once 80% of Basic Weekly Earnings has been exceeded.

3. the date the Covered Person is no longer Disabled according to this policy;
4. the end of the Maximum Benefit Period; or
5. the date the Covered Person dies.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY COVERAGE (Continued)

Successive Periods of Disability

Applicable to Class 1A, 1B, 2A, 2C, 5A, 6A, 8A, 9A, 10:

With respect to this policy, "**Successive Periods of Disability**" means a Disability which is related or due to the same cause(s) as a prior Disability for which a Weekly Benefit was payable.

A Successive Period of Disability will be treated as part of the prior Disability if, after receiving Disability benefits under this policy, a Covered Person:

1. returns to his Own Job on an Active Employment basis for less than fourteen continuous days; and
2. performs all the Material and Substantial Acts of his Own Job.

To qualify for the Successive Periods of Disability benefit, the Covered Person must experience more than a 20% loss of Basic Weekly Earnings.

Benefit payments will be subject to the terms of this policy for the prior Disability.

If a Covered Person returns to his Own Job on an Active Employment basis for fourteen continuous days or more, the Successive Period of Disability will be treated as a new period of Disability. The Covered Person must complete another Elimination Period.

If a Covered Person becomes eligible for coverage under any other group short term disability coverage, this Successive Periods of Disability provision will cease to apply to that Covered Person.

Applicable to Class 4A:

With respect to this policy, "**Successive Periods of Disability**" means a Disability which is related or due to the same cause(s) as a prior Disability for which a Weekly Benefit was payable.

A Successive Period of Disability will be treated as part of the prior Disability if, after receiving Disability benefits under this policy, a Covered Person:

1. returns to his Own Job on an Active Employment basis for less than thirty continuous days; and
2. performs all the Material and Substantial Acts of his Own Job.

To qualify for the Successive Periods of Disability benefit, the Covered Person must experience more than a 20% loss of Basic Weekly Earnings.

Benefit payments will be subject to the terms of this policy for the prior Disability.

If a Covered Person returns to his Own Job on an Active Employment basis for thirty continuous days or more, the Successive Period of Disability will be treated as a new period of Disability. The Covered Person must complete another Elimination Period.

If a Covered Person becomes eligible for coverage under any other group short term disability coverage, this Successive Periods of Disability provision will cease to apply to that Covered Person.

Applicable to Class 7A:

With respect to this policy, "**Successive Periods of Disability**" means a Disability which is related or due to the same cause(s) as a prior Disability for which a Weekly Benefit was payable.

A Successive Period of Disability will be treated as part of the prior Disability if, after receiving Disability benefits under this policy, a Covered Person:

1. returns to his Own Job on an Active Employment basis for less than sixty continuous days; and
2. performs all the Material and Substantial Acts of his Own Job.

To qualify for the Successive Periods of Disability benefit, the Covered Person must experience more than a 20% loss of Basic Weekly Earnings.

Benefit payments will be subject to the terms of this policy for the prior Disability.

If a Covered Person returns to his Own Job on an Active Employment basis for sixty continuous days or more, the Successive Period of Disability will be treated as a new period of Disability. The Covered Person must complete another Elimination Period.

If a Covered Person becomes eligible for coverage under any other group short term disability coverage, this Successive Periods of Disability provision will cease to apply to that Covered Person.

SECTION 4 - DISABILITY INCOME BENEFITS

LONG TERM DISABILITY COVERAGE

Disability Benefit

When Lincoln receives Proof that a Covered Person is Disabled due to Injury or Sickness, Lincoln will pay the Covered Person a Monthly Benefit after the end of the Elimination Period, subject to any other provisions of this policy. The Proof must be at the Covered Person's expense.

For purposes of determining Disability, the Injury or Sickness must occur and Disability must begin while the Employee is insured for this coverage.

The Monthly Benefit will not:

1. exceed the Covered Person's Amount of Insurance; or
2. be paid for longer than the Maximum Benefit Period.

The Amount of Insurance and the Maximum Benefit Period are shown in the Schedule of Benefits.

Amount of Disability Monthly Benefit

To figure the amount of Monthly Benefit:

1. Take the lesser of:
 - a. the Covered Person's Basic Monthly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits; or
 - b. the Maximum Monthly Benefit shown in the Schedule of Benefits; and then
2. Deduct Other Income Benefits and Other Income Earnings, (shown in the Other Income Benefits and Other Income Earnings provision of this policy), from this amount.

The Monthly Benefit payable will not be less than the Minimum Monthly Benefit shown in the Schedule of Benefits

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Applicable to Class 8A:

Partial Disability

When Lincoln receives Proof that a Covered Person is Partially Disabled and has experienced a loss of earnings due to Injury or Sickness, he will receive a Monthly Benefit, subject to any other provisions of this policy. The Proof must be given at the Covered Person's expense. To be eligible to receive Partial Disability benefits, the Covered Person may be employed in his Own Occupation or another occupation, must satisfy the Elimination Period and must be earning less than 80% of his Basic Monthly Earnings.

For purposes of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is insured for this coverage.

Applicable to Class 8A:

Loss of Earnings Monthly Calculation with Work Incentive Benefit

For the first 12 months, the work incentive benefit will be an amount equal to the Covered Person's Basic Monthly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits, under the heading titled, "Amounts of Insurance", without any reductions from earnings. The work incentive benefit will only be reduced, if the Monthly Benefit payable plus any earnings exceed 100% of the Covered Person's Basic Monthly Earnings. If the combined total is more, the Monthly Benefit will be reduced by the excess amount so that the Monthly Benefit plus the Covered Person's earnings does not exceed 100% of his Basic Monthly Earnings.

Thereafter, the Monthly Benefit will be calculated as follows:

1. The Covered Person's Basic Monthly Earnings minus the Covered Person's earnings received while he is Partially Disabled. This figure represents the amount of lost earnings.
2. Multiply the amount of lost earnings by 75%; and then
3. deduct Other Income Benefits (shown in the Other Income Benefits and Other Income Earnings provision of this policy) from this amount.

The Monthly Benefit payable will not be less than the Minimum Monthly Benefit shown in the Schedule of Benefits.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Applicable to Class 1A, 1B, 1C, 2A, 2B, 4A, 5A, 6A, 7A, 9A, 10:

Partial Disability

When Lincoln receives Proof that a Covered Person is Partially Disabled and has experienced a loss of earnings due to Injury or Sickness, he will receive a Monthly Benefit, subject to any other provisions of this policy. The Proof must be at the Covered Person's expense.

To be eligible to receive Partial Disability benefits, the Covered Person may be employed in his Own Occupation or another occupation, must satisfy the Elimination Period and must be earning less than 80% of his Basic Monthly Earnings.

For purposes of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is insured for this coverage.

Applicable to Class 1A, 1B, 1C, 9A:

Proportionate Loss Monthly Calculation with Work Incentive Benefit

For the first 12 Months, the work incentive benefit will be an amount equal to the Covered Person's Basic Monthly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits under the heading titled, "Amounts of Insurance", without any reductions from earnings. The work incentive benefit will only be reduced, if the Monthly Benefit payable plus any earnings exceed 100% of the Covered Person's Basic Monthly Earnings. If the combined total is more, the Monthly Benefit will be reduced by the excess amount so that the Monthly Benefit plus the Covered Person's earnings does not exceed 100% of his Basic Monthly Earnings.

Thereafter, to figure the Amount of Monthly Benefit the formula (A divided by B) x C will be used.

A = The Covered Person's Basic Monthly Earnings minus the Covered Person's earnings received while he is Partially Disabled. This figure represents the amount of lost earnings.

B = The Covered Person's Basic Monthly Earnings.

C = The Monthly Benefit as figured in the Disability provision of this policy plus the Covered Person's earnings received while he is Partially Disabled, (but, not including adjustments under the Cost of Living Adjustment Benefit, if included).

Applicable to Class 2A, 2B, 4A:

Proportionate Loss Monthly Calculation with Work Incentive Benefit

For the first 24 months, the work incentive benefit will be an amount equal to the Covered Person's Basic Monthly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits under the heading titled, "Amounts of Insurance", without any reductions from earnings. The work incentive benefit will only be reduced, if the Monthly Benefit payable plus any earnings exceed 100% of the Covered Person's Basic Monthly Earnings. If the combined total is more, the Monthly Benefit will be reduced by the excess amount so that the Monthly Benefit plus the Covered Person's earnings does not exceed 100% of his Basic Monthly Earnings.

Thereafter, to figure the Amount of Monthly Benefit the formula $(A \text{ divided by } B) \times C$ will be used.

- A = The Covered Person's Basic Monthly Earnings minus the Covered Person's earnings received while he is Partially Disabled. This figure represents the amount of lost earnings.
- B = The Covered Person's Basic Monthly Earnings.
- C = The Monthly Benefit as figured in the Disability provision of this policy plus the Covered Person's earnings received while he is Partially Disabled, (but, not including adjustments under the Cost of Living Adjustment Benefit, if included).

Applicable to Class 5A, 6A, 7A, 10:

Proportionate Loss Monthly Calculation with Work Incentive Benefit

For the first 12 months, the work incentive benefit will be an amount equal to the Covered Person's Basic Monthly Earnings multiplied by the benefit percentage shown in the Schedule of Benefits under the heading titled, "Amounts of Insurance", without any reductions from earnings. The work incentive benefit will only be reduced, if the Monthly Benefit payable plus any earnings exceed 100% of the Covered Person's Basic Monthly Earnings. If the combined total is more, the Monthly Benefit will be reduced by the excess amount so that the Monthly Benefit plus the Covered Person's earnings does not exceed 100% of his Basic Monthly Earnings.

Thereafter, to figure the Amount of Monthly Benefit the formula $(A \text{ divided by } B) \times C$ will be used.

- A = The Covered Person's Basic Monthly Earnings minus the Covered Person's earnings received while he is Partially Disabled. This figure represents the amount of lost earnings.
- B = The Covered Person's Basic Monthly Earnings.
- C = The Monthly Benefit as figured in the Disability provision of this policy plus the Covered Person's earnings received while he is Partially Disabled, (but, not including adjustments under the Cost of Living Adjustment Benefit, if included).

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Partial Disability (Continued)

Applicable to Class 1A, 1B, 1C, 9A:

Proportionate Loss Monthly Calculation with Work Incentive Benefit (Continued)

On the first anniversary of benefit payments and each anniversary thereafter, for the purpose of calculating the benefit, the term "Basic Monthly Earnings" is:

1. replaced by "Indexed Basic Monthly Earnings"; and
2. increased annually by the current annual percentage increase in the Consumer Price Index.

Applicable to Class 2A, 2B, 4A:

Proportionate Loss Monthly Calculation with Work Incentive Benefit (Continued)

On the first anniversary of benefit payments and each anniversary thereafter, for the purpose of calculating the benefit, the term "Basic Monthly Earnings" is:

1. replaced by "Indexed Basic Monthly Earnings"; and
2. increased annually by the current annual percentage increase in the Consumer Price Index.

Applicable to Class 5A, 6A, 7A, 10:

Proportionate Loss Monthly Calculation with Work Incentive Benefit (Continued)

On the first anniversary of benefit payments and each anniversary thereafter, for the purpose of calculating the benefit, the term "Basic Monthly Earnings" is:

1. replaced by "Indexed Basic Monthly Earnings"; and
2. increased annually by the current annual percentage increase in the Consumer Price Index.

The Monthly Benefit payable will not be less than the Minimum Monthly Benefit shown in the Schedule of Benefits.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Applicable to Class 1A, 1B, 1C, 8A, 9A, 10:

Mental Illness and/or Substance Abuse

The benefit for Disability due to Mental Illness and/or Substance Abuse will not exceed a period of 24 months of Monthly Benefit payments while the Covered Person is insured under this policy.

If the Covered Person is in a Hospital or Institution for Mental Illness and/or Substance Abuse at the end of the period of 24 months, the Monthly Benefit will be paid during the confinement.

If the Covered Person is not confined in a Hospital or Institution for Mental Illness and/or Substance Abuse, but is fully participating in an Extended Treatment Plan for the condition that caused Disability, the Monthly Benefit will be payable to a Covered Person for up to a period of 36 months from the date of Disability.

In no event will the Monthly Benefit be payable beyond the Maximum Benefit Period shown in the Schedule of Benefits.

Applicable to Class 2A, 2B, 4A, 5A, 6A, 7A:

Mental Illness and/or Substance Abuse

The benefit for Disability due to Mental Illness and/or Substance Abuse will not exceed a combined period of 24 months of Monthly Benefit payments while the Covered Person is insured under this policy.

If the Covered Person is in a Hospital or Institution for Mental Illness and/or Substance Abuse at the end of the combined period of 24 months, the Monthly Benefit will be paid during the confinement.

If the Covered Person is not confined in a Hospital or Institution for Mental Illness and/or Substance Abuse, but is fully participating in an Extended Treatment Plan for the condition that caused Disability, the Monthly Benefit will be payable to a Covered Person for up to a combined period of 36 months from the date of Disability.

In no event will the Monthly Benefit be payable beyond the Maximum Benefit Period shown in the Schedule of Benefits.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Applicable to Class 1A, 1B, 1C, 4A, 6A, 7A, 9A, 10:

Three Month Survivor Benefit

Lincoln will pay a lump sum benefit to the Eligible Survivor when Proof is received that a Covered Person died:

1. after Disability had continued for 180 or more consecutive days; and
2. while receiving a Monthly Benefit.

The lump sum benefit will be an amount equal to three times the Covered Person's Last Monthly Benefit.

If the survivor benefit is payable to the Covered Person's children, payment will be made in equal shares to the children, including step children and legally adopted children. However, if any of said children are minors or incapacitated, payment will be made on their behalf to the court appointed guardian of the children's property. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

If there is no Eligible Survivor, the benefit is payable to the estate.

Applicable to Class 2A, 2B, 5A:

Three Month Survivor Benefit

Lincoln will pay a lump sum benefit to the Eligible Survivor when Proof is received that a Covered Person died:

1. after Disability had continued for 6 or more consecutive months; and
2. while receiving a Monthly Benefit.

The lump sum benefit will be an amount equal to three times the Covered Person's Last Monthly Benefit.

If the survivor benefit is payable to the Covered Person's children, payment will be made in equal shares to the children, including step children and legally adopted children. However, if any of said children are minors or incapacitated, payment will be made on their behalf to the court appointed guardian of the children's property. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

If there is no Eligible Survivor, the benefit is payable to the estate.

Applicable to Class 8A:

Three Month Survivor Benefit

Lincoln will pay a lump sum benefit to the Eligible Survivor when Proof is received that a Covered Person died:

1. after Disability had continued for 3 or more consecutive months; and
2. while receiving a Monthly Benefit.

The lump sum benefit will be an amount equal to three times the Covered Person's Last Monthly Benefit.

If the survivor benefit is payable to the Covered Person's children, payment will be made in equal shares to the children, including step children and legally adopted children. However, if any of said children are minors or incapacitated, payment will be made on their behalf to the court appointed guardian of the children's property. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

If there is no Eligible Survivor, the benefit is payable to the estate.

If an overpayment is due to Lincoln at the time of a Covered Person's death, the benefit payable under this provision will be applied toward satisfying the overpayment.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Other Income Benefits and Other Income Earnings

Other Income Benefits means:

1. The amount that the Covered Person receives which is paid to the Covered Person in compensation for the same Disability and loss of income covered under this policy under:
 - a. any benefit paid under temporary disability benefit under Workers Compensation;
 - b. Occupational Disease Law;
 - c. Title 46, United States Code Section 688 (The Jones Act);
 - d. any governmental compulsory benefit act or law; or
 - e. any other act or law of like intent.
2. The amount of Disability Retirement Benefits the Covered Person receives which is paid to the Covered Person in compensation for the same Disability and loss of income covered under this policy.
3. The amount of Disability Benefits under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or any similar plan or act, which:
 - a. the Covered Person receives which is paid to the Covered Person in compensation for the same Disability and loss of income covered under this policy; or
 - b. his dependent spouse, dependent child or dependent children receives because of such Disability.
4. Any amount the Covered Person receives from or on behalf of a third party for loss of time benefits as a result of injury caused or contributed to by the third party, not including attorney's fees paid by the claimant.

Other Income Earnings means:

1. any amount the Covered Person receives from any formal or informal sick leave or salary continuation plan(s).
2. the amount of earnings the Covered Person earns or receives from any form of employment for which the Covered Person becomes employed after the Covered Person's Disability or Partial Disability began.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Social Security Assistance

Lincoln may offer help to a Covered Person in applying for Social Security Disability Income Benefits. In order to be eligible for assistance the Covered Person must be receiving a Monthly Benefit from Lincoln. Such assistance will be offered only if Lincoln determines that assistance would be beneficial.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Lump Sum Payments

Other Income Benefits from a compromise, settlement, award or judgement which are paid to the Covered Person in a lump sum and are meant to compensate the Covered Person for loss of past or future wages will be prorated on a monthly basis as follows:

1. over the period of time such benefits would have been paid if not in a lump sum; or
2. if such period of time cannot be determined, the lesser of:
 - a. the remainder of the Maximum Benefit Period; or
 - b. 5 years.

Cost of Living Freeze

After the first deduction for each of the Other Income Benefits, the Monthly Benefit will not be further reduced due to any cost of living increases payable under the Other Income Benefits and Other Income Earnings provision of this policy. This provision does not apply to increases received from any form of employment.

Prorated Benefits

For any period for which a Long Term Disability benefit is payable that does not extend through a full month, the benefit will be paid on a prorated basis. The rate will be 1/30th for each day for such period of Disability.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Discontinuation of the Long Term Disability Benefit

The Monthly Benefit will cease on the earliest of:

1. the date the Covered Person unreasonably refuses to be examined or evaluated at reasonable intervals;

Applicable to Class 1A, 1B, 1C, 2A, 2B, 4A, 5A, 6A, 7A, 9A, 10:

2. the date the Covered Person's current Partial Disability earnings exceed 80% of his Basic Monthly Earnings;

Because the Covered Person's current earnings may fluctuate, Lincoln will average earnings over three consecutive months rather than immediately terminating his benefit once 80% of Indexed Basic Monthly Earnings has been exceeded.

Applicable to Class 8A:

2. the date the Covered Person's current Partial Disability earnings exceed 80% of his Basic Monthly Earnings;

Because the Covered Person's current earnings may fluctuate, Lincoln will average earnings over three consecutive months rather than immediately terminating his benefit once 80% of Basic Monthly Earnings has been exceeded.

3. the date the Covered Person is no longer Disabled according to this policy;
4. the end of the Maximum Benefit Period; or
5. the date the Covered Person dies.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

LONG TERM DISABILITY COVERAGE (Continued)

Successive Periods of Disability

With respect to this policy, "**Successive Periods of Disability**" means a Disability which is related or due to the same cause(s) as a prior Disability for which a Monthly Benefit was payable.

A Successive Period of Disability will be treated as part of the prior Disability if, after receiving Disability benefits under this policy, a Covered Person:

1. returns to his Own Occupation on an Active Employment basis for less than six continuous months; and
2. performs all the Substantial and Material Acts of his Own Occupation.

To qualify for a Successive Periods of Disability benefit, the Covered Person must experience more than a 20% loss of Basic Monthly Earnings.

Benefit payments will be subject to the terms of this policy for the prior Disability.

If a Covered Person returns to his Own Occupation on an Active Employment basis for six continuous months or more, the Successive Period of Disability will be treated as a new period of Disability. The Covered Person must complete another Elimination Period.

If a Covered Person becomes eligible for coverage under any other group long term disability coverage, this Successive Period of Disability provision will cease to apply to that Covered Person.

SECTION 5 - EXCLUSIONS

GENERAL EXCLUSIONS

This policy will not cover any Disability due to:

1. war, declared or undeclared, or any act of war;
2. intentionally self-inflicted injuries, while sane or insane;
3. active Participation in a Riot;
4. the committing of or attempting to commit a felony;
5. cosmetic surgery unless such surgery is in connection with an Injury or Sickness sustained while the individual is a Covered Person.

No benefit will be paid during any period of incarceration after the conviction of a crime.

With respect to this provision, **Participation** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the Covered Person, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to police officers and fire fighters.

With respect to this provision, **Riot** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

SECTION 5 - EXCLUSIONS

SHORT TERM DISABILITY COVERAGE

Disability Benefit Exclusions

A Weekly Benefit will not be payable if a Covered Person becomes Disabled due to Sickness or Injury when a benefit is paid under a Workers' Compensation Law, or any other act or law of like intent.

These exceptions will not apply to partners or proprietors who elect not to be covered under such laws.

SECTION 5 - EXCLUSIONS

(Continued)

LONG TERM DISABILITY COVERAGE

Pre-Existing Condition Exclusion

This policy will not cover any Disability or Partial Disability:

1. which is caused or substantially contributed to by a Pre-Existing Condition or medical or surgical treatment of a Pre-Existing Condition; and
2. which begins in the first 12 months immediately after the Covered Person's effective date of coverage.

"Pre-Existing Condition" means a physical or mental condition, whether diagnosed or undiagnosed, resulting from an Injury or Sickness for which the Covered Person received Physician's advice or Treatment within three months prior to the Covered Person's effective date of coverage.

SECTION 6 - TERMINATION PROVISIONS

Termination of a Covered Person's Insurance

A Covered Person will cease to be insured on the earliest of the following dates:

1. the date this policy terminates, but without prejudice to any claim originating prior to the time of termination;
2. the date the Covered Person is no longer in an eligible class;
3. the date the Covered Person's class is no longer included for insurance;
4. the last day for which any required Employee contribution has been made;
5. the date employment terminates. Cessation of Active Employment will be deemed termination of employment, except the insurance will be continued for an Employee absent due to Disability during:
 - a. the Elimination Period; and
 - b. any period during which premium is being waived.
6. the date the Covered Person ceases active work due to a labor dispute, including any strike, work slowdown, or lockout.

Lincoln reserves the right to review and terminate all classes insured under this policy if any class(es) cease(s) to be covered.

SECTION 6 - TERMINATION PROVISIONS

(Continued)

Policy Termination

1. Termination of this policy under any conditions will not prejudice any claim which occurs while this policy is in force.
2. If the Sponsor fails to pay any premium within the grace period, this policy will terminate at 12:00 midnight Standard Time on the last day of the grace period. The Sponsor may terminate this policy by advance written notice delivered to Lincoln at least 31 days prior to the termination date. This policy will not terminate during any period for which premium has been paid. The Sponsor will be liable to Lincoln for all premiums due and unpaid for the full period for which this policy is in force.
3. Lincoln may terminate this policy on any premium due date by giving written notice to the Sponsor at least 31 days in advance if:
 - a. the number of Employees insured is fewer than 10; or

Applicable to Short Term Disability:

- b. less than 100.00% of all the Employees eligible for any non-contributory insurance are insured for it; or
- c. the Sponsor fails:
 - i. to furnish promptly any information which Lincoln may reasonably require; or
 - ii. to perform any other obligations pertaining to this policy.

Applicable to Long Term Disability:

- b. less than 100.00% of all the Employees eligible for any non-contributory insurance are insured for it; or
- c. less than 25.00% of all the Employees eligible for any contributory insurance are insured for it; or
- d. the Sponsor fails:
 - i. to furnish promptly any information which Lincoln may reasonably require; or
 - ii. to perform any other obligations pertaining to this policy.
4. Lincoln may terminate this policy or any coverage(s) afforded hereunder and for any class of covered Employees on any premium due date after it has been in force for 12 months. Lincoln will provide written notice of such termination to the Sponsor at least 31 days before the termination is effective.
5. Termination may take effect on an earlier date if agreed to by the Sponsor and Lincoln.

SECTION 7 - GENERAL PROVISIONS

Entire Contract; Changes

This policy, the application of the employer, and the individual applications, if any, of the employees constitute the entire contract between the parties, and any statement made by the employer or by any employee shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall (avoid the insurance or reduce the benefits under this policy or) be used in defense to a claim hereunder unless it is contained in a written application, nor shall any such statement of the employer, except a fraudulent misstatement, be used at all to void this policy after it has been in force for two years from the date of its issue, nor shall any such statement of any employee eligible for coverage under the policy, except a fraudulent misstatement, be used at all in defense to a claim for loss incurred or Disability or Partial Disability (as defined in the policy) commencing after the insurance coverage with respect to which claim is made has been in effect for two years from the date it became effective.

No change in this policy shall be valid unless approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

Time Limit on Certain Defenses

(a) After two years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or Disability (as defined in the policy) commencing after the expiration of such two-year period. (b) No claim for loss incurred or Disability (as defined in the policy) commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy.

Grace Period

A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period the policy shall continue in force, but the employer shall be liable to the insurer for the payment of the premium accruing for the period the policy continues in force.

Notice of Claim

Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Subject to the qualifications set forth below, if the insured Covered Person suffers loss of time on account of Disability for which indemnity may be payable for at least two years, the Covered Person shall at least once in every six months after having given notice of claim, give to the insurer notice of continuance of said Disability, except in the event of legal incapacity. The period of six months following any filing of proof by the insured or any payment by the insurer on account of such claim or any denial of liability in whole or in part by the insurer shall be excluded in applying this provision. Delay in giving of such notice shall not impair the insured Covered Person's right to any indemnity which would otherwise have accrued during the period of six months preceding the date on which such notice is actually given.

SECTION 7 - GENERAL PROVISIONS

(Continued)

Claims Forms

The insurer, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proofs of Loss

Written proof of loss must be furnished to the insurer, in the case of claim for loss for Short Term or Long Term Disability benefits, within 90 days after the termination of the period for which the insurer is liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the employee, later than one year from the time proof is otherwise required.

Time of Payment of Claim

Indemnities payable under this policy for any loss other than Short Term or Long Term Disability benefits will be paid as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of such loss, all accrued indemnity for Short Term and Long Term Disability benefits will be paid Weekly or Monthly to the insured employee and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

Payment of Claims

If any indemnity of this policy shall be payable to the estate of the insured employee or employee who is a minor or otherwise not competent to give a valid release, the insurer may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the insured employee who is deemed by the insurer to be equitable entitled thereto. Any payment made by the insurer in good faith pursuant to this provision shall fully discharge the insurer to the extent of such payment.

Physical Examination and autopsy

The insurer at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

SECTION 7 - GENERAL PROVISIONS

(Continued)

Misstatement of Age

If the age of any individual covered under this policy has been misstated, the amount payable shall be such as the premium paid for the coverage of such individual would have purchased at the correct age.

Conformity with state statutes

Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

SECTION 8 - PREMIUMS

Premium Rates

Lincoln has set the premiums that apply to the coverage(s) provided under this policy. Those premiums are shown in a notice given to the Sponsor with or prior to delivery of this policy.

Applicable to Long Term Disability

A change in the initial premium rate(s) will not take effect within the first 36 months except that Lincoln may change premium rates at any time for reasons which affect the risk assumed, including those reasons shown below:

Applicable to Short Term Disability

A change in the initial premium rate(s) will not take effect within the first 36 months except that Lincoln may change premium rates at any time for reasons which affect the risk assumed, including those reasons shown below:

1. a change occurs in the policy design;
2. a division, subsidiary or Associated Company is added to or deleted from this policy;
3. when the number of Covered Persons changes by 15.00% or more from the number insured on this policy's effective date; or
4. a change in existing law which affects this policy.

No premium may be changed unless Lincoln notifies the Sponsor at least 31 days in advance. Premium changes may take effect on an earlier date when both Lincoln and the Sponsor agree.

Payment of Premiums

1. All premiums due under this policy, including adjustments, if any, are payable by the Sponsor on or before their due dates at Lincoln's Administrative Office, or to Lincoln's agent. The due dates are specified on the first page of this policy.
2. All payments made to or by Lincoln shall be in United States dollars.
3. If premiums are payable on a monthly basis, premiums for additional or increased insurance becoming effective during a policy month will be charged from the next premium due date.
4. The premium charge for insurance terminated during a policy month will cease at the end of the policy month in which such insurance terminates. This manner of charging premium is for accounting purposes only. It will not extend insurance coverage beyond a date it would have otherwise terminated as shown in the "Termination of a Covered Person's Insurance" provision of this policy.

SECTION 8 - PREMIUMS

(Continued)

5. If premiums are payable on other than a monthly basis, premiums for additional, increased, reduced or terminated insurance will cause a prorated adjustment on the next premium due date.
6. Except for fraud and premium adjustments, refunds of premiums or charges will be made only for:
 1. the current policy year; and
 2. the immediately preceding policy year.

SECTION 8 - PREMIUMS

(Continued)

Waiver of Premium

With respect to Long Term Disability benefits, premium payments for a Covered Person are waived during any period for which benefits are payable. If coverage is to be continued, premium payments must be resumed following a period during which they were waived.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
(Lincoln)

AMENDATORY RIDER

to be attached to and made a part of
Group Policy No. GD/GF3-860-066656-01

Otsuka America, Inc.
(Sponsor)

Effective date of this Rider: October 2, 2020

This rider amends the definition of Domestic Partner under Section 2 - Definitions of the above-captioned policy.

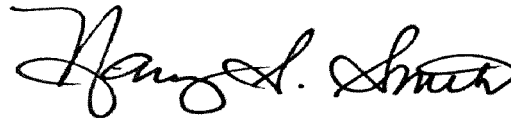
Section 2 - Definitions

"Domestic Partner" means an adult who has chosen to share their life in an intimate and committed relationship of mutual caring. A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the California Family Code, and, at the time of filing, all of the following requirements are met:

1. neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity;
2. the two persons are not related by blood in a way that would prevent them from being married to each other in this state;
3. both persons are at least 18 years of age and are capable of consenting to the domestic partnership.

In all other respects, the Policy remains the same.

Signed at Lincoln's Home Office, 1301 S. Harrison Street, Fort Wayne, IN 46802-3425



Officer of the Company

AMENDMENT NO. 1

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Updated Eligibility Waiting Period for Class 2 in Section 1	Form ADOP SCH-1 R (1)	Form ADOP SCH-1

The effective date of this change is June 1, 2018.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

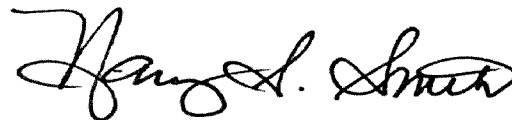
Dated this 19th day of September, 2018.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 2

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Sponsor legal name, class descriptions applicable to Short Term Disability Classes 1 & 2 and Long Term Disability Classes 1, 2 & 3, and Long Term Disability participation requirements. Added Associated Companies and Short Term Disability Classes 2A, 2C, 3A, 4A, 5A, 6A & 7A and Long Term Disability Classes 2A, 2B, 3A, 4A, 5A, 6A & 7A	FORM ADOP .4 R (1) Form ADOP SCH-1 R (2) Form ADOP SCH-2 R (1) Form ADOP SCH-3 R (1) Form ADOP DEF-1 R (1) Form ADOP DEF-2.2 R (1) Form ADOP DEF-3.2 R (1) Form ADOP DEF-4.16 R (1) Form ADOP DEF-5.13 R (1) Form ADOP ELG-1 R (1) Form ADOP ELG-2 R (1) Form ADOP ELG-4 R (1) Form ADOP ELG-5 R (1) Form ADOP ELG-6 R (1) Form ADOP ELG-7 R (1) Form ADOP ELG-8 R (1) Form ADOP ELG-9.2 R (1) Form ADOP STD-11.6 R (1) Form ADOP LTD-5.3 R (1) Form ADOP LTD-6.2 R (1) Form ADOP LTD-7.8 R (1) Form ADOP LTD-10 R (1) Form ADOP TER-2 R (1)	FORM ADOP .4 Form ADOP SCH-1 R (1) Form ADOP SCH-2 Form ADOP SCH-3 Form ADOP DEF-1 Form ADOP DEF-2.2 Form ADOP DEF-3.2 Form ADOP DEF-4.16 Form ADOP DEF-5.13 Form ADOP ELG-1 Form ADOP ELG-2 Form ADOP ELG-7 Form ADOP ELG-8 Form ADOP ELG-9.2 Form ADOP STD-11.6 Form ADOP LTD-5.3 Form ADOP LTD-6.2 Form ADOP LTD-7.8 Form ADOP LTD-10 Form ADOP TER-2

The effective date of this change is January 1, 2020.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

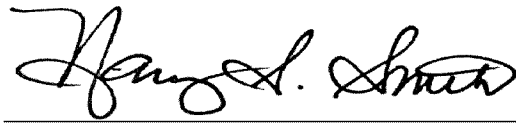
Dated this 29th day of May, 2020.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

A handwritten signature in black ink, appearing to read "James L. Smith". The signature is written in a cursive style with a large initial "J" and "S".

Officer of the Company

AMENDMENT NO. 3

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Class numbers applicable to Pharmavite LLC Classes- Short Term Disability Classes 1A & 1B and Long Term Disability Classes 1A, 1B & 1C	Form ADOP SCH-1 R (3) Form ADOP SCH-2 R (2) Form ADOP SCH-3 R (2) Form ADOP DEF-2.2 R (2) Form ADOP DEF-3.2 R (2) Form ADOP DEF-4.16 R (2) Form ADOP ELG-1 R (2) Form ADOP ELG-2 R (2) Form ADOP ELG-7 R (2) Form ADOP ELG-8 R (2) Form ADOP ELG-9.2 R (2) Form ADOP STD-11.6 R (2) Form ADOP LTD-5.3 R (2) Form ADOP LTD-6.2 R (2) Form ADOP LTD-7.8 R (2) Form ADOP LTD-10 R (2)	Form ADOP SCH-1 R (2) Form ADOP SCH-2 R (1) Form ADOP SCH-3 R (1) Form ADOP DEF-2.2 R (1) Form ADOP DEF-3.2 R (1) Form ADOP DEF-4.16 R (1) Form ADOP ELG-1 R (1) Form ADOP ELG-2 R (1) Form ADOP ELG-7 R (1) Form ADOP ELG-8 R (1) Form ADOP ELG-9.2 R (1) Form ADOP STD-11.6 R (1) Form ADOP LTD-5.3 R (1) Form ADOP LTD-6.2 R (1) Form ADOP LTD-7.8 R (1) Form ADOP LTD-10 R (1)

The effective date of this change is January 1, 2020.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

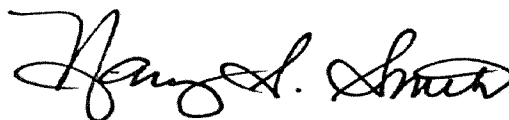
Dated this 8th day of July, 2020.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 4

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Leave of Absence applicable to Long Term Disability Class 2A in Section 3	Form ADOP ELG-8 R (3)	Form ADOP ELG-8 R (2)

The effective date of this change is June 1, 2020.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

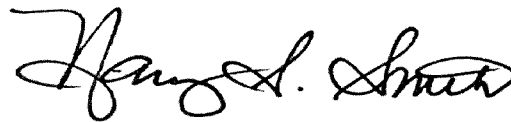
Dated this 5th day of August, 2020.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 5

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Elimination Period applicable to Short Term Disability Class 5A in Section 1	Form ADOP SCH-2 R (3)	Form ADOP SCH-2 R (2)

The effective date of this change is January 1, 2020.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

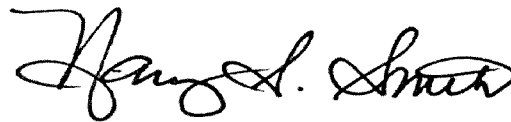
Dated this 19th day of August, 2020.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 6

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Associated Companies in Section 1	Form ADOP SCH-1 R (4)	Form ADOP SCH-1 R (3)

The effective date of this change is January 1, 2020.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

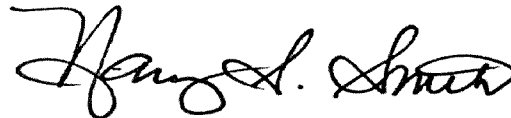
Dated this 17th day of November, 2020.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 7

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Basic Weekly Earnings and Basic Monthly Earnings definitions applicable to Class 5A in Section 2	Form ADOP DEF-2.2 R (3)	Form ADOP DEF-2.2 R (2)

The effective date of this change is November 1, 2021.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

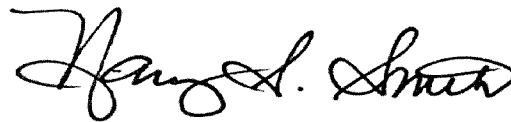
Dated this 13th day of October, 2021.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 8

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised the Class 2A Description for Long Term Disability and Short Term Disability	Form ADOP-SCH-1 R (5)	Form ADOP-SCH-1 R (4)

The effective date of this change is January 21, 2022.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

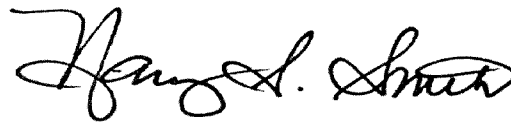
Dated this 25th day of February, 2022.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 9

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Terminated Short Term Disability and Long Term Disability Class 3A	Form ADOP-SCH-1 R (6) Form ADOP-SCH-2 R (4) Form ADOP-SCH-3 R (3) Form ADOP-DEF-3.2 R (3) Form ADOP-DEF-4.6 R (3) Form ADOP-ELG-1 R (3) Form ADOP-ELG-2 R (3) Form ADOP-ELG-8 R (4) Form ADOP-ELG-9.2 R (3) Form ADOP-STD-11.6 R (3) Form ADOP-LTD-5.3 R (3) Form ADOP-LTD-6.2 R (3) Form ADOP-LTD-7.8 R (3) Form ADOP-LTD-10 R (3)	Form ADOP-SCH-1 R (5) Form ADOP-SCH-2 R (3) Form ADOP-SCH-3 R (2) Form ADOP-DEF-3.2 R (2) Form ADOP-DEF-4.6 R (2) Form ADOP-ELG-1 R (2) Form ADOP-ELG-2 R (2) Form ADOP-ELG-8 R (3) Form ADOP-ELG-9.2 R (2) Form ADOP-STD-11.6 R (2) Form ADOP-LTD-5.3 R (2) Form ADOP-LTD-6.2 R (2) Form ADOP-LTD-7.8 R (2) Form ADOP-LTD-10 R (2)

The effective date of this change is January 1, 2023.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

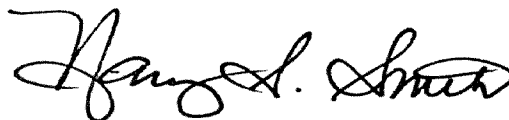
Dated this 24th day of October, 2022.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 10

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised description applicable to Short Term Disability Class 2A, added Short Term Disability and Long Term Disability Class 8A	Form ADOP SCH-1 R (7) Form ADOP SCH-2 R (5) Form ADOP SCH-3 R (4) Form ADOP DEF-2.2 R (5) Form ADOP DEF-3.2 R (3) Form ADOP DEF-4.16 R (4) Form ADOP DEF-8.1 R (1) Form ADOP ELG-1 R (4) Form ADOP ELG-2 R (4) Form ADOP ELG-8 R (5) Form ADOP ELG-9.2 R (4) Form ADOP STD-11.6 R (4) Form ADOP LTD-4.4 R (1) Form ADOP LTD-5.3 R (4) Form ADOP LTD-7.8 R (4) Form ADOP LTD-10 R (4) Form ADOP LTD-26.4 R (1)	Form ADOP SCH-1 R (6) Form ADOP SCH-2 R (4) Form ADOP SCH-3 R (3) Form ADOP DEF-2.2 R (4) Form ADOP DEF-3.2 R (2) Form ADOP DEF-4.16 R (3) Form ADOP DEF-8.1 Form ADOP ELG-1 R (3) Form ADOP ELG-2 R (3) Form ADOP ELG-8 R (4) Form ADOP ELG-9.2 R (3) Form ADOP STD-11.6 R (3) Form ADOP LTD-5.3 R (3) Form ADOP LTD-7.8 R (3) Form ADOP LTD-10 R (3) Form ADOP LTD-26.4

The effective date of this change is January 1, 2023.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

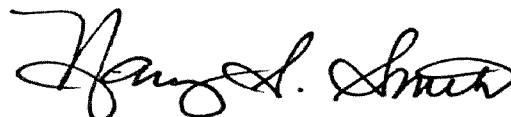
Dated this 29th day of December, 2022.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 11

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised class description and Minimum Hourly Requirement applicable to Long Term Disability Class 2A, revised Associated Companies. Added Short Term Disability and Long Term Disability Class 9A.	Form ADOP SCH-1 R (8) Form ADOP SCH-2 R (6) Form ADOP SCH-3 R (5) Form ADOP DEF-1 R (2) Form ADOP DEF-2.2 R (6) Form ADOP DEF-3.2 R (4) Form ADOP DEF-4.16 R (5) Form ADOP DEF-8.1 R (2) Form ADOP ELG-1 R (5) Form ADOP ELG-2 R (5) Form ADOP ELG-7 R (3) Form ADOP ELG-8 R (6) Form ADOP ELG-9.2 R (5) Form ADOP STD-11.6 R (5) Form ADOP LTD-5.3 R (5) Form ADOP LTD-6.2 R (4) Form ADOP LTD-7.8 R (5) Form ADOP LTD-10 R (5) Form ADOP LTD-26.4 R (2)	Form ADOP SCH-1 R (7) Form ADOP SCH-2 R (5) Form ADOP SCH-3 R (4) Form ADOP DEF-1 R (1) Form ADOP DEF-2.2 R (5) Form ADOP DEF-3.2 R (3) Form ADOP DEF-4.16 R (4) Form ADOP DEF-8.1 R (1) Form ADOP ELG-1 R (4) Form ADOP ELG-2 R (4) Form ADOP ELG-7 R (2) Form ADOP ELG-8 R (5) Form ADOP ELG-9.2 R (4) Form ADOP STD-11.6 R (4) Form ADOP LTD-5.3 R (4) Form ADOP LTD-6.2 R (3) Form ADOP LTD-7.8 R (4) Form ADOP LTD-10 R (4) Form ADOP LTD-26.4 R (1)

The effective date of this change is January 1, 2023.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 23rd day of February, 2023.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 12

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Minimum Hourly Requirement applicable to Short Term Disability Class 2A, Class descriptions applicable to Short Term Disability and Long Term Disability Class 2A	Form ADOP SCH-1 R (9)	Form ADOP SCH-1 R (8)

The effective date of this change is February 1, 2023.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

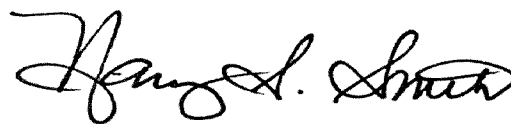
Dated this 13th day of March, 2023.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company



Officer of the Company

AMENDMENT NO. 13

It is agreed the following changes are hereby made to this policy: GD/GF3-860-066656-01

Changes	Additions	Deletions
Revised Associated Companies, added Short Term Disability Class 10 and Long Term Disability Class 10	Form ADOP SCH-1 R (10) Form ADOP SCH-2 R (7) Form ADOP SCH-3 R (6) Form ADOP SCH-4 R (1) Form ADOP DEF-2.2 R (7) Form ADOP DEF-3.2 R (5) Form ADOP DEF-4.16 R (6) Form ADOP DEF-8.1 R (3) Form ADOP ELG-1 R (6) Form ADOP ELG-2 R (6) Form ADOP ELG-7 R (4) Form ADOP ELG-8 R (7) Form ADOP ELG-9.2 R (6) Form ADOP STD-4.3 R (1) Form ADOP STD-9.4 R (1) Form ADOP STD-10.4 R (1) Form ADOP STD-11.6 R (6) Form ADOP LTD-5.3 R (6) Form ADOP LTD-6.2 R (5) Form ADOP LTD-7.8 R (6) Form ADOP LTD-10 R (6) Form ADOP LTD-26.4 R (3)	Form ADOP SCH-1 R (9) Form ADOP SCH-2 R (6) Form ADOP SCH-3 R (5) Form ADOP SCH-4 Form ADOP DEF-2.2 R (6) Form ADOP DEF-3.2 R (4) Form ADOP DEF-4.16 R (5) Form ADOP DEF-8.1 R (2) Form ADOP ELG-1 R (5) Form ADOP ELG-2 R (5) Form ADOP ELG-7 R (3) Form ADOP ELG-8 R (6) Form ADOP ELG-9.2 R (5) Form ADOP STD-4.3 Form ADOP STD-9.4 Form ADOP STD-10.4 Form ADOP STD-11.6 R (5) Form ADOP LTD-5.3 R (5) Form ADOP LTD-6.2 R (4) Form ADOP LTD-7.8 R (5) Form ADOP LTD-10 R (5) Form ADOP LTD-26.4 R (2)

The effective date of this change is January 1, 2024.

The changes will only apply to Disabilities or Partial Disabilities which start on or after the effective date of this change.

This policy's terms and provisions will apply other than as stated in this amendment.

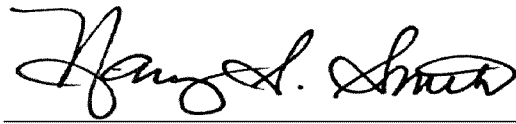
Dated this 10th day of January, 2024.

Issued to and Accepted by:

Otsuka America, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

A handwritten signature in black ink, appearing to read "James L. Smith". The signature is written in a cursive style with a large initial "J" and "S".

Officer of the Company