

# Schedule of Benefits

(GR-9N-S-01-001-01 DE)

**Employer:** Toys "R" Us, Inc.

**Group Policy Number:** GP-866340

**Issue Date:** September 10, 2014

**Effective Date:** July 1, 2014

**Schedule:** 5A

**Cert Base:** 5

For: Long Term Disability - All Active Salaried/Exempt Management Team Members, Full - Time Hourly Team Members in Level IV 3+ YOS Position at "R" SSC, Full - Time Hourly Non - Exempt Team Members otherwise Classified as Management (Including Grade Level M90 and California Assistant Managers), Except a Team Member covered in any other Class and any person employed on a Temporary or Seasonal Basis.

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

## Long Term Disability Coverage (GR 9N 05-001-01)

### Schedule of Long Term Disability Benefits

**Elimination Period** The first 180 days of a period of disability.

(GR 9N 05-001-01)

**Scheduled Monthly Benefit** 60% of your monthly **predisability earnings**

(GR 9N 05-001-01)

Maximum Monthly Benefit Under this Plan (plus all other Income benefits)

Core \$10,000

Buy Up \$20,000

Minimum Monthly Benefit

(GR 9N 05-001-01)

The greater of:

- (a) \$100; and
- (b) 10% of your scheduled monthly benefit or, if less, 10% of the maximum monthly benefit

## Benefits Actually Payable

Any monthly benefit actually payable to you by **Aetna** will be reduced by other Income benefits. For additional information regarding other income benefits, see your Booklet Certificate.

## Maximum Benefit Duration\*

If your period of disability starts before the date you reach age 62, it will end the last day of the calendar month in which you reach age 67.

If your period of disability starts on or after the date you reach age 62, it will end with the expiration of the number of months of disability, after the elimination period is met, based on the following schedule:

### Maximum Benefit Duration Schedule

Age When Period of Disability Starts	Months of Disability
62 but less than 63	60 months
63 but less than 64	48 months
64 but less than 65	42months
65 but less than 66	36months
66 but less than 67	30 months
67 but less than 68	24months
68 but less than 69	18 months
69 and over	12 months

\*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

## General (GR-9N S-28-01)

This *Schedule of Benefits* replaces any similar *Schedule of Benefits* previously in effect under your plan of long term disability benefits. Requests for coverage other than that to which you are entitled in accordance with this *Schedule of Benefits* cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.